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THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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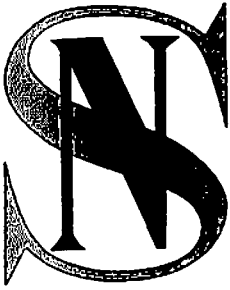
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Hannibal Hamlin
The Neurosurgeon Award Winner - 1962



THE NEUROSURGEON

The busy days of spring have slipped quietly into the dog days of summer. Prior to our last meeting of the Harvey Cushing Society in Chicago, some of us went first to Menasha, Wisconsin for a visit to the George Banta Company and a meeting of the Editorial Board of the Journal of Neurosurgery. Henry Schwartz was in Europe giving a paper or two and missed this interesting experience. (See page 87 for the photograph of the Editorial Board at the George Banta Company.) It proved a wise thought to meet and to become acquainted with those who print the Journal of Neurosurgery - and most educational. Four members and the chairman of the Editorial Board belong to the American Academy of Neurological Surgery.

From Menasha we flew on to Minneapolis where Lyle French was host for the neurosurgical meeting there. Your reporter hadn't realized the Mississippi River separated or ran between Minneapolis and St. Paul. This developed into a pleasant and instructive gathering prior to the Chicago meeting.

As a result of our various conversations, your correspondent learned that Dorothy and Howard Brown planned to go to Honolulu with one of their San Francisco friends, and then on to the Fiji Islands where, as he understands it, their friend owns an island. Who says the neurosurgeons don't do a lot of interesting things! We will look forward to a letter, and hopefully some photographs, of this trip.

Ruth and Bob Pudenz will go to Europe via the polar route and will visit Scotland and Germany among other countries over there. They plan to pick up a Karman Ghia so they can get a drive through the country and then bring it back home. We hope here also for some good photographs and an interesting letter.

Lorene and John Raaf also plan a European safari. In Coventry, my agents tell me, John is going to pick up a Jaguar to help them roar through the countryside. They will join their lovely daughter who has been attending school in Switzerland, and someone mentioned they were going to have a look at Russia. This trip should also be productive of interesting photographs and a letter for THE NEUROSURGEON.

Eben Alexander was in San Francisco as Visiting Professor of Neurosurgery at the University of California in San Francisco, and enjoyed the stay tremendously.

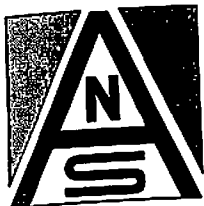
Even if only for a brief period of time, the Harvey Cushing Meeting in Chicago gave many of us a chance to get together again, and enabled many of the gay blades to enjoy the Bunny Club. The Academy was again well represented among the officers of this large and rapidly growing neurosurgical society.

From the Chicago meeting your correspondent flew to San Francisco and then to Monterey to attend the Father-Daughter Week End of the Santa Catalina School for Girls. In June we returned there for Lander's graduation. One couldn't help thinking the view from Del Monte Lodge is never tiring, and always something of great beauty and charm. This next year Lander will be going to Bryn Mawr College, so we will probably see more of Philadelphia than we have in the past. Ernie Mack's daughter is going to enter the Santa Catalina School for Girls this fall.

The meeting in New Orleans should be a memorable one, and for some of us will conjure up many old memories of the time we were there in 1938. (See picture on page 84.)

Let us hope the membership committee under the chairmanship of Edwin Barkley Boldrey, and ably assisted by George S. Baker, C. Hunter Sheldon, Robert L. McLaurin, F. Keith Bradford, and Edward W. Davis, will succeed in bringing in some good, enthusiastic new members into the Academy.

The letters usually are of great interest and a source of much pleasure. Most of us look forward to the news from our neurosurgical friends who have a particularly warm spot in our hearts and whom we have now known for many years. Let's turn to them now.



The Letters



J. LAWRENCE POOL

June 19, 1962

Your kind request for news comes during the usual June rush of meetings, work, and graduations plus some hot weather efforts towards getting the Cushing Society program under way. With respect to the latter we find that next year the Philadelphia meeting will last only 2-1/2 days as decided by the Board of Directors, because it ends on a Saturday. This probably means only one panel discussion, hopefully on brain tumors, so that more members will have a chance to give papers. We expect soon to send out preliminary notices and also hope that papers will be limited strictly to 10 minutes to allow more discussion from the floor. We of the program committee, Frank Nulsen, Charles Drake and I, would warmly welcome any suggestions, particularly at this time when there is still a chance to make adjustments.

Another matter of concern and considerable interest is the treatment of intracranial aneurysms during pregnancy. Very little has recently been written that I can find on this subject, and obstetricians by and large seem quite unclear

as to what should be done re delivery and re aneurysm treatment. Since no one seems to have very many such cases I thought it would be worth while to make a survey of the subject similar to that recently made for anterior communicating aneurysms. If each of you had 2 or 3 such "pregnant aneurysms" and would be willing to let me edit the data, we could collect 50 to 100 or so cases that would probably yield a great deal of information of enormous value to all of us neurosurgeons as well as helping to clarify therapeutic ideals for obstetricians.

I have already started to work on this and would like to send you all an invitation to participate in such a joint venture. Through a special private grant we can offer your Resident \$5.00 apiece for each protocol sheet he fills out.

This winter Angeline and I had a glorious three weeks in Spain where we were royally entertained by Sixto Obrador and his two superb staffs in Madrid. Then on to Barcelona for two delightful and also highly instructive days with Adolfo Ley and his colleagues. Have rarely seen such extremely pleasant but over-worked people. Finally took my 15 year old son, Dan, during Easter holidays for eight days of perfectly glorious skiing in the Swiss Alps in the shadow of the Jungfrau. Seven mile runs in all directions every day, and at times it seemed certain that I was going in all directions at once! Anyway, nothing broken except the checking account. Then topped off the trip with two splendid days at Krayenbuhl's topnotch clinic in Zurich, plus a fine luncheon at his beautiful home on the lake filled (the home, not the lake) with a breath-taking collection of the best in modern art. En route home had another lovely two days in Lisbon with Tony Vasconcellos and Dr. Lima. Most inspiring and quite thought provoking to see the small plain room in which Egaz Moniz carried out his epoch-making Nobel prize winning studies.

During this delightful jaunt it was a pleasant experience to have been asked to give a few lectures on intracranial aneurysms. Extremely well treated cases of AVM were presented by the home teams.

The family are now all scattering in the summer pattern so familiar to all of us, in various directions: One to summer school, alas; one to Yugoslavia, Greece, and other European points; and one to Maine in August with us. Work around here during July may not be too bad however,

as we have just completed a little swimming pool (our 4th child) luckily just before the Wall Street crash.

With all best wishes to all for a mighty pleasant summer.

Larry has again written one of his interesting letters to start the publication off properly. He has also started the ball off in great fashion to produce a good program for the Harvey Cushing meeting in Philadelphia next April. The friends I have who have visited Spain speak quite enthusiastically of their experiences. Switzerland, of course, has always seemed to so many of us a country of fine people, beautiful scenery, and set apart in many ways from the rest of the world.

"It was once remarked of a venerable Oxford don who refused to retire that he had all the Christian virtues except resignation."



JAMES GREENWOOD, Jr.

June 19, 1962

I am enclosing a copy of the Harris County Medical Society Bulletin with a write-up of one of my hobbies which we felt was rather well done.

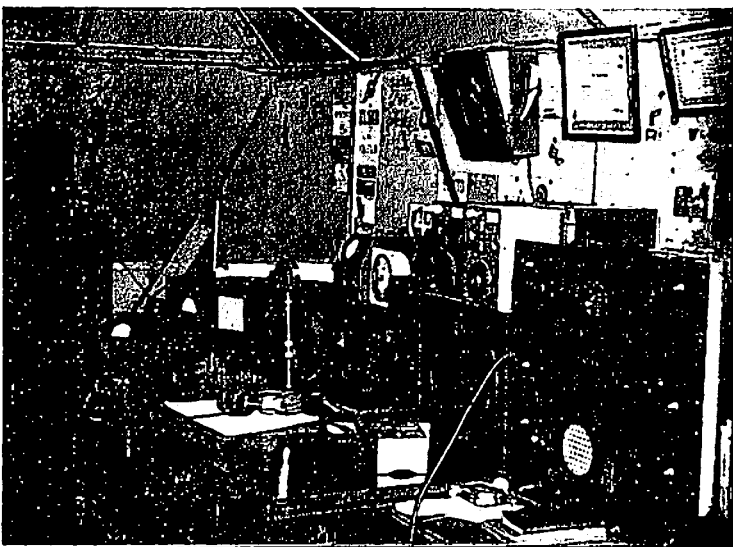
We expect to have a rather quiet summer, but are looking forward to the marriage of our son Alex in the fall in Washington. He is an ensign in the Navy now and is marrying a young lady who just graduated from Rich University, a year



Microphone in hand, Dr. Greenwood sends his voice piercing through space until it finds its mark at practically any distant spot on the earth. Language, like distance, becomes no barrier in the world of the HAM amateur operator.

He Listens to World—

When This HAM Operates, He Here's An M.D. With High



..... — — — —
The picture on left shows the now out-dated equipment which once filled Dr. Greenwood's attic room. Compared with today's transistor-size radio gadgets, this set-up is cumbersome and occupies more space. Dr. Greenwood built most of the equipment shown in this picture.
— .. — ..

As we sat talking, the staccato of soft, crackling static noise came in on the transceiver of the radio set. Then, in a very clear, audible voice the speaker identified his location as that of the country Chile.

To Dr. James Greenwood, "Jim" to his many friends, it is nothing new to converse with the world from his armchair in his home on Chevy Chase. Dr. Greenwood is, and has been, a HAM radio operator since the day he obtained his license in 1921, some forty years ago.

"The thrills in HAM radio of years past were unbelievable," says Dr. Greenwood. "It is not so much that way, now, . . . it is too easy!" He referred to the modern radio equipment which now has many times the distance and power of that in the old days.

In the small den just off the main living room of the Greenwood home, a neatly assembled, compact set of equipment nestles on the desk in the corner. It has essentially six main units. With these Dr. Greenwood, with the twist of a switch, can converse with fellow HAM colleagues around the world in a matter

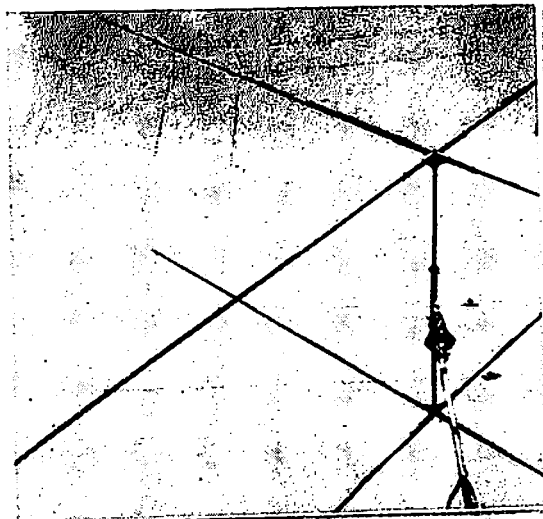


This new antenna, at the rear of the Greenwood home, will stand some 90 feet when completed. It is built to operate on a "directional pattern."

eight years during which he was in medical internship and residency.

Dr. Greenwood has made significant contributions to better, improved radio equipment. He very modestly points out that his route carried the first cross-country contact from Wilmington, Delaware, to San Francisco. However, this was not placed on the records because he beat the sunrise, which was the rule. He was one of the first operators to be heard

This close-up shows the intricate maze of copper wire which looks almost like a spider's web. Dr. Greenwood also built this antenna.



of moments. He can listen to ships at sea, scientific stations in the polar region, and other remote places continents away. To the average person, there is a mysterious wonderment surrounding this medium of communications. To an expert of years experience such as Dr. Greenwood, it is explained in a much simpler, less mysterious way. For to him, the art of building this seemingly complicated electronic equipment, and using it, has long been conquered.

This gentleman of easy, friendly manner still has his original code number . . . W5PB. He quickly clarified that two-letter call numbers are no longer issued. The only time when he was away from this interesting avocation was the

Goes Way Out! Class Frequency!

in Hawaii from the U. S. Also he was one of the first seventeen operators to be heard in New Zealand from the U. S.

Dr. Greenwood's father, a former president of the Harris County Medical Society, had a real interest in experimenting and engineering, and developed a perpetual calendar. In his youth, Dr. Greenwood had a 60-ft. transmission tower atop his father's sanitarium which was located on Old Main Street at Old Spanish Trail. The elder Dr. Greenwood operated the sanitarium for some 40 years.

"I love physics," says the well-known physician whose practice is in neurosurgery. "I like to build the equipment." He especially enjoys the perfection of antennae. With the addition of one more transmitter, he could increase his power 10 times.

The HAM's are allowed 1000 watts. Dr. Greenwood's set is 1/10th of the legal limit. He is in the process of setting up a new antenna and experimenting with what is called "directional pattern." As compared with the vertical antenna, which produces the same effectiveness in all directions, and is subject to inter-

ference, the directional pattern increases power in one direction 10-15 times, and decreases interference. His previous antenna was destroyed by Hurricane Carla. The new apparatus will stand nearly 60 feet in the air when finished.

Dr. Greenwood's farthest contact by radio has been with a point in Western Australia.

Affixed to the wall just above his radio set, hangs four framed certificates. One is for "meritorious radio contact work in connection with the Texas City disaster, April, 1947." This was awarded by the American Radio Relay League, Inc. Another certificate reads: "Certificate for working all 6 continental areas." This honor, Dr. Greenwood says, was once a primary achievement but with the advance of technology in this field it has become somewhat less difficult. The latter citation was awarded by the International Amateur Radio Union . . . better know as WAC.

Two well-known Americans, General Curtis LeMay and ex-President Herbert Hoover, were HAM radio enthusiasts. Dr. Greenwood estimates that there are over

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Dr. Greenwood looks at his globe, marked with brightly colored pins denoting the numerous points of radio contact he has made in his career as a HAM. A "telephone patch" allows him a quick hook-up with relatives in Philadelphia and other places in the world via the medium of telephone through his radio equipment.

— . . . — . . .



200,000 trained HAM's in this country. There are approximately 1,000 HAM's in Houston. Many of the professional radio operators start in HAM work.

The HAM operator must be able to transmit in code by telegraph before he can get a license. There never has been a charge for a license.

Dr. Greenwood says the best way for a person to get started in HAM activity is to attend a meeting of the Houston Amateur Operators Club. The club welcomes new interest and, according to Dr. Greenwood, it is a surprisingly inexpensive hobby to go into.

He laughingly admits that now the only meeting which he attends is that called "Old Timers Night," held once a year. He says there are probably no more than one-half dozen physicians who are HAM's in Houston.

The HAM examinations for licensure are "stiff." Expense is really very minor, Dr. Greenwood says. Time and interest are basic factors but this is an excellent past-time for people with time on their hands he believes.

For those who may be wondering if this has been the only field in which Dr. Greenwood has excelled, he shyly acknowledges that he likes golf (an understatement since he was the first captain of the Rice Golf Team and earned the first letter in golf at Rice.) Also, he is an avid duck hunter.

And not the least of his main interests has been the rearing of a fine family of six children.

-behind him. Nancy has just graduated from St. John's School and will go to Converse College in South Carolina this fall.

Our work here still includes many interesting problems. We have been quite concerned about changes in bleeding and clotting time which apparently occur in prolonged deep anesthesia, and we have reverted to local anesthesia for large cases with very gratifying results. Recently we tried a method which is new for us in approaching a deep tumor in the thalamus and subthalamus, using a Cooper cannula to act as guide to the area. After ventriculography the catheter was inserted into the center of a relatively small tumor. It was then quite easy, after pulling out the stylet, to follow the catheter down just lateral to the posterior limb of the internal capsule into the center of the tumor. This saved many minutes of careful, and in the past somewhat inaccurate, exploration through an area which has few landmarks.

We are looking forward to the meeting in New Orleans.

Jim has given us an insight into an interesting and enjoyable hobby in which he has obviously excelled just as he has in golf. No doubt there are many of our members with such hidden talents and hobbies. I recall reading in Ernest Henderson's "The World of Mr. Sheraton" about his hobby as a ham radio operator and how much pleasure it gave him. This description which appeared in the "Harris County Medical Society Bulletin" is included and adds much to this number of THE NEUROSURGEON. (See pages 6-9.)

Selected as a candidate for county commissioner in Leavenworth, Kansas, Thomas D. Beale said, "I am young enough to serve, old enough to know better, and dumb enough to be honest."

The man at the next desk down with a heavy cold inquires incredulously: "You mean I can feel this bad with a disease that doesn't have a national Foundation?"

One man to another at luncheon counter: "If this is a restaurant chain, I'll bet we are eating in the weakest link."



GEORGE S. BAKER

June 26, 1962

The Harvey Cushing Society meeting in Chicago, at the Drake Hotel, was attended by a large group of the Academy members and some of the committee meetings for the 1962 activities took place at this time. Our real concern seemed to be the capable young neurosurgeons and getting them to our meetings for consideration of future membership. This, of course, pertains only to the Academy of Neurological Surgery. Everyone should see that a good qualified person is not overlooked in our future plans. We will die on the vine if this is not realized by an increase in personnel.

Our meeting in New Orleans this fall should be a gala occasion, not only for the "Bourbon Street Chemotheriologists", but one of particular interest to our neurosurgical guests who may have not had the privilege of making the rounds with the Academy members until 3 or 4 a.m. This has always been the "Neurosurgical Mardi Gras" as far as I am concerned.

We have now successfully completed quite a few cases of intracranial aneurysm using the femoral vein and artery for cannulation rather than the open chest method. Bronson Ray reported some of these, and I am particularly impressed with the improved management as compared to the open chest method for profound hypothermia. We still require too many people in the operating room to perform such surgery and I hope in time this will be changed.

The summer fishing promises to be another expedition for trout into the wilderness area of Montana and perhaps Wyoming. Since so many of my neurosurgical associates in the Academy have suffered from gout, toothache, and other complications of old age, we may have to change the program for future years.

George has well emphasized the importance of submission to the Membership Advisory Committee of proposals for membership. This, of course, requires the necessary processing of the applications along with recommendations by their sponsors as described in the Constitution and By-Laws. In view of our past difficulties in admitting attractive, brilliant men of character to membership, this committee needs our wholehearted support. Perhaps in their wisdom they may fathom the secret that has escaped many in previous years. As George also has intimated, the complications of advancing years have affected many of us, and the inactivity of several for one reason or another has become apparent. All the more reason for the admission of more members of whom there must be many who qualify.

"Every now and then even the brightest child needs to be applauded with one hand."

"It's amazing the things children can do without -- once they get them."



EBEN ALEXANDER, Jr.

June 26, 1962

Under the stimulus of a meeting on June 26 through 28 of the small Neurosurgical Travel Club we are polishing things up here at a great rate and looking forward to the arrival of these men. Since a great many of these men are members of the Academy, some of whom have already had the group, they will recognize the feverish preparations that go into getting everything under control for this meeting. We will operate two mornings for them and have scientific pres-

entations from our own group and other men in the medical school during the two afternoons they are here. It is a most stimulating sort of meeting and, though not a growing group as many other organizations are, it forms a basis for visiting and observation of operations at first hand which has been most gratifying to all of us in this group. It has been our feeling that many other people ought to form small groups of this sort just for such a purpose.

With Dr. de la Torre, who has been in our laboratory since his residency, we have been turning up some awfully interesting things regarding cerebral circulation. One of these papers was given at the Society of Neurological Surgeons regarding the relationship between increased intracranial pressure and arterial filling at the time of our angiography. This particular paper will be published soon.

With the background of the basic work done on dogs, we feel confident that we can predict certain things with regard to the toxicity of dyes. With this in mind we have now tested various dyes and found that Renograffin 60 is much less toxic than Hypaque 50 which we have been using now for several years. We have been concerned about cerebral angiography now for sometime feeling that it is not an absolutely safe procedure. If it were an absolutely safe procedure in everyones hands, there would not be so many articles published in the various journals pointing out how safe it is. In all honesty we have had complications which have worried us and we hope that this is one way in which we can avoid such complications.

Eben and his Neurosurgical Travel Club meeting should create interest in solving the numerous problems we find so frequently in our specialty.

With his new position as secretary of the Harvey Cushing Society he will be kept more than busy.

A young man once inquired of a friend, "Can I lead a good Christian life in New York City on \$15.00 per week?" "My boy," was the reply, "that is all you can do."

Ernie Mack, who is secretary of the Rogue River Neurosurgical Society, has sent on the following memorandum to its members. Inasmuch as many of those in the Academy belong to this unique neurosurgical society, it was believed fitting to include this in this number of THE NEUROSURGEON.

SUBJECT: Annual Meeting of the Rogue River Neurosurgical Society

TO: All Members of the Rogue River Neurosurgical Society

DATE: June 27, 1962

We have had, as most of you know, an unprecedented winter, the first in many years in which we have had heavy snowfall and as a result we are enjoying excellent runoff conditions, which in turn lead to the prospect of unusual fishing for this fall. The Rogue River, which has a run of some type of fish at almost every month of the year, is now having extraordinary runs of spring salmon and steelhead and this almost certainly insures a similar condition in the fall. The Board of Directors, "the powers that be", had a serious meeting during the recent Harvey Cushing Society meeting in Chicago and after prolonged discussion and consideration, and in order to meet the demands of some of the more august members of the organization, it has been decided that the annual meeting shall convene on September 29th. Time of arrival should be afternoon or evening of the 29th with the party spending that night at the Sunset Inn, Gold Beach, Oregon, and in the early hours of the following morning we will go up the river to the Crooked Riffle Lodge where the meeting will be held. At the present time arrangements are being made to have the Lodge open and adequately stocked and provisioned so that the meeting can continue for a period up to 14 days in the event that some of the members may wish to spend this length of time on the river. In fact, it has even been requested and is being arranged that in the event certain members wish to make a post convention tour that this will be available through some of the areas of the great Northwest.

While on numerous occasions we have had the pleasure and company of our ladies at the Rogue River, it seems possible this year that we may be unable to extend them invitations to this meeting since it is likely to be rather heavily attended and it is anticipated that this will probably fill the Lodge. This is a matter which will be finally decided upon when we have received the replies from the various members as to whether they will or will not attend this year.

For those new members, or for those who might have forgotten, while these dates of arrival are generally a happy circumstance because this allows the development of a good feeling of comraderie and brotherhood, nonetheless, any arrangement can be made to arrive at other times since the mail boat makes runs daily up and down the river and one can arrive and leave at will from the meeting.

We shall have some interesting and unusual presentations this year as our president is now scurrying around Europe in his new Jaguar and is en route to the Cancer Congress in Moscow, and we shall have further analyses presented as to just which way the Ruskies are going. It would seem that our august president will certainly present his usual critical, concise analysis of the overall picture.

It is requested that all members signify their intent to attend this year's meeting, or if they are unable to do so their inability to attend, notifying yours truly (the secretary) so that the proper lists and arrangements can be compiled.

Recuerdos pescadores!

Signed: Ernie

"Backward, turn backward, oh time in thy flight,
just the thought of a comeback I needed last night."

"The only way to make a mint these days is to go
into the candy business."

"The good guys now win on every television program -
except the eleven o'clock news."



ARTHUR R. ELVIDGE

June 29, 1962

I am sorry to have missed the Academy meeting in 1960 and again the International Congress in Washington where one of my associates gave a joint paper. In September 1960 I was traveling to the Pan Pacific Surgical Meeting in Honolulu to discuss aneurysms and hydrocephalus and traveled the interesting way via the Greek Islands, Israel, Thailand, Cambodia, Philippines, Formosa, Hong Kong and - having carried my black tie to Honolulu - spoke once or twice. It was an interesting and a very friendly meeting. In August 1961 I attended the neuro-pathological congress in Munich and did not feel that I could quite make the Washington meeting. In July 1961 I was invited to take part in the celebrations of the 70th anniversary of the Hospital Vargas and the opening of a new medical school in connection with it in Venezuela, where one of our former Fellows, Dr. Martinez Coll, is neurosurgeon. This spring I spent a week with Dr. Baldwin at Bethesda, saw a great deal of interesting work and had a most wonderful time.

Sometimes I wish there was some way of enlarging the Journal of Neurosurgery which no doubt of course has still to make a profit. Perhaps it could be brought out bimonthly or made thicker as I would hate to see another journal of neurosurgery started. A publication by the Academy might be worthwhile and has been suggested, but I believe that an article in the Journal is more valuable in the long run, where it is always available. Perhaps the Academy could occasionally take over an issue of the Journal of Neurosurgery, although I don't really see any particular merit in this and four of the members of the editorial board are Academy members in any case.

I understand that the International Meeting in Rome was somewhat over organized with considerable overlap which

- caused a certain amount of frustration. Everyone has spoken in glowing terms about the Congress in Washington and I regret having missed it. I think it is a pity that neurology was separated from neurosurgery and the meetings which were originally planned to take place in the same area had been so widely separated, but perhaps that is wise. This is certainly an era of conferences and meetings and it is difficult to keep up with them all. I am very happy that Dave is president of the Harvey Cushing Society and feel that no one is better suited or has contributed more to that organization and to the Academy than Dave.

I have had a run of bilateral cervical fracture dislocations in the last two weeks with tetraplegia. I feel that they should all be treated with immediate skeletal traction and an open inspection, reduction, and adequate decompression including the nerve roots and combined with an internal splinting with parallel homologous bone grafts. In this way at least local pain is reduced, root decompression will prevent pain and may well save function in one or two roots, and there is still a possibility of saving some function in the cord and at the same time affording reasonable stabilization. I think this is in agreement with Charlie Drake's nice analysis in the Journal this June.

Sometime ago I had a case of glossopharyngeal neuralgia associated with cardiac asystole and cerebral seizures. There has been no return of symptoms since the ninth nerve section.

Referring to George Baker's case mentioned in the last Round Robin, would say that I had a similar case of glioma filling the fourth ventricle and the upper cervical canal which was attached to the area immediately over the dorsal motor nucleus of the vagus nerve. The patient had been treated for some months for duodenal ulcer and persistent vomiting. Following operation symptoms were relieved and she has been well for the last nineteen years. The histopathological diagnosis was ependymoblastoma.

With best wishes. Am leaving shortly for Scandinavia and expect to cool off watching the Pack Ice around the North Pole, or rather Spitzbergen.

It makes us happy to realize that one of our world travelers in the Academy is still as active as ever. We have missed Arthur at the meetings and in THE NEUROSURGEON.

We will look forward to seeing Arthur at the New Orleans meeting, where we will gather again after the meeting of 25 years ago.

"A very wise man once decided to solve a dispute about an inheritance of land from a deceased father in the following manner: Let one brother divide the land and let the other one have first choice."

"The perfect host is one who can make you feel that you are not at home."

"A neurotic is a person who when you ask how he is tells you."



JOHN R. GREEN

July 2, 1962

Georgia, the family, and I are looking forward with pleasure to some vacation together on the beach at La Jolla, California, next month. The facilities there provide something for everyone - loafing, surf or deep sea fishing, swimming, golf, tennis, etc. For my part, I hope to regain some lost energy.

We are also pleased with the thought that the Academy will meet in New Orleans in November. This is certainly a delightful place. During March I enjoyed the hospitality of

Dean and Fran Echols, was intrigued by Dean's project of preparing a historically annotated pictorial map of the beautiful Garden Quarter in which they live, and much impressed by the success that Dean has achieved in pioneering neurosurgery in New Orleans. His pupils are certainly a credit to him and to the training program and facilities that he has created.

Following a meeting in Biloxi this spring, Eben Alexander arranged for me to talk to the Bowman Gray Medical Society on "The Surgical Aspects of Epilepsy" and to visit his service. Betty, Eben, and their family provided much southern comfort, and it was a most pleasurable experience to be with them and to see how much they contribute to the medical school and to their area.

We have survived a threatened strike of the building industry in Arizona. It looked like construction of the Barrow Neurological Institute would grind to a rapid halt for a number of weeks during the negotiations. We will get the building from the contractors next week, spend the rest of July in equipping various areas, furnishings, etc., and will move patients and gradually commence clinical and laboratory work by early August. It will be about that time that we will activate the private office section for the clinicians who have geographical full time appointments.

I spent a most instructive week at the Neurological Institute of New York recently with the seminar on Neuro-radiology. This was the fourth annual course, and it was put together in excellent fashion, led by Dr. Juan Taveras, but ably assisted by other neuroradiologists, and by Larry Pool, Abner Wolf, and many other luminaries. I have always felt myself to be fairly proficient in neuroradiology, but found many areas where the material was entirely new. I was particularly impressed by the neuroanatomical and dynamic thinking on the part of the neuroradiologists.

Upon leaving New York, I was able to visit two shrines that I had been interested in for a long time but had never seen - the Cushing Library in New Haven and the Osler Library in Montreal. Madeline Stanton, who is in charge of the Historical Collection of the Cushing Library and who had come from Boston to New Haven with Dr. and Mrs. Cushing, was very gracious. It is a shame that there is just insufficient

time for anyone today to actually read all of the fascinating material in just this one library. Bill Feindel was my extremely well-informed guide to the Osler Library. We should get him on an Academy program sometime to elaborate on his knowledge of Sir Thomas Willis.

The Montreal Neurological Institute seems to be thriving more than ever. Ted is rebuilding the second generation in both the clinical and laboratory areas into a strong and productive organization. Catherine, Ted, and their family have all become expert skiers, being close enough to the Laurentians that week-ends are feasible. Although I missed such a week-end, I did get to enjoy Catherine's food.

A recent visit to the Massachusetts General Hospital under the auspices of Tom Ballantine was also most enjoyable and informative. I was sorry to miss Bill Sweet who was away on a meeting at the time. Bill and Tom indeed have an unusually excellent combination of clinical and research facilities, as everyone knows. Elizabeth and Tom Ballantine are most comfortably situated in their new home, which is within walking distance of the hospital and overlooking the Charles River. We are presently negotiating with one of their young men to join our staff.

We hope that many Academy members and their wives will be able to come to Phoenix October 28-31, 1962, for the annual meeting of the Western Neurosurgical Society at Camelback Inn. The Society and the Barrow Neurological Institute are planning Opening Ceremonies for the Institute at that time. Some of the participants will include Drs. Macdonald Critchley, Eric Oldberg, John D. French, Houston Merritt, Ted Rasmussen, Percival Bailey, Paul Bucy, Loyal Davis, Dave Reeves, and others. As soon as the entire program is completed I'll send along a copy to each member of the Academy.

John has been doing a good bit of globe trotting himself. Those of us in the Western Neurosurgical Society are looking forward to our meeting in Phoenix and at the Camelback Inn and to celebrate the opening of the Barrow Neurological Institute. We all have most pleasant memories of the meeting of the Academy at the Camelback in 1956.



JOSEPH P. EVANS

July 4, 1962

I, perhaps, should begin this note with the request that you change our residence address to 1160 East 56th Street, Chicago 37, for we are moving one block west as of August 1.

The change in our address signalizes, I suppose, an epoch in the lives of Hermene and myself. Up to the present a large house has been a necessity for us, but this fall Tom, age 14, goes off to prep school and he is the Last of the Mohegans.* We are moving to much smaller quarters, a rather charming, converted coach house with a lovely garden, which has the additional advantage of a downstairs apartment where Hermene's mother, now in her 80's, will be spared the navigation of stairways.

We shall have our third daughter, Anne, back with us this year after a year in Cincinnati. She will presumably be nursing again at our children's unit prior to her marriage next year to a young Montrealer, who will be finishing his training in obstetrics and gynecology at our Lying-in Hospital next June. It appears that finally we shall be adding a doctor to our family.

Professionally we have had a good year. The Unit continues to be blessed with the presence of Sean Mullan. While it is a transition to be expected, we regretfully are losing two of our best men this year. Harold Keegan, who has been doing very good work in neurochemistry, is joining Luis Amador for a trial of private practice.

Anthony Raimondi, whose work in electron microscopy is familiar to many of you, is joining the staff of The Children's Memorial Hospital, but will presumably be continuing to work here part time for the next two years in order to obtain his Ph. D. in Anatomy. Happily we have a strong

younger group in the house staff contingent.

Our crew has really been busy this year on the general problem of cerebral swelling, which continues to be a chief interest investigatively. Clinically, I think there is not anything striking to report.

I might add that Jim White and I are both going to Japan in October and I am to wind this up with a three or four weeks' tour as neurosurgical consultant in the Pacific area. Naturally I look forward to this trip with genuine interest.

* My secretary has shown me that the dictionary spells this in different fashion from my recollection of how James F. Cooper did!

We will look forward later for comments about Joe's Japanese trip and some photographs of the places visited. He may not be back in time for the New Orleans meeting.

On a Texas highway there is a sign that reads:
"This is God's country; don't drive like hell."

One woman to another in a Hollywood night spot:
"She is so kind to animals - why she would do anything for a mink."



GEORGE L. MALTBY

July 5, 1962

It is amazing that already we are getting notices from you about the next issue of THE NEUROSURGEON. It hardly seems that there is really any news. I find myself in the usual activities here and because of this it seems almost impossible

to contribute anything to either basic neurosurgical research or even clinical neurosurgical research.

Being in my third year as President of the Staff of the Maine Medical Center it seems to me I do nothing but go from one committee meeting to another, Executive Committee, Educational Committee, Intern Selection Committee, etc., etc. The Governor of the State has recently appointed me also to the State Board of Registration in Medicine which means more meetings and meetings away from Portland. How does one avoid all this and try to get down to some basic facts and some basic understanding and evaluation of all that we are doing. It seems to me that I spend most of my time doing routine work which consists of discs, tics, brain tumors (usually gliomas), cordotomies, etc., etc. I still dream of the time when I will be able to have some time to sit down and evaluate all the clinical material available in this whole state. During the last fifteen or eighteen years it has piled up. I at first found myself alone in the state with this population, which admittedly is not great, and only one neurosurgeon has piled up a lot of clinical material in all fields.

I was very interested in John Meredith's remark about a chordoma which acted like an aneurysm. It was at a meeting of the Academy some ten years ago that Dr. George Sager, my resident at the time, and I reported a paper of this same type which was read at the meeting. I believe the title, as I remember it, was "Chordoma Simulating an Intracranial Aneurysm." This paper was never published because I believe follow-up was not available.

Both Sim and I are looking forward with great anticipation to the meeting in New Orleans in the fall.

Contributions medically and neurosurgically can be made in diverse ways. What may prove to be the most valuable is open to question and argument. The performance of good clinical neurosurgery in a community often seems underrated. George is to be commended for the time he has spent in administrative and committee work for his hospital and for medicine.



STUART N. ROWE

July 6, 1962

Trauma to the central nervous system continues to be a major problem of civilization in this area. Within twenty-four hours recently we had patients admitted with serious injuries - one as a result of an automobile accident, the second as the result of a truck injury, the third from a motorcycle accident, the fourth from a fall from a train, and the fifth with a gunshot wound of the head. Fortunately such a deluge is not too frequent and between times we can continue to battle with tumors and aneurysms.

Elva and I had an interesting trip in January, spending about ten days in Japan. I was very cordially received at the University of Kyoto and also at the University of Tokyo, and spent a part of one day in each hospital. In Kyoto Dr. Honda showed me their very active clinical service, which was characterized by a large number of all types of brain tumors. He said that about seventy per cent of the neurosurgery in the country is still being done by the general surgeons, and that the remaining thirty per cent is divided between the clinic in Kyoto and the one in Tokyo. I suppose this accounts for the high percentage of cases with neoplasms. The physical facilities were somewhat superior in Tokyo, but as far as I could determine, the brand of neurosurgery being done in both places was very good since both men have been trained in this country. They are using a trans-sphenoidal approach to destroy the pituitary for carcinoma of the breast and have been able to minimize the surgical procedure very considerably and, consequently, use it more frequently. In Tokyo the hospital plant is quite new - the building being only four years old, and the general level of patient care seems to me to approach that to which we are accustomed. In each clinic the head of the department is a general surgeon, who also does neurosurgery, but his right-hand man specializes only in the latter field.

On the way home we spent a few days in Honolulu, and I not only saw Ralph Cloward do a cervical disc but enjoyed an afternoon on his very scenic golf course with him.

We still maintain our Military connections, with our son just getting out of the Army after two years, and our son-in-law now going in for two years. Fortunately, the latter drew assignment in the Medical Dispensary in Philadelphia, where he happens to be in a residency anyway, and, consequently, he and our daughter did not have to move. Judging from his description of life at the Medical Field Service School currently, and my own memories of six weeks at Carlisle in 1943, the Army has grown very soft indeed and is on the verge of going to the dogs altogether. Up to the present I have not taken the time to write to the Surgeon General about this deplorable situation - just possibly because he is one of my former commanding officers.

From the standpoint of recreation we have to report that we purchased a new boat (after selling the old one), and have had a few week-ends exploring the Chesapeake Bay some more and hope in August to be able to get up to Long Island Sound. Perhaps some day we will reach as far as Captain Whitcomb's territory off the New England coast.

Some of us had a short visit with Stuart at the meeting of the American College of Surgeons in Los Angeles. He had at that time just returned from his trip to Japan, the account of which, I believe will be found interesting.

"All progress is based on the universal innate desire on the part of every organism to live beyond its income."

"When a man has a birthday sometimes he takes the day off; when a woman has one she takes at least a year off."

"Success in marriage is much more than finding the right person; it is the matter of being the right person."

"Some people are no good at counting calories and they have figures to prove it."



WILLIAM F. MEACHAM

July 17, 1962

I am sorry to be so tardy in acknowledging the wonderful Academy evening in Washington at the Larz Anderson House, a most awe-inspiring mansion, and an evening with a truly international flavor. The Hamlins are to be congratulated for their efforts in behalf of the Academy.

Midsummer neurosurgery goes on apace here at Vanderbilt without any world-shaking news, although we have just opened our new seven story circular wing, called the "Silo," and it is proving to be most efficient from the standpoint of nursing efficiency. The nurses' and house officers' stations are located in the center and the rooms are arranged as a complete circle about the central station. Neurosurgery will shortly be moved to a separate floor of its own -- something I have bargained unsuccessfully for for many years, but at last coming to fruition.

Alice and I have just returned from a very happy visit with Eben and Betty Alexander in Winston-Salem and I was most favorably impressed with Eben's service. We repaired to a lovely spot in the mountains for the week end-- The Eseeola Lodge at Linville, North Carolina, and I am sure Eben realized he was enticing us to the South's most difficult golf course (and one of the most beautiful, I might add).

Except for a week end trip to Montreal the last of July, I plan no further migrations until the Academy meeting this fall. Will hope to have time to see Ted Rasmussen and Arthur Elvidge briefly while in Canada.

We have had no unusual neurosurgical experiences lately other than a fist-sized parasagittal meningioma, completely calcified and so rock-like in consistency that no instrument could penetrate it--the first I have seen with that degree of stony hardness.

The "Silo" Bill has mentioned sounds very interesting and practical. With the problems of nursing care the circular ward arrangement offers one of the important changes, along with the various new systems of monitoring, in the patient's progress.

In the window of Chicago wallpaper and paint store:
"Husbands choosing colors must have note from wives."

A man approached an attractive blond at a cocktail party. "May I join you?" he asked. Looking him over coolly, the girl countered, "Am I coming apart?"



HARVEY CHENAULT

July 17, 1962

First of all, I want to add my congratulations to those of everyone else for your assuming the presidency of The Harvey Cushing Society. I am sure that every member of the Academy takes great pride in this.

The local medical item of most interest is probably the opening of the University of Kentucky Medical Center in late April. The hospital was activated with an initial opening of fifty beds, but they had to cut back on that because of difficulties in obtaining nursing staff. Everything is moving along quite well, however. The Center is called the Albert B. Chandler Medical Center after the Governor, "Happy" Chandler, at the time of initiation of the Kentucky Medical School.

As of this writing, as far as I know, the head of the department of neurosurgery has not yet been selected. The

chief of surgery is Ben Eiseman, and he has with him on full time staff so far, Frank Spencer from Baltimore, and Rene Menguy. We hope, as time goes on and the bed capacity of the University Hospital increases, to move more and more of our private practice there because of their very superior facilities.

Personally, our practice is largely mundane except for recent pearly tumor in the fourth ventricle, the like of which I have never seen before. She is doing quite well at present after total removal.

I am enclosing a picture of our oldest daughter, Katherine, at her graduation from St. Anne's School in Charlottesville, Virginia, in early June. She plans to go to Queens College, Charlotte, North Carolina, this fall.

New medical centers continue to crop up throughout the land. Here in Santa Barbara the construction of our new Santa Barbara Cottage Hospital, at a cost of four million dollars, is under way. This will give us much needed new facilities and room.

We are pleased to include the photograph of Katharine and we know how proud the Chenaults must be.





C. HUNTER SHELDEN

July 18, 1962

Soon it will be time for the New Orleans Meeting and, judging from the excellent response to the request for titles, Ernie Mack will have an adequate amount of material for an outstanding scientific session.

If anyone has any suggestions that might further improve the meeting, I would welcome them.

The names of candidates for membership will be circulated prior to the meeting, and it would be very helpful if everyone would take the time to review them before arriving in New Orleans. Thus, we might avoid some of the confusion and disappointments experienced in the past. I plan to meet with the chairmen of the Program and Membership committees a month or two before the meeting and, if you have any proposals or suggestions, write me so that we can discuss them at this time.

Bob Pudenz is being sent to England and the Continent this fall for a two-month tour of laboratories and investigative centers. We anticipate that he will return with much valuable information, bursting at the seams with new ideas. He has so many now that I can only hope we will be able to cope with the New Look.

We are happy relative to the excellent response for papers for the program and the coming meeting in New Orleans. Hunt has wisely emphasized the importance of early consideration of the candidates for membership to the Academy.

C. HUNTER SHELDEN - July 27, 1962

This is to supplement my previous letter, and I hope that this can be added to it for the next Round Robin.

Thank you for your comments about the other questions which I mentioned.

I would like to urge everyone to look over their program when they receive it, a week or two prior to the meeting, to see if there are any topics to which they would or could contribute during the discussion.

It is unfortunate that, in recent years, anyone who has a slide to project during his discussion refers to it as accidental or even seems a little embarrassed, as if he were carrying on some subtle form of advertising. The net result of this has been a gradual attrition of the original contributions and personal experiences which are so important when added to the formal discussion of a paper. There is seldom anything entirely new in a formal paper, but the extemporaneous reports and comments become extremely valuable if supplemented by some documentary evidence such as graphs or slides.

It is my hope that the coming meeting in New Orleans will have far more interesting and spontaneous discussions of the papers than any previous meeting. Since it is our request, I hope that no one apologizes for having slides or feels that anything which was of interest to them on a given subject was too trivial to be shared with the rest of us.

The treatment of guests is one phase of our meetings which, I am convinced, can be definitely improved. Not only is it impolite to invite a prospective member and then have him neglected or ignored, but it also reflects on subsequent voting inasmuch as he was not properly introduced to the members.

This year each guest, who we feel will be a prospective member and whose name might come up for a final vote, will be assigned to one specific person whose responsibility it will be to see that he meets all the members during the first day of the meeting. In addition, we will assign another member to see that this prospective member and his wife have a pleasant

time at the cocktail party, and that proper seating arrangements are made for them for dinner.

Hunter's comments about the discussion of papers appear worthwhile. Moreover, the thought about taking care of the guests is something of considerable importance.

Etiquette: What makes a man say, "I beg your pardon," when he really means, "What's the big idea?"



HENDRIK J. SVIEN

July 27, 1962

I just saw in recheck examination one of two boys, each twelve years of age, who sustained crush injuries to the abdomen. Both of them had a total paraplegia from about the tenth thoracic level down, and one of them had renal shut down and also a perforation of the sigmoid colon. In neither instance was there a fracture of the spinal column. Manometric studies of the spinal fluid were normal in both instances; in one case the spinal fluid protein was 100 mgs. per cent, and in the other case it was 60 mgs. per cent. In both instances movement returned to the legs in about a week and thereafter steady progression was noted. Both boys recovered to an essentially normal status neurologically.

The mechanism of interruption of spinal cord function is an interesting speculation in these cases. In neither instance was blood obtained from the spinal fluid. One could postulate some sort of venous congestion which temporarily interrupted

cord function, but this would be difficult to substantiate. Does anyone have any ideas as to the cause of the temporary paraplegia in these cases?

Since the report from Bill Sweet's group regarding the salubrious effect of stalk section for diabetic retinopathy in juvenile diabetes, our endocrinologists have become quite interested in this mode of attack on the problem. We just recently did our first stalk section for this condition with a good result thus far. The insulin requirements have dropped to less than half of the pre-operative need. No new hemorrhages have appeared in the retina since surgery but the time is quite short. We have a number of patients that we are now considering for this procedure. Just why stalk section should be effective is still a mystery to me.

The summer has seen the revival of my interest in baseball, largely through the association with my nine year old son who played on a team for the first time this year. Inasmuch as he is catcher for his team, I now am quite well versed in the vital statistics of batting averages, foibles, throwing technics, catching stance, etc. of every catcher in the major leagues. This knowledge comes, not from research on my part, but from the knowledge imparted to me by my son. This new interest has occasioned a few trips to the ball park. I had forgotten how enjoyable baseball can be.

One wonders whether or not the temporary paraplegia that Hank's two boys sustained was not on the basis of concussion of the spinal cord or mild contusion of the spinal cord. It is to be recalled that just as concussion and contusion of the brain are accepted entities, so are concussion and contusion of the spinal cord, and that often recovery from paraplegia takes place in a short period of time.

It must be wonderful to have a son steeped in the intricacies of baseball. This brings back recollections of my own early days when I was catcher for the high school team. The competition at college was a little too rough for me to hang on there, but at least this experience aroused an interest in baseball that could hardly have occurred in other ways. It is well known that no team wins a pennant without a topnotch catcher.



AIDAN A. RANEY

July 27, 1962

Tomorrow Mary and I are going to Balboa where we will stay for three or four weeks. Our children, now ranging from four to fifteen years of age, find Balboa very much to their liking. All have spanking new fishing rods and great hopes for pulling in some big ones. In past years fishing has been good, except for Michele. She hopes to break her streak of bad luck. She did not catch a fish during either of the last two years. She and her father use the same technique in fishing. We are strictly "line soakers". We prefer not to check for bait too often, because it is always such a nuisance to bait the hook again. Brendan is ten and out-fishes all the rest of the children put together. He always wins the daily Derby prize for the most fish and the smallest fish. He is a "drop-line smelt fisherman". Some of the fish he catches are quite large, being as much as two to three inches in length. Kathleen and Aidan are at that awkward, in-between age. They are too grown up to bother with smelt fishing and not big enough to pull in an albacore.

I was just trying to think of some interesting neuro-surgical problem, but none comes to my mind. Perhaps this is an indication that it is time for a vacation!

Tight-lines for the Isaac Waltons.

Senator Oren E. Long asked Episcopal Bishop Harry Kennedy if he had ever been to Tahiti. "Yes," said the bishop sadly. "And I have only one regret - that I didn't visit Tahiti before I joined the church."

ROBERT G. FISHER - July 28, 1962

Things have been going along at their usual hectic pace. Our most interesting problem has been what apparently has been an intradural chondrosarcoma at the region of L5 and extending up to L3 causing the patient to be paraplegic. We removed this tumor subtotally. The patient was better and his sciatic pain, which was very impressive when he was admitted, was completely relieved. He went home and died approximately 5 months later with evidence of cerebral metastasis and metastases in the cervical region as well. Fortunately, somebody on the outside got an autopsy and sent the findings on to us with the slides and this was confirmed as being a chondrosarcoma. The origin was actually from the sacrum and the 5th lumbar interspace and it extended in through the dura and caused this massive problem which the patient had. X-rays of his sacrum initially were found to be negative.

We, at the present time, have about 35 Cloward procedures under our belt and are greatly impressed with the relief of radicular, scapular, suboccipital, shoulder and arm pain and numbness which patients have from cervical ridging. It is far superior to any other procedure that we have had experience with. We are most concerned about resolution of bone pegs because there is one which one of the residents did at the Veterans' Hospital and we have heard of quite a number of other bone pegs which have resolved through the New England Neurosurgical Meetings. I am not certain we have the answer to this business yet, but there is no question that the procedure has gone well for the most part and we are greatly impressed with this in comparison to the former operations.

We are so anxious to see everybody this fall and certainly will be at the Meeting.

Robert's case is an interesting one, and by all means uncommon. Perhaps the Smith-Cloward type of procedure eventually will have the bugs worked out and it will be restricted to its appropriate place clinically. Some five or more years seem necessary for a good evaluation of many new methods.



FRANK H. MAYFIELD

July 30, 1962

The enclosed is a picture of the Mayfield clan taken shortly after our twenty-fifth wedding anniversary, which was August 1961. This is not up-to-date, however, for Diana Lee Mayfield was born to Frank and Judy on July 20, 1962.

This has been a terribly busy summer and I hope to begin a three week vacation on August first. Actually we will remain in and around Cincinnati except for a week at White Sulphur Springs.

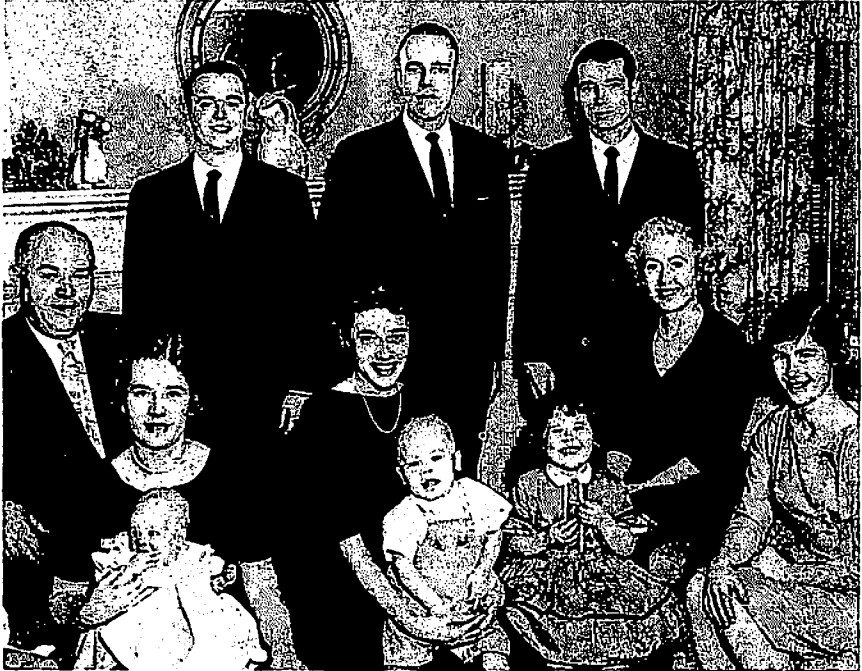
We are experimenting with an interesting teaching exercise for residents and interns which we will let you know about later. Ed Lotspeich has always managed the brain cutting session for us; however, we have now added a member of the staff in neuroanatomy to the conference and we are operating the brain cutting session as a quizzing lecture by him as the brains are being cut. The attempt to correlate the clinical findings with the pathology and altered anatomy is very stimulating and, I believe, enlightening and it certainly makes the residents do a little collateral reading--and I might add keeps the staff on their toes as well.

As of July first we began a research project on spondylosis deformans which we hope will throw some light on the relationship of trauma to the calcific deposit around the joints of the neck and lumbar spine as well as help in the choice of treatment.

All this clinical activity has ruined my golf game but I hope to be back in shape during the next three weeks.

We are all pleased with the fine photograph of the Mayfield clan sans Diana Lee. It hardly seems possible we have come so much of age and so fast.

We will look forward to Frank's comments on spondylosis deformans when his research project terminates.



"Golf ball: A sphere made of rubber bands wound up about half as tensely as the man trying to hit it."

"Executive: A man who talks to visitors so the other employees can get their work done."

"Some people have tact; others tell the truth."



HENRY L. HEYL

July 30, 1962

Until ten days ago your Awards Committee had received only three manuscripts. We were discouraged and contemplating some drastic change. All of a sudden in mid July we received eight fine manuscripts from all parts of the country representing, in many instances, neurosurgical services directed by members of the Academy.

It is obvious that a number of you had been responsible for the up-surge of interest and we want to express our gratitude. As a matter of fact, we are going to have a terrible time picking one from this group. I have read them all and would be proud to make the Award to any one of five.

This is a happy state of affairs which I want to take this means of passing on to you, since my last communication on this subject was so gloomy.

My best wishes to you all. Kit and I are looking forward to seeing you in New Orleans.

How gratifying to learn that the Awards Committee has recently received such fine manuscripts for consideration. This feature is an important one for the Academy and should be encouraged and emphasized.

"The person who has a second hand car knows how hard it is to drive a bargain."

"Wedding ring: The smallest handcuff in the world."



ROBERT H. PUDENZ

July 31, 1962

On the twenty-ninth of August, Rudy Schulte, my German engineer friend, and I are leaving for Austria. As you know, Rudy makes our ventriculo-atrial shunt systems and other gadgets. I am going to give a paper at the German Neurosurgical Congress in Bad Ischl. Rudy is going to demonstrate some of his equipment at the exhibits.

After the meeting, Rudy and I plan to travel through Germany for a period of about one week visiting some of the neurosurgical centers and scientific instrument manufacturers such as Siemens.

On September twelfth I shall meet Ruth in Dublin, where we shall commence our six weeks' tour of Europe, having fun and visiting the neurosurgical centers in the major European capitals on this side of the Iron Curtain. We shall not be back in Pasadena until the end of the first week in November. At the end of my trip I shall send you a report of my observations.

This sounds like a most interesting and enjoyable sojourn to Europe. Just recently we used one of the ventriculo-atrial shunt systems on an infant of 2 weeks. We used the more recent small pump and a distal tube with gold in the tip for more rapid x-ray localization. It has been working quite well.

Quite a lengthy article about William Heyer and Rudolf Schulte appeared in the Santa Barbara News Press of August 5th. In view of Bob's letter and their connection with the production of the valve for ventriculo-atrial shunt, some

comment about them seemed wise. Their photograph as it — appeared in the News-Press is reproduced for the information of the Academy.



UNIQUE SKILLS of the two Santa Barbara men pictured here combined into a partnership which designs and produces medical machines. On the left is William Heyer, inventor. Rudolf Schulte, master watchmaker, is working on the lathe.—News-Press photos by Ray Borges

First of all, we are fortunate that they have both moved to Santa Barbara for we will have access to their talents. They are working on a scalp clip for us which we hope will prove acceptable. According to the story these two, strangers then, found themselves watching an exciting fire in Pasadena one evening in 1958. They introduced themselves as William Heyer, inventor, and Rudolf R. Schulte, watchmaker. This resulted in a worthwhile partnership, Heyer-Schulte, Inc.

Heyer has been working on various inventions most of his life. For a number of years he taught shop in an exclusive private school in the East, and during World War II worked for Bendix Corporation on the design of aircraft components. He became interested in medical problems through a close friendship with Dr. Finley Russell in Pasadena. His mechanically talented partner was born in Germany 30 years ago and has been in the United States for eight years. Schulte holds a master's diploma in watchmaking and was working as a model maker for an electrical firm when he met Heyer.

According to the article, smog in Pasadena led to the move to Santa Barbara. It hurt Schulte's eyes when he worked on the tiny machines the partners were developing. They explained they were faced with the prospect of building an expensive air-conditioned laboratory or moving, and for this reason they chose Santa Barbara's free air conditioning. Circumstances, in this instance the atmospheric irritants of the present age, brought them to this garden spot of our country.

"The modern housewife is one who puts off today what her husband can do over the week end."



JOHN M. MEREDITH

July 31, 1962

This brief note to the "Round Robin" was begun on liner "Queen Elizabeth" en route back to U.S. A. after an all too short tour of England, Scotland, Ireland and Wales with a final few days in Paris to top it off! I thought a resume of the medical highlights would be of interest to our group, ergo, to wit:

An informal visit to medical schools, hospitals, and institutes was planned. Our first city was London where we visited St. Georges' Hospital at one of the corners of Hyde Park: the same institution where John Hunter fell over with fatal coronary attack (1790's) during a heated board meeting (even as we do today!) he having said he was at the mercy of "any rascal who chose to make him angry"!

We next visited St. Thomas' Hospital in the heart of London where Florence Nightingale began her ministry of mercy and established, for all time to come, the idea of the "professional nurse" later developed to its full efficiency by her in the Crimean War of the 1850's. Charing Cross Hospital was also seen and the Royal College of Surgeons' Hall superbly restored with help of American Funds after World War II; it's at Lincoln Inn Fields.

Next in Edinburgh, spent some time in Historic Royal Infirmary looking up some old documents re Benjamin Rush, Morgan and Shippen, old worthies of the first medical school in North America (at U. of P.) which opened in 1765; they produced the original graduation theses of these professors from the dome of the University Library of Edinburgh: probably hadn't been opened or read since they were originally put there in the 1760's! These early American students (pre-Revolutionary) were sent to Edinburgh by Franklin. I really had a delightful time in Edinburgh. The Royal Infirmary has a plaque on the first floor corridor wall to the great Lister who labored there on his antiseptic work in the 1870's. The medical school has a splendid library too, and the entire school seems to be very substantially laid out and organized. Saw Norman Dott's operating theatre in the Royal Infirmary also, but of course he has a much newer place now in western part of the city. Incidentally, he is retiring in September and was just given "Freedom of the city" of Edinburgh, a truly fascinating Scottish metropolis. Then on to Glasgow in the west of Scotland where Lister first worked in Royal Infirmary. There; unfortunately his original 1867 works where he first hit on the value of anti-sepsis (with Pasteur's help) have been torn down (more's the pity), but there is a plaque in the Royal Infirmary of Glasgow also attesting to the work of the great Quaker physician there too.

Then back to London where we went to old "Barts" hard by St. Paul's Cathedral and "Old Bailey" and Ludgate

Hill. The great William Harvey labored here, of course, and we were told three sets of Siamese twins have been separated there! I hope successfully; the guide didn't know!

Then to Paris to the Sorbonne and marveled again at those huge grey block-long buildings and the nearby Pantheon and St. Genevieve's Church. Went out to Pasteur Institute to see the tomb of the Immortal French Master; with the help of five guides and a modicum of "American-French dialect (my own) we finally saw it; very impassive bleak granite, a true chapel or shrine to Pasteur.

Still the perennial medical student - turned dermatologist (for the nonce) - we then repaired to the Folies Bergere for a study of French epidermis (female) and this serious display must be seen to be believed! We hurriedly balanced this off with the opera the next night (Faust). Truly magnificent in every respect.

Final clinical note: On return via Queen Elizabeth met a female sociologist who had just seen our peripatetic traveler Arthur Elvidge (!) in Scandinavia surrounded by such pulchritude that in considerable alarm, at last reports, he left for the North Pole!

After yours truly and our secretaries worked translating or deciphering John's written letter, we found it, as I'm sure you will agree, quite interesting and entertaining. John's writing is as illegible as that of any good doctor. Some improvisation still was necessary, but we believe we have not significantly distorted his meanings.

"One traffic hazard that drivers seem determined to eliminate is the pedestrian."

"The worst of wrestling with your conscience is that it is almost impossible to get a strangle hold on it."

Wife to husband on way to concert: "For your information, Beethoven's Fifth is not something that comes out of a bottle."

ARTHUR A. WARD, Jr. - August 1, 1962

My delay in sending in a letter is at least in part related to the fact that we seem to have been unusually busy. We seem to have been deluged with visitors of all kinds who, I am sure, have turned up because of a burning interest in neurosurgery rather than because we happen to have something called a World's Fair going on in Seattle this summer! The Fair has actually gone off much better than anybody anticipated it would, and it has been a very smooth running and exceedingly well designed public exhibition of science. The Federal Science Pavilion is a superb show at a highly sophisticated level and this, coupled with both domestic and foreign exhibits with a heavy emphasis on science makes it a very educational affair. The public popularity has exceeded what were thought to be optimistic estimates at the time the fair was organized and this is the major drawback that there are long waiting lines for some of the more popular exhibits such as the Space Needle.

Neurosurgical affairs still seem to outstrip our ability to adequately cover all of the necessary bases. In addition to Eldon Foltz and Lowell White, we added on William A. Kelly a year ago to our full-time group and this has helped tremendously.

We have continued to be concerned as to the best way of handling neuroradiology, as I have mentioned in a previous letter. There seems to be a major push to gather in all radiological procedures under a neuroradiologist who is a member of the X-ray Department team. One of the major criteria is that such individuals personally do all of the technical diagnostic procedures often with very little advice or counsel from the clinician responsible for the patient. In our setup, it has appeared best for all concerned not to go this far although we do have two radiologists within the picture with a major interest in neuroradiology from the standpoint of providing us with good technical films and with adequate interpretation of the films. Since I notice that neuroradiology seems to be one of the weakest subjects in candidates taking the Boards, I wonder how much of this is related to the shift in responsibility which is occurring in many places from the neurosurgeon to the radiologist. Inevitably this will reflect itself in the training of our future generation of neurosurgeons. Maybe the Board could get some data on this point.

It would seem wise in the majority of instances to have radiologists with training and interest in neurologic subjects and conditions, but to have the procedures carried out by the neurosurgeon or at least under his direction. This will continue to be a problem, just as that of neurologists doing diagnostic procedures on certain patients who then require neurosurgical intervention shortly thereafter.

Word has it that the Federal Science Pavilion at the Seattle World's Fair is a remarkable affair.

"If school days are the happiest of your life, you're probably a mother."

"Alimony: A case of a man going from a co-starring spot to a support role."

"Middle age is the period when you look back on your mistakes - and wish you could repeat them."



AUGUSTUS McCRAVEY

August 2, 1962

Helen and I joined the Temple Medical Alumni Seminar with the University of Madrid in the latter part of March for two weeks. It was a chartered K. L. M. flight out of Philadelphia International Airport, most delightful and uneventful.

There was the routine medical meeting at the University of Madrid School of Medicine. Doctor Mike Scott was the only other neurosurgeon in the group, so that most of the

meeting was of general interest. From a neurosurgical standpoint the most interesting part of our tour was the opportunity of making rounds with Doctor S. Obrador Alcalde and seeing his service in the Private and also State Hospitals. He has a very large service, some fifteen residents, and the type of work which is being done is comparable to that of any large neurosurgical center in this country. I was very much impressed by the number of gliomas - we must have seen at least fifteen in the hospital the day we were making rounds with him.

We were entertained in the Obrador's home, and discovered that the Pools had been there only two weeks before. Mrs. Obrador commented on the enthusiasm which Larry had shown for the Spanish language.

The Medical School had a very adequate building, given by the Rockefeller Foundation, after the Spanish Civil War, but the equipment did not appear to be up to the American standards. One of the most attractive spots, prominently located in the Medical School Lobby was the bar, and it was discovered that the price of a Martini was about four cents. This may be one of the factors that accounts for only 200 graduating out of an admission class of 1,000.

Much of the Spanish countryside and small villages did not appear to have changed much since medieval times, but the large cities, and especially the University city, are very modern and definitely in the twentieth century.

Our tour included four days on the island of Mallorca and this is truly a delightful spot. It is a place where old neurosurgeons could just fade away. I certainly plan to return some day. The people were most cordial and appeared very happy to have us as their guests. Tips were even refused on two occasions.

It is interesting that two of our members have recently toured the Spanish countryside. We can now add Mallorca to Tahiti where tired old neurosurgeons can fade away.



LYLE A. FRENCH

August 13, 1962

I think that I have probably received more "second requests" for letters to the Neurosurgeon than any other member of the Academy. This just about categorizes my ability, not my interest in the Neurosurgeon. Both Gene and I enjoy tremendously reading it.

We have been quite busy this Spring. For one thing, the untimely death of Dr. Peyton left many things undone. He filled a tremendous gap in our general scheme of things here even though he had retired a few years ago. He still entered into our teaching program for medical students and residents. He would see clinical problems with us. He continued to offer his sage, practical advice. We are now getting straightened out and things are running along again on an even keel.

Recently we have had a couple of very interesting cases. We have been using the Pudenz-Heyer valve and we have had two patients in whom the distal valve end has broken off just below the pump. The distal segment then traversed downward to lodge in the right atrium. We felt that it was advisable to remove this foreign body. The cardiac surgeons removed it and we then inserted a new valve. The point of the story is that these small catheters fit quite tightly over the tips going into and out of the pump so that the reason these broke off is that the individual putting them on had grasped them with a forceps or had bent them back and forth at this site in the process of threading them on. It was possible at this weakened site that the plastic tube gave away. Incidentally, the tubes did not break immediately but about a month or six weeks after insertion. The only reason for mentioning this is to warn others who have not yet had this experience.

Others have had similar complications. There is also the problem of the development of subacute bacterial endocarditis as described in cases reported in the New England Journal of Medicine. With it all, this type of procedure is the only effective suitable method of controlling rapidly developing hydrocephalus at the present time. The materials and valves have been greatly improved. A five to ten year follow-up of a large number of cases will represent an important contribution and will probably be forthcoming soon. Your reporter was much impressed with Lyle's neurosurgical residents. He was also impressed with Lyle's report of some twenty aneurysms of the anterior communicating artery treated surgically with only one fatality. Time was running short so Lyle took three minutes to give the essentials of the paper. This was done so well and so effectively that all concerned could benefit by this importance of brevity. The results, moreover, made most of us chartreuse with envy and admiration.

"To err is human but it feels divine."



ALFRED UIHLEIN

August 14, 1962

We continue to use brain temperatures around 15° C. and total circulatory arrest in selected intracranial aneurysms preferring closed-chest to open-chest total body perfusion. A report on our experiences in these cases is planned for our meeting in New Orleans next fall. We are working with a method of isolated cerebral cooling which we plan to use, similar to the technic of Kristiansen of Oslo. I was able to watch him re-operate on a patient with a middle cerebral aneurysm that bled again after the first surgical procedure in the conventional manner. The relative avascularity, the ease of lowering brain

temperature and absence of complex equipment was impressive. Total circulatory arrest to the brain, however, cannot be achieved by any other method than cardiac standstill in our experience.

Ione and I had a brief but delightful visit to England and Norway last fall where I reported our results on hypothermia to the Society of British Neurologic Surgeons in Derby on a Sir Hugh Cairns Lectureship. A day at St. Bartholomew in London later with Mr. O'Connell was enlightening, and the speed with which he commences postoperative exercises in disk patients was instructive.

In Oslo, as Kris Kristiansen's guest, we saw our first snow of the season. Kris is a delightful host and conducts an excellent, large, neurosurgical service. Their research department is very active. At a program sponsored by a Norwegian Drug Company, the advantages of another radio-opaque media was presented indicating possible superiority to hypaque for angiography.

Next week I shall be joining the Beefeaters Society for a jaunt to the Bob Marshall Wilderness of Montana to snare the wily brook trout with genial George Baker, a recent proud grandfather, our host. I understand John Raaf is leaving Moscow and Mr. Kruschev early to join us - we hope he can.

There is little news from the local scene except work. Our children are all well and busy. Ione and I look forward to seeing all of you in November.

This brain cooling procedure is becoming more varied and complicated with each passing month. Now, I understand some are doing it by cooling the ventricular fluid. Possibly one could put one of those new Parkinson's disease coolers into the ventricular cavity and get the temperature down to the desired level.

Our members do get around the world and do know what's doing neurosurgically most everywhere. It will probably be too late for us to receive photographs and words from those of the Beefeater's Society who are still hardy enough to make the Bob Marshall Wilderness trip, but we can always save it for another time.



WILLIAM FEINDEL

August 18, 1962

We are on holiday in August at Bic, a small French village about 150 miles further down the St. Lawrence from Quebec City. We holiday not far from where Jacques Cartier made his first landfall some four hundred years ago. We like to think that our particular spot, a cape of low mountains jutting out into the river, has not greatly changed since then. Although we are within a few miles of the region's television tower and within about 50 miles of the fabulous new hydro development, including the highest dam on the North American continent, we ourselves have so far managed to get along with oil-burning lamps, outside plumbing and wood-burning stoves. In fact, one of Faith's new joys this summer was a 1926 model kitchen stove which is an artistic collection of cast iron fret-work outlined in horses heads, brightly colored ceramic tiles and enough working space to take all of the kettles, pots and pans to comfortably prepare meals for the eight of us.

Faith and I are representing the Penfields at a Hippocratic congress in Montpellier (France, not Vermont) at the end of this month and hope we may have something of interest about this trip for you later. We hope to return in time to take in the New Orleans meeting.

Sounds like a delightfully restful holiday to be followed by an interesting trip to France. We will look forward to some comments and photographs about it for the next number of THE NEUROSURGEON.

"A legend is a lie that has attained the dignity of age."



S. R. SNODGRASS

August 19, 1962

Actually this has been an eventful year as it has brought the first grandchild. Apparently the Snodgrass name is determined to persist as there have been no girls born in our branch of the family during the last four generations. Robert has also been doing well in other fields: you can imagine our pride in his making AOA in the junior year. He now seems more content than in the past away from Texas - actually he is not a native Texan, having arrived here at the age of six weeks - and has no definite plans as to when he will return. As he finds medicine more absorbing than surgery and is planning to apply for a straight medical internship, my fears are mounting.

This has been a summer of superlatives here: there has not been hotter, dryer weather on record, and I have been tied here more constantly than for ten years. I am covered with a mass of routine work and my long-time secretary - the best I ever had - has joined the trek to California. I would welcome some change but no prospect is in view.

We have a new outpatient building under construction, as well as a central water cooling plant, which will supply all the buildings and do away with many scattered, often noisy and inefficient installations. Someone has said that the cooling would be equal to that from 12, 000, 000 pounds of ice per day so we should be comfortable. The Sealy-Smith Foundation which has built the hospital is building a 10-story garage and office building for doctors across the street as an investment so that there is really a good bit of unusual activity going on.

I am looking forward to the meeting in New Orleans and would very much enjoy any visitor who might drop by here at the time.

Margaret and Sam can be justly proud of their son being elected to Alpha Omega Alpha in his junior year and at one of the best of the medical schools in our country.

Grandchildren seem to be popping up all over the place with our membership - a further indication of our senior status.

"The worst thing about getting old is listening to your children's advice."



BARNES WOODHALL

August 20, 1962

Thank you very much for your beautiful postcard showing part of Heaven that we less fortunate people call Santa Barbara. I wrote you a long letter on December 5, 1961 but unfortunately did not mail it. I said in that at the beginning that the meeting at the Larz Andersen House was certainly the highlight of the Second International Congress. Beyond that occasion, I simply tried to write checks and keep the house in order in Washington and finally after a long struggle with the Income Tax Bill, you will be happy to know that this Congress was declared to be fundamentally a non-profit institution so we turned out in the black, I wrote the last check about three weeks ago; and we turned our excess moneys from our grant to the National Institutes of Health. Professor Krayenbuhl is the Treasurer of the next Congress and heaven help him.

Following that meeting in Washington, I went to Montreal for three days of rain and cold and other deans, and found this particular combination quite depressing. Medical schools have so many problems at the present time that

I do not wish to bore you with the detail but I feel better at the moment because on September 8 the dove season opens and I have already decided that I am going to shoot everyone this time and not have any misses at all.

I am really writing because of my concern about a very difficult problem in post graduate education. We seem to have more and more very good applications for advanced training in neurosurgery and it looks as if shortly there will be no room for really good people. With this in mind, I am sending you a photograph of one of my candidates for the future. His father, my son, is a nuclear physicist and his mother is a computer mathematician, and for a while we were afraid that we might catch a computer rather than this extraordinary young man. He does nothing really worthwhile at the present time except pass his water, but this is a sound functional beginning for a brain surgeon, and I simply want to place him in evidence so that he will not have any trouble finding a suitable neurosurgical residency training program when his qualifications improve above the rather simple one that I have mentioned. The object in his right hand is a large ventricular needle that will develop for unusual cases. If you receive any notes of inquiry, please forward them to me.



The other photograph is one of a very accomplished surgical nurse who has decided to follow a post-graduate training in recovery room work. She is very adept at tracheotomies but is a little light for the technique of manual resuscitation of heart block. She is also at the moment deeply interested in further post-graduate study with an orthopedic surgeon. I find this particular type of post-graduate study highly satisfactory and pleasing because

in my opinion, ten years from now, medicine will consist probably of health counselors, orthopedic surgeons, and obstetricians. We may have settled all other issues by that time.

At the other end of the educational scale, our residents have formed an association of neurosurgical residents and are having their first meeting here at Duke this Fall. Obviously

time is passing a little too rapidly when this sort of thing can happen so unexpectedly. This is a fine group of young neurosurgeons, the majority of whom hold responsible positions in academic neurosurgery. The Deans are meeting at Los Angeles this Fall and perhaps Harry Botterell will be installed as the newest neurosurgical Dean. This particular Deans' club reminds me of a society that was formed at the end of World War II by one of our prominent Cleveland members who was made President. The name of this society is a rather simple one "A Society Consisting of Those Neurosurgeons Who Will Never, Never Operate Upon a Peripheral Nerve Injury".

There seems to have been rather general agreement that the meeting of the Academy at the Larz Anderson House was the highlight of the Second International Congress. Barnes is to be commended highly for his superb handling of the difficult and trying task of serving as treasurer of the large meeting of the Second International Congress of Neurological Surgery. His great relief at completing this work is readily understandable. It is interesting that we have two medical school deans from the Academy and also that two medical school deans are neurosurgeons. A tough assignment requiring much administrative ability.

We are happy to have the photographs of the new grandson and future professor of neurological surgery. We also appreciate the copy of the Chanticleer which shows that Betsy was chosen as the Chanticleer Queen. She is undoubtedly the most beautiful Kappa of all.

All of us are proud of Barnes being President-Elect of the Harvey Cushing Society. As one of the most outstanding and popular neurosurgeons of our country, this honor comes deservedly to him.

Time is moving along with the neurosurgical residents forming an association.

"If medical science doesn't stop making us live longer, our grandchildren will be telling us to pay off this national debt ourselves."

CHANTICLEER QUEEN

Chosen last year as the Nurses' Beauty Queen, Miss Betsy Woodhall now bears the title of the CHANTICLEER Queen. This is the third appearance in the beauty court for this lovely Durham belle. Selected from a group of nine girls from East and Hanes, Betsy was crowned on November 10 at the annual Co-ed Ball.

A former resident of East Campus, Betsy is now a junior in the School of Nursing. She enjoys French literature, doubtless an influence of her days as a French major in the Woman's College. Other favorite pastimes include horseback riding and keeping in contact with her sorority, Kappa Kappa Gamma. After graduation, Betsy would like to apply her nurse's training in a private surgical clinic.

Betsy is crowned by CHANTICLEER Business Manager Jerry Butler.

Surprise!





BETSY WOODHALL



A. EARL WALKER

August 21, 1962

Before the fall circuit begins, I'll drop you a note regarding the current activities on Broadway.

In the last few months I have been interested in looking over our parasellar lesions to determine the best diagnostic techniques for their early detection. Due to Dr. Frank Walsh's interest in neuro-ophthalmology, we have an unusually large number of these cases that are referred for neurosurgical consideration. I find that even after the use of all of our techniques, including air studies, angiography and radioactive scans, we are not able to establish a diagnosis in almost one third of the cases. I wonder if all of these cases in which the diagnosis does not seem to be apparent from these examinations should have an exploration. In the instances in which we have practiced this policy, our batting average in finding operable lesions has been less than 50%.

The head injury follow-up which we carried out with the cooperation of Jack French, Jerry Merlis and Arnold Friedman of a few years ago has finally come out. I would not recommend it for a week-end reading, but for anyone who wishes to get some factual information regarding the outcome of head wounds of World War II, it is available.

One little trick that we have been using recently may be of interest to our members. Instead of scalp sutures, we have been using an adhesive tape supplied by the 3 M Company which is non-irritating, quite adhesive and which may be applied just as rapidly, if not more so, than skin sutures. It has the very definite advantage that it does not serve as a nidus for a stitch abscess. Even in cases in which there is some tension on the scalp, the suture line may be well approximated with

these half-inch strips of adhesive tape. Since the tape is applied at intervals of about a half-inch, there is adequate room for seepage of serum between the strips of tape.

Earl has breached an interesting subject and problem in that of parasellar lesions. We will look forward to the article on the follow-up of the head injuries. The use of the new adhesive tape mentioned by Earl should be worth trying.

"At a dangerous intersection: 167 people died here last year from gas; 11 inhaled; 9 put a match to it; 147 stepped on it."

"Middle age is the time of life when the hardest thing to raise in your garden is your knees."



E. H. BOTTERELL

August 23, 1962

I am being initiated into deaning here in the Faculty of Medicine, at Queen's University. Kingston, Ontario is half-way between Montreal and Toronto, on the north shore of Lake Ontario at the beginning of the Thousand Islands. It is a most delightful town to visit and we look forward to members of the Academy stopping off in their travels in Canada to see us. They tell me that the bass fishing is hard to improve upon in the season, and the boating and sailing are excellent.

The Faculty of Medicine at Queen's was founded in

1854 and this birth was precipitated by the Faculty of Medicine in Toronto, which was then at Trinity College, being unwilling to graduate any doctor who would not sign the thirty-nine articles of the Anglican faith. The members of the Faculty in Toronto urged Queen's to start their Faculty of Medicine and accept these young men for the final year of their medical education.

The final-year class usually consists of about fifty-five to sixty students and there is a tremendous "spurt-of-the-place".

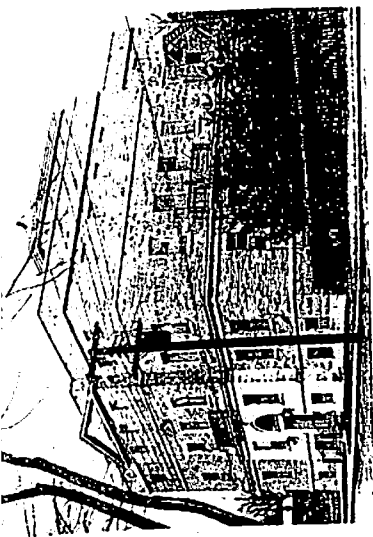
Margaret and I have been lucky enough to find a small house, which we have enlarged somewhat, on the lakeshore four or five miles outside Kingston, in what has been, up to now, a summer cottage district and we are still living surrounded by plasterers, carpenters, and the lake. It will be another two or three weeks before we are settled.

In addition to being Dean, I am going to be involved in the teaching of Surgical Neurology, and for the next few months anyway, I shall not engage in any actual neurosurgery apart from consulting.

This is a period of great change in this Faculty of Medicine, for their desire is to develop a closed teaching unit, including insured and if necessary, private patients, at the same time avoiding any development of a "gainful monopoly" for the staff. The place is full of top-notch people and their long-standing desire has been to develop a first-class, small Faculty of Medicine. They have been very successful in this regard in the majority of departments, with at the moment, major developments occurring in the Department of Surgery, where the Head of the Department has resigned; there is an acting Head.

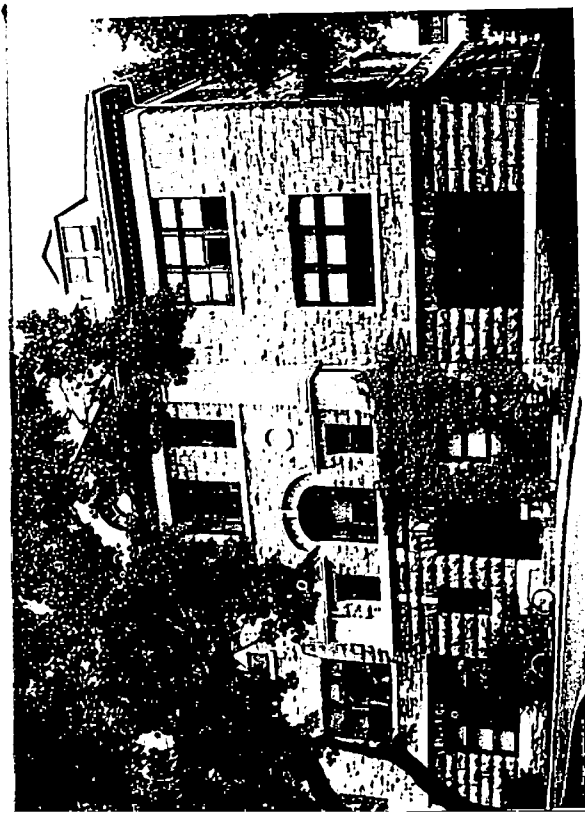
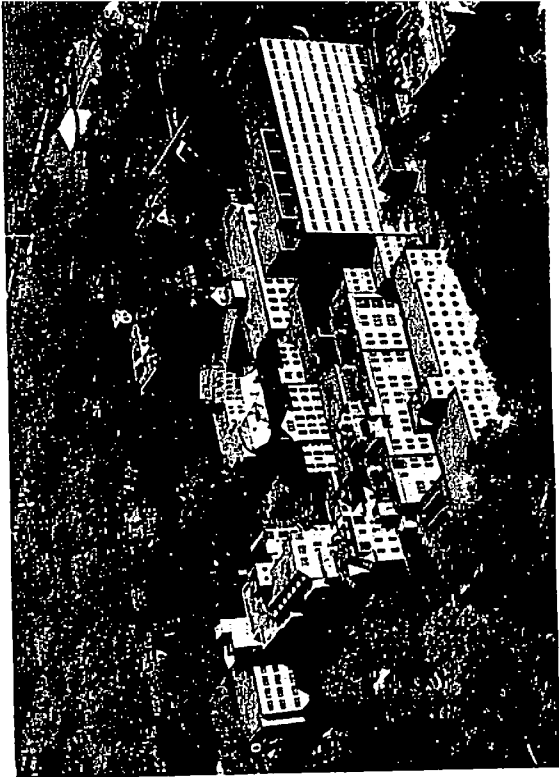
It is a very interesting and often perplexing interlocking group of problems.

We are pleased to learn from Harry something about his new position and the new place of work. We appreciate the photographs of the school. As Barnes Woodhall has indicated, being a Dean of a medical school means locking with a number of tough administrative problems, and Harry has justly indicated the same. More power to him in this new undertaking.



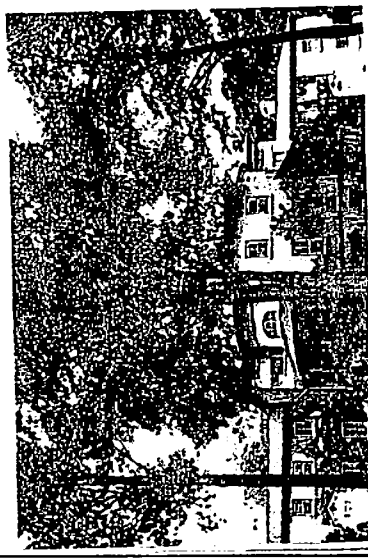
Queen's Physiology Building

Kingston General Hospital



*"New" Medical Building
Queen's University*

Summerbill Medical Library





WALLACE B. HAMBY

August 26, 1962

RANDOM NOTES ON A SHIFT OF ENVIRONMENT

Neurosurgeons probably share the experience of other fauna upon being transplanted into another environment; patterns of thought and habits of practice are modified to permit adaptation in the new field. One who has long resided away finds, upon his return home to live, that the environment in which he was raised has gradually shifted in relation to his own later acquired customs, so that contrasts sharply engage his attention.

I left the Cleveland Clinic with a profound admiration for Dr. Gardner's work and tried, as best I could, to transplant his methods to Buffalo. At the end of the first five years he came to visit me and, after an afternoon in my operating room, joined me in the lounge and facetiously inquired, "Son, where did you get your neurosurgical training?" So much had my own developed methods deviated from his. It might be interesting to read a few such items noticed upon returning, after an absence of 26 years, to the "house where I was born", neurosurgically speaking.

THE CEREBELLO-MEDULLARY SYNDROME AND HYDROMYELIA:

When Dr. Gardner spoke to the Harvey Cushing Society meeting in Detroit upon his theory of the developmental mechanism of this syndrome, it appeared to me an over-simplification and to take in too much territory. I found, however, that when exposing an Arnold-Chiari malformation, the removal of C₂ and C₃ laminae would indeed disclose an unsuspected hydro-myelia. Upon arrival here, I found that by using the pneumo-encephalographic criteria he had described, the incidence of this anomaly had been proved to be vastly greater than I had

ever suspected. This had led to a "rule of thumb", that when air introduced for PEG fails to fill the ventricles, and the subarachnoid air suggests some degree of callosal expansion, mechanical occlusion of the foramen of Majendie is so probable that ventriculography is rarely necessary: the cranio-vertebral junction should be explored.

HYPOTHERMIA IN ANEURYSM SURGERY:

The supposed advantages of hypothermia in operations upon intracranial aneurysms have been discussed so unilaterally lately that failure to use it in such cases had almost become regarded as negligence. In my Buffalo series I found this not so. On coming here I found that hypothermia was adopted as the standard surgical technic in 1955 and had been employed uniformly through 1960. Analysis of the records showed that in this series of patients the survival rate actually was lower than it had been before the method was introduced. To say the least, hypothermia had conferred no benefit. A detailed report of this has been submitted for publication, and may be on the program in New Orleans.

CORDOTOMY UPON THE UNROTATED SPINAL CORD:

Upon arrival here I found that patients having lower body pain were rarely submitted to cordotomy because of the mediocre results following the use of the "standard" surgical technic. A few years ago I had described a modified technic of cordotomy done through limited lateral laminotomies upon the unrotated cervical cord. The introduction of the technic here has resulted in the reference of a steadily increasing number of patients for the operation.

It is interesting also, probably because of the greater number of intervertebral disc operations being done in this area by non-neurosurgical surgeons, that we see a great number of people with intractable sciatica following numerous attacks upon the lumbosacral nerve roots. These are being more satisfactorily treated with the modified cordotomy than otherwise.

ANTERIOR CERVICAL DISCECTOMY AND SPINAL FUSION:

I had been well satisfied with the results of removal of soft disc protrusions from beneath the cervical nerve roots and was unhappy with that approach to the spondyloses, but

had not been converted by Cloward the Evangelist to the point of embracing the New Religion. After watching Don Dohn, who does these operations here, and seeing his results, I began doing a few myself, to be able to handle them in his periods of absense from the service. I have come to like it so much that I even look forward to his vacations!

Early in my practice, when there were few neuro-surgical meetings one could attend, I found that reading the literature was a poor substitute for visiting other clinics (alone, with no convention) and absorbing on the scene the experiences of my peers and superiors. As duties weigh more heavily upon us the opportunity for such visits shrinks and we become more provincial in our habits. These few points alone demonstrate how refreshing for me has been a change of environment.

Wally has written some interesting comments of his experiences and neurosurgical impressions on the return home. It is so easy to become fixed in one's ideas and equally difficult to evaluate what is good and not so good as done in other localities.



HOWARD A. BROWN

August 28, 1962

I am about to take off for Honolulu and the Fijii to learn something about what happens in the South Pacific. The program sounds as if it would be most entertaining from all standpoints and I plan to take a good many pictures, so that upon our return we may have something worthwhile to send you for "The Neurosurgeon".

Aside from a short pack trip with the male members

of my family, I have been at work steadily waiting for the September jaunt to Fiji.

I hope that all is well with you and I will be looking forward to seeing you at some of the meetings in October and November.

We should have some interesting comments and as interesting photographs from the South Pacific - that is, if Howard comes home.

"In Honolulu recently police issued small car warnings after a 100-mile an hour gust of wind overturned two small cars and tied up traffic."

"If Americans are dollar worshipers, as claimed, they certainly have succeeded in spreading their faith abroad."



JOHN RAAF

August 31, 1962

The various members of my family have finally filtered back into Portland after a most interesting and exhausting summer. Lorene and I left here the last week in June and gradually collected my cousin in New York, a car and son John in London, and daughter Jean in Geneva. Thence to Nice and Monte Carlo, Florence, Rome, Rimini, Venice, Salzburg, Stuttgart, the Black Forest, and Paris where we shipped the car home. We flew from Paris to Warsaw joining Bill, Mary and Paula Sweet on an excursion from Warsaw to Moscow, Helsinki, Stockholm and London. In Oxford I picked

up a liver and white, three month old Springer Spaniel pup (gift from Philip Allison, Professor of Surgery at Oxford) and flew the polar route home to Portland with her. The other members of the family went back to Paris for about ten days to see what they could acquire. It was plenty but I am happy to say none of it was alive. I am sure I am wrong in many respects but at the present time I hold certain conclusions which may or may not be of interest or even of some value to others who contemplate spending such a summer. Conclusions follow:

(1) When you order a car to be delivered in London you jolly well better approach the London dealer with your toughest scowl and your dukes up otherwise you won't get the red carpet treatment. We got it eventually.

(2) The Cheshire Cheese in a London back alley, a favorite hangout of Boswell, Samuel Johnson and Charles Dickens, is a delightful place for lunch.

(3) The musical comedy "Sail Away," currently playing in London, depicts the American tourist with accuracy in the lines, "Why do the wrong people travel and the right people stay at home?"

(4) The British and the Swedes should learn to drive on the right-hand side of the road; I predict that within the next ten years the light will dawn.

(5) The White Cliffs of Dover look just like you think they-re going to look.

(6) If you order a light snack at noon instead of a huge meal the waiters and waitresses in France and Italy will be insulted -- and won't conceal the fact.

(7) Driving down the Champs Elysees at 5:30 p. m. is an experience you'll probably live through but will not wish to repeat.

(8) No one in Europe can approach an accurate guess of how many hours will be required to drive from one place to another. You better take the highest estimate and multiply by three or perhaps four. A Jaguar will not, as some seem to think, jump from one mountain top to another.

(9) Docteur A. Werner, the only neurosurgeon in Geneva, seems to be doing a very good job (judging from the parasagittal meningioma which I saw him remove) with equipment that most of us would have discarded sometime ago.

(10) Swiss dairy cattle are well-fed, well-groomed, and look capable of producing those good Swiss dairy products.

(11) Nice is nice but Rimini on the Adriatic coast is nicer.

(12) Gasoline costs too much (about eighty cents a gallon in many places in France and Italy).

(13) Don't drive from Monte Carlo to Florence on a Saturday night. There are too many Italian towns en route and too many celebrating Italians (this is the longest 300 miles I ever drove; by the time we reached Pisa at 5:30 a. m. we weren't sure whether the Tower or we were leaning).

(14) After I had tossed a coin in the Trevi Fountain (Rome) I wasn't sure but what I had made a mistake.

(15) July 14 (Lorene's birthday -- also Bastille Day) was celebrated on the Grand Canal in Venice with more fireworks than I have ever before witnessed.

(16) The Royal Suite in the Hotel Danieli (Venice), arranged by Piero Frugoni (neurosurgeon in Padova) was a real bargain at 20,000 lira per night.

(17) Gross Glockner is the name of a mountain -- not a town as I thought. The road up to Gross Glockner will take you to what was Franz Joseph's shanty and you'll have to go back down the mountain eight kilometers to get on the right road.

(18) Salzburg is one of the most interesting and the Hotel Goldener Hirsch very charming.

(19) Storcks still make their nests on chimneys near the Black Forest.

(20) Jerzy Szapiro in Lodz and Jerzy Chorobski in Warsaw (both neurosurgeons) and their wives are charming hosts and hostesses.

(21) Although the Poles have worked very hard to reconstruct Warsaw, there is much rubble remaining from World War II and many of the buildings still are pock-marked from shell fire. Poland is in a bad spot between two old enemies, Russia on one side and Germany on the other.

(22) Confusion in Russia at times is beyond belief. Documentation for this statement will be sent upon request.

(23) There is no middle class in Russia. One per cent must be brilliant (evidence: music, the theater, Yalta and sputniks); ninety-nine per cent are stupid.

(24) Taxi cabs are scarce and on entering one, even though instructions are written in the Russian language, you may or may not end up where you wish to go.

(25) The food is poor in Russia and anything we would call a luxury is expensive (two oranges cost me \$1.20). Vodka, cognac and wines are not too bad and are not too expensive (they're necessities).

(26) Eight per cent of the Russian people are members of the Communist Party; ninety-eight per cent believe their way of life is the best and well they might because I am sure that the mass of the people are much better off than they were under the czars.

(27) The surgery we saw at the Institute of Neurology, Imeni N. N. Burdenko Academy of Medical Sciences of the U. S. S. R., I thought somewhat inferior. I'll let Bill Sweet speak for himself.

(28) Bill is a great linguist in any country regardless of whether or not he can speak the language. It was great fun traveling with the Sweets.

(29) Leningrad is less grim in atmosphere and more physically beautiful than Moscow.

(30) The Amazon in charge of the male Finnish bath at the Vaacuna Hotel in Helsinki was husky enough to whip all three of us (Bill, Johnny and me) and she did.

(31) Johnny and I thought the mob demonstration by

the Helsinki students against the Communist Youth Festival, which Mr. Khrushchev had forced on the Finnish government, was great fun and we heartily supported the students. Finnish tear gas isn't too bad, but we resented a Finnish horse underneath a Finnish mounted policeman trying to step on our American toes.

(32) Dr. Bjorkesten, Chief of the Neurosurgical Clinic in Helsinki, is running a good show. This is the only neurosurgical clinic in Finland. Bill and I were impressed with the number of aneurysm patients. Many in the Academy of Neurosurgery will remember Dr. Bjorkesten. He attended the meeting of the Academy in 1955 and was at the Washington meeting last fall. In keeping with Ed Boldrey's comments in the last Round Robin Letter regarding the inclusion of some foreign neurosurgeons in our membership, I should think that Dr. Bjorkesten would be an excellent candidate.

(33) The new neurological-neurosurgical building at the Karolinska Institute in Stockholm will be completed soon and is magnificent.

(34) Income taxes in Sweden are so high that when a girl marries it isn't worthwhile for her to continue her job as a secretary, nurse or any other line of work she might have been doing. Dr. Ragnar Frykholm, who showed us around, had closed down his neurosurgical unit at the Sodersjukhuset during the month of August because of the nursing shortage.

(35) A physician's income in Sweden runs between 53,000 krona a year as a young man to 60,000 krona a year for an older, more experienced physician. (Five krona equals 97 cents.) Prices in Sweden seem to be about the same as they are in the United States. They have trouble getting young men to go into neurosurgery in Sweden. Why beat your brains out for \$12,000 a year?

(36) Joe Pennybacker, neurosurgeon at Oxford, sends his regards to the members of the Academy.

(37) A transpolar flight on Pan Am from London to Portland with a three-month old bitch (named Bess for short) is very pleasant. (She piddled in the aisle only once during the entire trip.) If there is a dog-loving stewardess aboard, the situation will not become too unpleasant.



John "Raafkovich"

Kremlin Palace of Congresses



Lorene and Jean in Nice

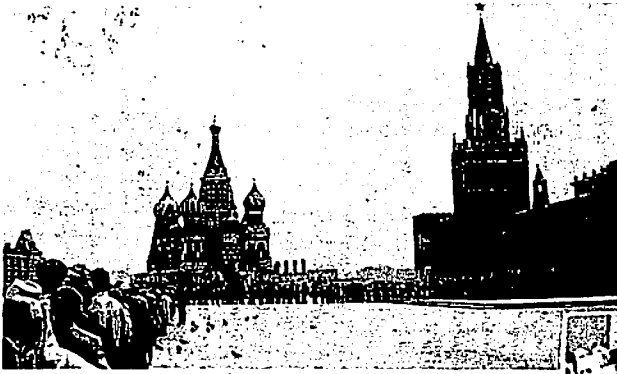


Palais des Nations, Geneva

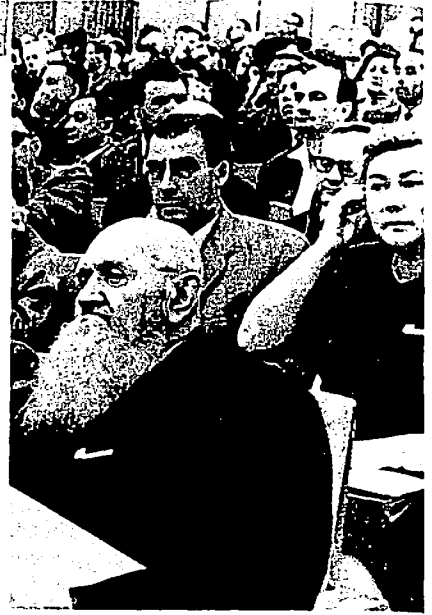


A pause at Salzburg

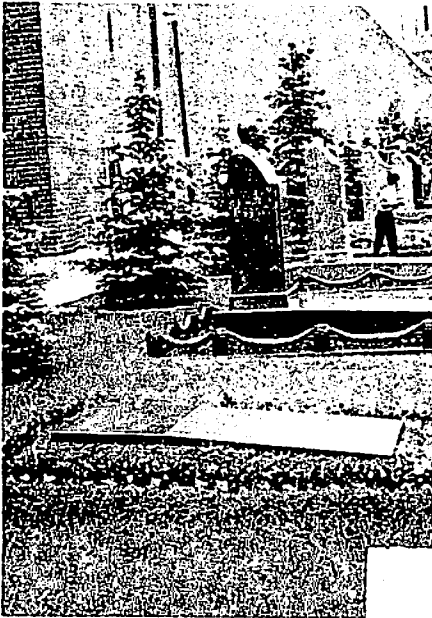




The Comrades' Red Square



Delegate John with the "Comrades"



The Kremlin Kluster



(38) Approximate cost of the trip (exclusive of the price of the automobile) approximately \$2,000 per person.

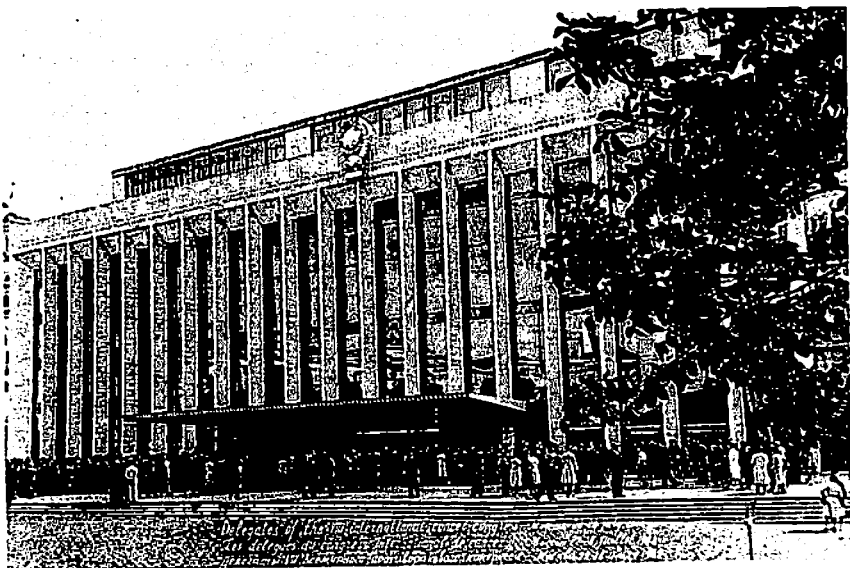
(39) The Pacific Northwest looks better to me than any other part of the world I have seen to date.

(40) I hope to see everyone at the meeting of the Rogue River Neurosurgical Society, which according to our Secretary, Ernie Mack, starts on September 29. Bess will be there.

John has written a most interesting letter and has had, of course, quite a summer and an exhausting one as he has said. We also enjoyed the photographs sent in to us.

Additionally, after some arm-twisting, John was good enough to send us a copy of the Presidential Address he gave before the Pacific Coast Surgical Association in February of this year at Portland, Oregon. This will, therefore, be preserved in the history of the Academy, and I am sure will be enjoyed by all of our members.

"Anyone who thinks clothes don't make the man was never in a Turkish bath."



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PRESIDENTIAL ADDRESS

Pacific Coast Surgical Association*

SCANNING the list of thirty-two surgeons who have preceded me as President of the Pacific Coast Surgical Association, I found several to whom I am indebted for undergraduate instruction at Stanford Medical School. Once before the President was a neurosurgeon, from the University of California. Dr. Howard Naffziger in his presidential address suggested and we adopted important changes particularly regarding the program and membership of our society. I shall make no attempt to perform a surgical procedure upon the Pacific Coast Surgical Association. Since I believe that general surgery has had a profound influence on my career as a neurosurgeon and since the majority of men in this society are general surgeons, I would like to speak for a few minutes about general surgery and the neurosurgeon. In many respects what I have to say applies just as well to any other surgical specialty.

Twenty-five years ago this last autumn, having completed my formal training in general and neurological surgery, I moved to Oregon and performed my first neurosurgical operation in Portland, a craniotomy for tumor at the optic chiasm. Thomas Joyce, then Professor of Surgery at the University of Oregon Medical School, was looking over my shoulder, and as he looks over my shoulder now he must know that I am experiencing many emotions like those felt during that first operation: a thrill that I have been entrusted with the responsibility of being President of this Society, sincere gratitude to you for the opportunity, concern regarding my ability to perform successfully

and misgivings about the outcome. To Dr. Joyce and to two other members of this association I am deeply grateful for help and guidance in those early formative years. My second \$500.00 loan was from Dr. Richard Dillehunt, Dean of the University of Oregon Medical School and a past President of this Association. My third benefactor, also a past President of this Society, Dr. Gene Rockey, is still with us.

The mid-portion of the last century was a raucous, robust, rabid era for the young United States. A war between the states was being fought to make men free; Sitting Bull, Crazy Horse and Rain-in-the-Face were fighting losing battles for the freedom of their people; the bivious Oliver Wendell Holmes was simultaneously establishing a reputation in the medical field and endearing himself to America's literary audience. Surgeons, too, found those years triumphantly exciting for the advent of anesthesia in the 1840's and Lister's introduction of antiseptics in the 1860's were the priceless ingredients that placed general surgery on a modern basis. However, something more was necessary for successful neurosurgery because opening the skull or the spinal canal is less likely to be spaciouly revealing than opening the abdomen. Until some facts regarding cerebral localization were known, brain surgery could not be successfully performed. Five thousand years ago the Egyptians knew that the brain pulsated, but for centuries the brain was little more than a palpitating mass. Experimental neurophysiologists of the last century

* Presented at the Annual Meeting of the Pacific Coast Surgical Association at Portland, Oregon, Feb. 19-21, 1962.

Presidential Address

began to find means and methods of extracting information from the encephalon so that a number of mysteries have been solved. But like the virtuous bride-to-be some of the brain's most tantalizing secrets are yet unrevealed. Many have wooed her but time permits recounting only a few of her affairs.

There was great excitement in Paris in 1861 when, before the Société d'anthropologie, Pierre Paul Broca demonstrated a lesion in the left frontal lobe of a patient who had been aphasic. Shortly thereafter the irascible, caustic Prussian, Eduard Hitzig, working at first with Fritsch on dog experiments performed on Frau Hitzig's dressing table, demonstrated the motor cortex. Carl Wernicke, another bearded, taciturn German, associated the superior temporal gyrus with word deafness. In Sweden, Henschen warred on alcohol and prostitution while working on the visual pathways and the cortical visual center. In France, Charcot, son of a carriage maker, and Dejerine, who married Augusta Klumpke of a famous San Francisco family, and in Great Britain, Hughlings Jackson, David Ferrier and Williams Gowers all contributed brilliantly and significantly to the understanding of cerebral localization. This was the era of the Greats in neurophysiology. You will note that this work was largely performed in Europe. Perhaps it should be mentioned that Charles Bartholow of Cincinnati, Ohio, first applied electrodes to the human cortex. A servant in his home had cancer of the scalp and electrical stimulation of the cortex resulted in muscular contraction of the contralateral extremities. It is said that publication of this observation in 1874 forced Bartholow to leave Cincinnati.

This brings our story to the Gay Nineties. Prior to 1890 a few neurosurgical operations had been performed on human subjects because a neurologist or a neurophysiologist had persuaded his general surgical colleague to undertake the operation. A review* of the world literature revealed only seven cases in which a brain tumor had been localized by neurological evidence and removed by operation. Most general surgeons were unwilling at that time to have their names linked with brain surgery because mortality was too great and monetary rewards too small. There were a courageous few, however, who began to think that possibly

* VON BERGMANN, E. Die chirurgische Behandlung von Hirnkrankheiten. Berlin, 1889. Hirschwald.

neurological surgery had a future. Cushing* at a later date in speaking of neurological surgery in the 1890's stated: "Either the surgeon would have to take a greater interest in the problem through familiarizing himself with the brain and its diseases, or the neurologist would have to learn enough surgery to do the operation himself." It seems to me fortunate for general surgery, neurosurgery and particularly for the patient with a neurological disorder that the surgeon accepted the challenge. The next thirty years, the period when neurological surgery was molded into a specialty, saw men come into this new field, for the most part, after extensive experience in general surgery.

Ernst von Bergmann, surgeon in the Prussian and Russian armies, was among the first to accept Lister's principles. His contributions in the field of general surgery overshadow those in neurological surgery but nevertheless he earned his place among the pioneers in brain surgery, particularly with his contributions to the care of craniocerebral wounds. Simultaneously in this country W. W. Keen, Professor of Surgery at the Jefferson Medical College, and like von Bergmann a prolific writer, was making significant contributions to neurosurgery. William Macewen turned down the chair of Surgery at Johns Hopkins University and three years later, in 1892, became the Regius Professor of Surgery of Glasgow. He was an exceedingly dextrous surgeon, emphasized careful handling of tissues, contributed richly to general surgery, and was among the first to localize brain lesions by neurological methods. His success with brain surgery, particularly in the handling of brain abscess cases, is well known.

Fedor Krause, with bull neck, powerful hands and a relentless drive, has been termed the founder of German neurosurgery. He took time from his busy general surgical practice to devise an extradural approach to the gasserian ganglion, a suboccipital approach to the cerebello-pontine angle and a transfrontal approach to pituitary tumors.

Victor Horsley, sometimes referred to as the father of neurological surgery, was appointed surgeon to the National Hospital for the Paralyzed and Epileptic, Queen Square, London, in 1886, and became the first surgeon to devote the bulk of his time to neurological surgery. It

* CUSHING, H. Quoted by: Horrax, G. Neurosurgery, an Historical Survey, p. 59. Springfield, Ill., 1952. Charles C Thomas.

Presidential Address

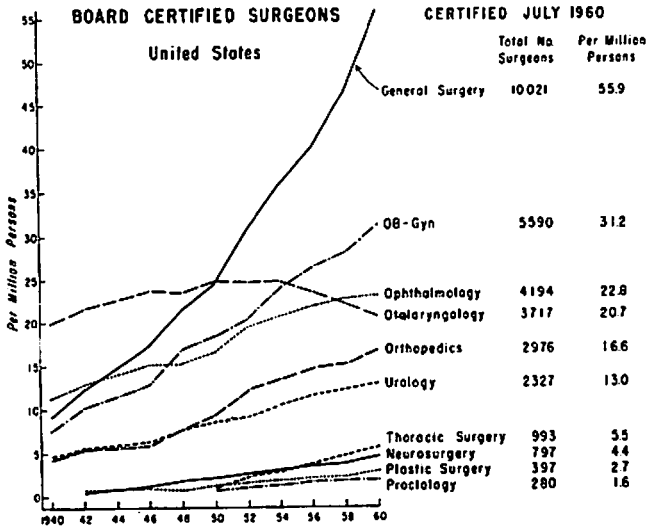


FIG. 1. Board certified surgeons, 1940 to 1960.

is said that about 60 per cent of his work was neurosurgical and 40 per cent general surgical.

At Johns Hopkins Harvey Cushing was trained by the general surgeon William Halsted, who is reported to have suggested to Cushing that he take up something useful like orthopedics instead of brain surgery.

Charles Frazier, in 1901, was elected Clinical Professor of Surgery at the University of Pennsylvania. It was not until after World War I that he decided to devote his time almost exclusively to neurosurgery.

Charles Elsberg started his general surgical career in New York before the turn of the century, but about 1910 he almost completely gave up general surgery to devote himself to neurological surgery.

Thierry de Martel of Paris, Walter Dandy of Baltimore, Max Peet of Ann Arbor and Alfred Adson of Rochester, Minnesota, are among the pioneers in neurosurgery who were first trained in general surgery and maintained an active interest in general surgery.

This was neurosurgery until approximately the close of World War I. In the spring of 1920 a meeting was held at Cushing's Clinic in the Peter Bent Brigham Hospital in Boston, The Society of Neurological Surgeons was organized and neurosurgery became a specialty.

In the last forty-five years two world wars, an

increase in knowledge in all fields of medicine and changing concepts of medical practice have brought a rush on the part of graduates in medicine to specialize. Great as the explosion of the population in the United States has been, it has not kept pace with the explosion of specialists in surgery. Being board certified does not necessarily mean that a physician is restricting his professional activities to a particular field. Also many men are specializing who are not, for one reason or another, board certified. Nevertheless the number of those who are certified indicates to some extent the trend of specialization in general surgery and in the surgical specialties in the United States. The graph (Fig. 1) represents the number of specialists per million persons in the United States from 1940 to 1960. The population in the United States has increased from 132,164,569 in 1940 to 179,323,175 in 1960. Figures for the number of specialists were gleaned from the Directory of Medical Specialists, volumes 1 through 10. The latest edition (1961) lists specialists certified prior to July 1960. Specialists in general surgery, neurosurgery and thoracic surgery seem to be multiplying most rapidly.

Is it not possible that what we need in this country, rather than more specialists in general surgery and the surgical specialties, is men who

Presidential Address

are more capable and better trained? We must be careful that this mushrooming atomic explosion of surgical specialists does not turn into an indigestible toadstool. The number of men who generally fail the examination of the American Board of Neurological Surgery approaches and sometimes exceeds 40 per cent. The lack of knowledge displayed by the candidate is sometimes appalling. A section of the examination for certification in neurosurgery is in general surgery, and I frequently examine in this category with a colleague, one of whose favorite questions is, "Who was William S. Halsted?" I would estimate that 25 per cent of the candidates who are asked this question cannot answer and another 25 per cent cannot relate any significant number of his contributions to surgery.

Before we criticize the young specialist too much perhaps we should take an earnest look at many of the training programs that have won approval during these years since World War II. Of the many weaknesses in our surgical training programs, I would like to comment briefly on four. One weakness of prime importance and shameful effect is that many programs are set up for the sole benefit of the chief of the service who wants help with his research program or with the care of patients. He is more interested in what he receives than what he gives. This creates many openings in the training programs in general surgery and the surgical specialties, and it is not difficult to fill these residency openings with some caliber of medical graduate. We as surgeons have wittingly or unwittingly glamorized our position in the medical hierarchy much to the detriment of medicine in general. Men are being trained who are not particularly fitted for surgical careers, and this is finally reflected in the high rate of failure at the board examinations. Perhaps surgery and the surgical specialties should take a lesson from the country's top-flight colleges. Competition to matriculate is terrific but once the student has been admitted the rate of failure is relatively low. Mediocrity cannot be abolished by edict; it can only be eradicated by competition. I would say that if a chief of a service is not interested in selecting for training only the men of which eventually he will be proud, he should hire technicians to help him with his research and competent nurses to be his assistants in surgery. After all, the best surgical assistant that Dr. Will Mayo ever had was

Sister Joseph. I think too that medicine and especially surgery must make a greater effort to compete with industry for the top students in the country. Steps in the right direction are sponsorship by the American Medical Association of career counseling programs as an aid in medical student recruitment and the establishment of scholarships to help brilliant but financially insecure students. On a Monday about one month ago my wife's first comment to me in the morning was: "Well what will today bring?" My answer: "Life or death for an eight year old girl." Fortunately, in this instance the cerebellar astrocytoma was completely removed and it meant life. We must put across the message to our young and brilliant students that the challenge to obtain a successful result in surgery or the study of the unknown under a microscope or in the laboratory is as exciting as the challenge of exploration of outer space.

A second weakness in many programs is that some teaching institutions have lost sight of the fact that the primary purpose of a training program is to teach. There is intense competition among the medical schools and training centers for grants-in-aid, and it is popular at the present time to appoint men as heads of departments who represent themselves as researchers so that these monies may be obtained. In speaking of medical school appointments, a prominent professor* in the Department of Medicine at Harvard Medical School stated: "Those whose competence is limited to clinical research and teaching are likely to be passed over. A modern Sir William Osler, for instance, could not win appointment today as head of a department of medicine in an American medical school." A greater attempt must be made to differentiate the true scientist with a spark of genius, of which there are few, from the pseudoscientist ignited by pomposity, of which there are many. I was interested in a newspaper article which appeared earlier this month to the effect that Senator Harry F. Byrd of Virginia, Chairman of the Senate Finance Committee, was casting a skeptical eye on some of the research projects which are being undertaken in the name of public health. As I view the candidates taking their board examinations, it seems to me that fault lies as much or more in high places, in the so-called Temples of

* RUTSTEIN, D. D. Do you really want a family doctor? p. 143. October, 1960. Harper's Magazine.

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Learning, as in the low. The weight and prominence of a well established teaching institution can carry along a poor residency program in a department which is devoting itself largely to research rather than to teaching. Perhaps the time has come for the appearance of a man reminiscent of the One who 2,000 years ago cast the money changers out of the Temple. If you find these words harsh and a bit unpalatable, possibly you will at least agree with those who think that another Flexnor Report is due, this time on residency training programs. What is needed is not more programs but better programs. More rigid inspection of residency programs is indicated, and the program being inspected should be reviewed by one trained in that specialty. Lest you think that I am opposed to research I should hasten to say that such is not the case. The problem is the lack of balance in some teaching programs. Research is of great value particularly in training young surgeons to think. Young men must be given the opportunity to make important new discoveries of things which the senior citizens, who have experienced large surgical practices, have known for years. We must not lose sight of the fact that in a teaching institution the real objective is to train those who are to care for the sick.

A third weakness which has developed in many of our training programs is that the clinical material has become woefully inadequate. Prepaid medical plans have funneled thousands of patients who otherwise would be "clinic patients" into our private hospitals. Many plans for using some of these patients as "teaching cases" have been evolved, but the solution for this problem is not yet at hand; I certainly do not have the answer except that I would like to make one comment in this connection. Granted that there was much bad about the old preceptor system, there was also much good. Under the residency system in which a senior resident teaches the junior resident, careless technic and faulty principles may creep into the program because of inexperience. Unless the chief of a service is willing to spend much time at the bedside and in the operating room with his residents, he should not be allowed to conduct a training program.

The final fault in our teaching of surgery, of which I wish to speak, is the fragmentation and hermetic sealing of surgery into specialties. There has been much discussion of the question

of how much general surgical experience a specialist should be given during his training period. I am in complete agreement with those who believe that a program should be flexible, for all trainees in a certain specialty do not have the same background, aptitudes, ambitions or abilities. On the other hand, I am of the opinion that the general surgical requirement in some specialties is inadequate. For example the training in general surgery in a neurosurgical program is only six months in addition to a rotating internship. In that length of time how can a neurological surgeon, who may eventually be practicing in a community where highly skilled specialists in other subdivisions of surgery are not available, expect to learn the principles involved in thoracic, urologic, abdominal and orthopedic surgery? The surgical specialist must at least be taught to recognize complications which develop in areas or systems of the body not ordinarily covered by his specialty. The specialist may be required to draw on his own knowledge particularly in the care of patients suffering from trauma. The converse is also true, how can a general surgeon call himself a "general surgeon" unless he has learned the important surgical principles in all the specialties and particularly the gentle handling of tissues from the neurosurgeon. In research also the exchange of ideas among those in subdivisions in medicine is exceedingly important. Dandy's greatest contribution was conceived when he was looking at an x-ray film of a patient's abdomen and noted the difference in shadows cast by fluids and by air. From this the idea of visualization of the ventricles of the brain by air developed. Dismemberment of surgery may lead to mental stagnation. In neurosurgery we are training our residents in the technics of electroencephalography, pneumoencephalography, arteriography, myelography and isotope visualization of the brain, but are we teaching them to think rationally and constructively?

In conclusion I would like to leave with you one last gloomy note. Unless we give more thought to our training programs, some direction to our efforts, some balance to our teaching, the picture is likely to remain as we see it in Figure 2. This illustration demonstrates Horsley, Cushing and other pioneers in neurological surgery, general surgeons before specializing, jumping into the medical pool. They created quite a disturbance on the water.

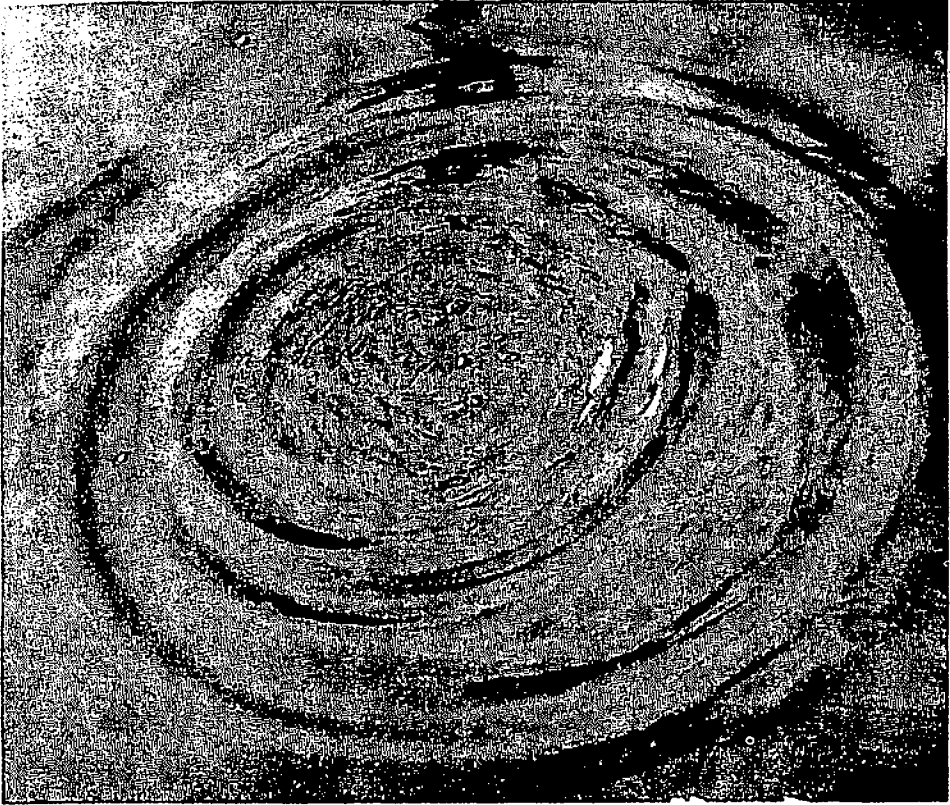


FIG. 2. The evolution of neurological surgery.

Waves of neurosurgeons have been rippling the water in concentric rings ever since but the waves have been coming with diminishing height and finally the surface will again be smooth. Without knowing it, the eminent New York neurologist, Foster Kennedy,* in discussing the past Greats in neurology, gave the best description of this picture I have found: "Such were the 'Original' spirits who led our

Profession half a century ago. The Gods have departed. 'Leadership' now lies with the 'Deans' Executive Committees' compounded of medical mediocrities or with the lay bureaucrats of Socialized Medicine! Having lost Men to lead us, we shall surely dwindle into a necessary 'City Service,'—like the Department of Sanitation. We shall cease to be a learned profession and shall become instead a Union of Slick Gadgeteers,—of proletariat proclivities and level!"

* KENNEDY, F. Sir William Richard Gowers. *The Founders of Neurology*, p. 294. Edited by: Haymaker, W. Springfield, Ill., 1953. Charles C Thomas.

JOHN RAAF, M.D.
Portland, Oregon



HOMER S. SWANSON

September 1, 1962

I am quite sure that this letter will not reach you in time for the next issue of *The Neurosurgeon*. My only excuse is that we have been away for the past month on a National Geographic tour of the New England States, New Brunswick, Nova Scotia and Quebec Province and I have succeeded in leaving all medical matters in Atlanta. This trip with the children was one of the most enjoyable we have taken. We stopped when we wished, had no set schedule and saw everything the locality had to offer. After relaxing completely I shall find it hard to get back to work with any degree of enthusiasm.

We have had a run of eighth nerve tumors and spontaneous intracerebral hemorrhages this year, far in excess of our usual quota. In spite of having read Larry Pool's excellent monograph on Eighth Nerve Tumors, I am reluctant to report that I am still doing a fair number of intracapsular removals in the older age group or those with soft, degenerated tumors. We now have eight who have survived fifteen years or more following intracapsular removal without recurrence. This survey was prompted recently when I had to do a posterior root resection on an 80 year old lady in whom an intracapsular enucleation had been done eighteen years previously on the opposite side.

With reference to the spontaneous intracerebral hemorrhages, all were under forty-five years of age and in the last ten, only two showed primary vascular lesions on either the pre- or postoperative angiograms.

In the hurly-burly of the neurosurgical world it is

important that more of us take time off for such trips as Homer has taken through the New England States.

The proper treatment of eighth nerve tumors remains ever a difficult one and must in many instances be individualized.

We are looking forward to seeing La Myra and Homer this fall in New Orleans.

"Nothing damages a car more than attempting to trade it in."

"The nice thing about money is that it has such a wide circle of admirers."



EDWIN B. BOLDREY

September 3, 1962

This summer has been an unusual one, to say the least - and I hope not to have another exactly like it. Among other items my key typist broke her arm (playing baseball with her children) and then complicated the affair by some exotic Mexican enteritis which nearly ended matters. After a variety of substitutes or facsimiles thereof things are starting to look up. But I must report one of these substitutes for the record. A girl working by the hour, who had been taken on as part of "hire the handicapped" put in her bill at the end of a period. Sixty-three hours was satisfactory but appended was "Seven hours sick leave - total: seventy hours."

We are still getting forms in for the membership committee. I believe some of these will best stay over till next year. May I urge that all of us give serious thought to

the role of membership in the future of the Academy. At the moment our age is showing. I believe we need some members at about the age many of us were when we first became members. Let's think about this.

Helen and I have enjoyed having all three of the children at home this summer - first time in eighteen months. Nancy, our oldest, spent fifteen months with a couple of sorority sisters in Europe. We rather envy her some of the times she reports - all except the culminating car crash in Spain. Happily, she survived this too. Edwin, our boy, is currently talking about medical schools, and I hope he doesn't regret it. He and Susan return to De Pauw in Greencastle, Indiana shortly.

Before we meet in November, most of the western contingent of the Academy will have helped John and Georgia Green get the Barrow Neurological Institute christened and launched - and I choose my words deliberately. John has done a great job in building this fine addition to Western neurology and neurosurgery. October 29-31 will be days for all of us to remember.

I cannot close without again offering to you congratulations as head of the Cushing Society. It is a most deserved honor. We are all proud of your achievement.

We don't realize how important secretaries are until they break their arms or leave town. It is too bad that things like that have to happen before we fully appreciate our need of them.

Good luck to Ed as chairman of the Membership Committee and every hope that he will be successful in adding a few more needed members to the Academy.

"Capital gain: Increase in the population of Washington, D. C. since the last census."

"Sinking fund: Your checking account toward the end of the month."



EDMUND J. MORRISSEY

September 4, 1962

Kate and I have just returned from a most enjoyable vacation at Glenbrook in Lake Tahoe. Perfect vacation -- lots of golf, swimming, and relaxation. Also an occasional roll or two at the games of chance at State Line and Carson City.

Bill Newsom and I are most fortunate in having a young fellow with us, Jack Williams. He is well trained, competent, and has been of great assistance.

Surgery has been generally routine -- tumors, discs, etc. However, we have had two rather interesting cases -- the first case proved to be congenital absence of the internal carotid on one side, and the second was a large pituitary tumor that presented in the nasopharynx. We have also done dorsal rhizotomies of the lower cervical and upper dorsal roots on two patients with apical bronchogenic carcinoma, with extension to the cervical roots. They were having extremely severe pain. Complete relief was obtained, and very little, if any, disability resulted. High chordotomies in these cases, at least in our hands, have not been entirely satisfactory.

I was rather surprised and shocked at the reaction of the Cushing Society and some of our local university colleagues to the King-Anderson bill. It is difficult to analyze, unless it is on the basis of large government grants influencing the thinking of some of our associates.

We are looking forward to the Academy meeting in New Orleans, a colorful and historical city to visit, and the ideal place to make the 1962 gathering a most enjoyable occasion for all of us.

In closing, may I again congratulate you, Dave, on the selection of you as president of the Cushing Society. I know of no one who is more deserving of the honor, nor one who could carry on more effectively for the Society.

Sounds like Kate and Ed have had an ideal vacation and freedom from the rough neurosurgical existence.

We are pleased to learn of the association of Jack Williams with Ed and Bill Newsom. In view of their large neurosurgical practice this would appear very necessary. Ed has reported some interesting cases.

Many of us were surprised at the reaction of the Harvey Cushing Society concerning the King-Anderson bill. The erosion from national socialism is more serious than many appreciate.



WILLIAM H. SWEET

September 11, 1962

The highlight of the summer for me was a joint Raaf-Sweet expedition to Poland, Russia, Finland and Sweden. John and Loreen with their university student offspring Johnny the younger and Jean plus a cousin, met Mary, our daughter Paula and me in Warsaw at the Grand Hotel. Whence began a tour of neurosurgical centers which included the one Chorobski used to run in Warsaw (now under Stepien), that of Szapiro in Łódź, the neurosurgical institute imeni (in memory of) Burdenko in Moscow under Egorow, the sole neurosurgical service in Finland under Bjorkesten in Helsinki, the Sodersjukhuset's service under Frykholm, the nearly finished colossal neurosurgical palace of Leksett, Norlen's busy unit soon to be doubled in size in Goteborg.

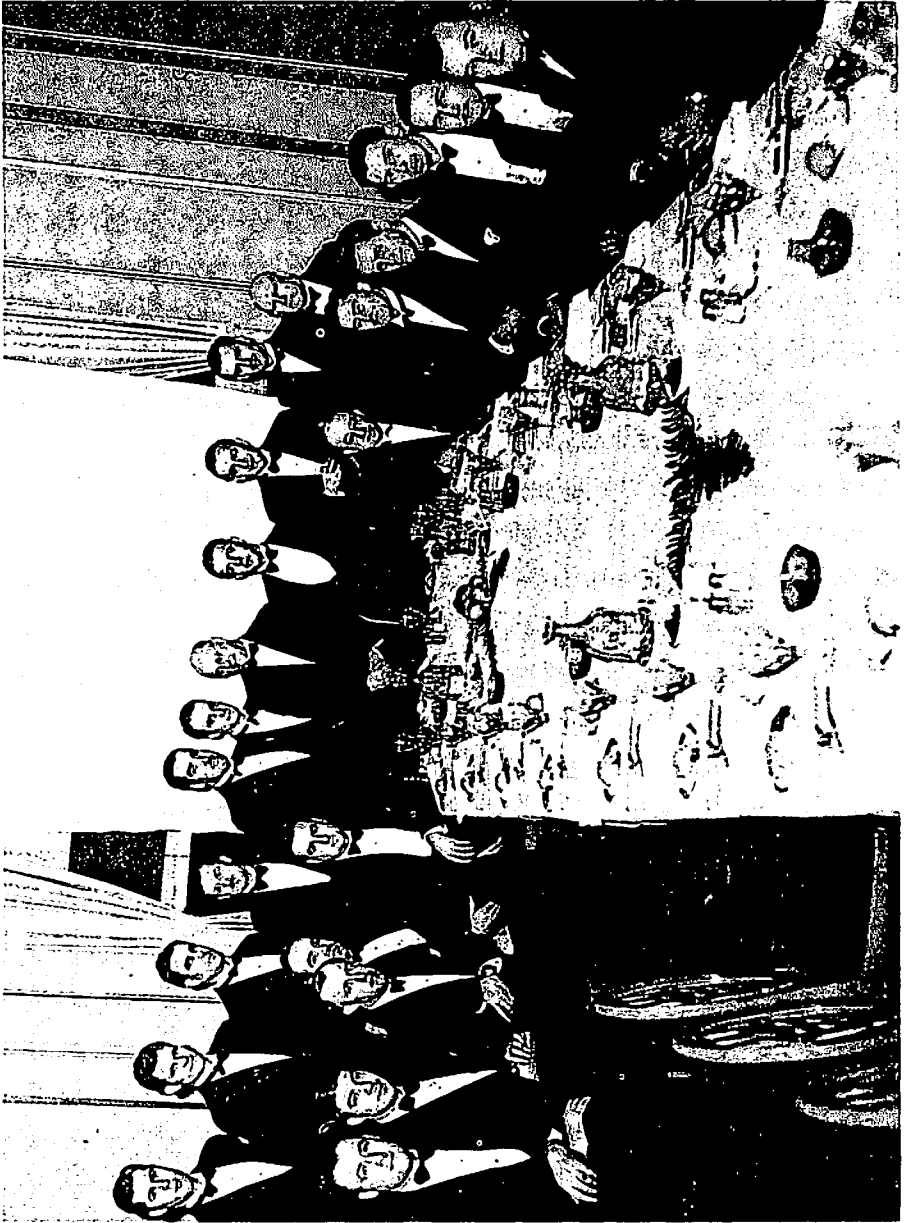
I can summarize my numerous impressions of Russia by describing it as a land of incessant contradictions. The people who were paid for providing for our needs as tourists - i. e. the so-called Intourist employees, as well as waiters and taxi drivers, included some of the most casual, inefficient, abrupt or downright rude characters I have encountered anywhere. On the other hand, a number of total strangers were amazingly kind. On two occasions men took the trouble to walk with us and guide us to our destinations when they realized we couldn't understand their directions in Russian. One of these times a young teen-aged lad without a raincoat walked 5 long blocks in a downpour of rain to take us to our objective, the Hotel Moskva. And the members of the neurosurgical institute we met were not only friendly, cheerful and hospitable but were absolutely frank about their shortcomings as well as reasonably proud of their achievements.

The language barrier is almost unsurpassable. Russian is vastly more difficult to understand than German or any Romance language. The 50-100 hours I spent on Russian before going to the country were an essentially microscopic drop in the bucket required. I shall return to Russia only if I can speak the language much better myself or travel with a man who has mastered it. The Russians seem to have the same preposterous attitude about the advisability of everyone learning their language that we have about the paramount importance of English.

It is most interesting to have Bill Sweet's comments about the Russian jaunt with John Raaf and his family. When I realize German is not the easiest language to learn in order to get around their country, Russian must obviously be almost insurmountable. Rather typical of the Comrades who want everybody to learn their language rather than English. I hope that will not be a necessity for our children.

Foreign country: "Where people tell us Americans to go home and leave them a loan."

When a movie actress was asked how long she had been married, she replied: "Do you mean this time or altogether?"



New Orleans 20 years ago

HERE and THERE

Our return and the 24th Annual Meeting of the Academy in New Orleans should conjure up many memories of the past and twenty years ago. By the time The Neurosurgeon arrives at its destination, the fall season and another year will be on its way.

Prior to this time Marjorie and I will have gone East to Philadelphia to see our older daughter enrolled at Bryn Mawr, thus starting a new phase of education and life, the last one having been in Monterey, California at Santa Catalina.

The summer has seen many of our members traveling to different parts of the globe and bringing back to us, in the form of their letters, interesting accounts of their experiences. Some of these letters will not be received in time for this number but will be equally enjoyable the next time around. We will look forward to photos from the Beefeater's Society during their trek in the Bob Marshall Wilderness, and to Howard Brown's from the South Pacific - these among others.

Those of us out here as members of the Western Neurosurgical Society are looking forward to its meeting in Phoenix at the Camelback Inn to celebrate the opening of the Barrow Neurological Institute October 28-31. John Green has been largely instrumental in establishing this remarkable institute in Phoenix. It will be his day.

In some mix-up of signals we missed seeing Ellen Maltby, who had been taking a summer course at the University of California in Berkeley and then drove down this way en route back home.

For the baseball fans the battle between the Los Angeles Dodgers and the San Francisco Giants in the beautiful Los Angeles stadium at Chavez Ravine, as well as that of the New York Yankees, has probably created more excitement for baseball than a long time in the past.

From time to time it is interesting to read some of the letters of years gone by. Here's part of one from George Maltby, May 10, 1946: "I was discharged from the Army on the 23rd of December just in time to get back to my family for Christmas and to be thrown into the middle of a real Maine

winter. For the last three months in the army, as you probably know, I had a very interesting time at England General in Atlantic City. We had a huge patient load which had to be cleared up in a relatively short time and this kept us all very busy and interested. One of the more pleasant and instructive features of my stay at England General was my association with Larry Pool."

Earl Walker wrote in 1946: "On about the first of October I returned to the University of Chicago and have been busy setting up a research program and taking care of routine work since that time. I enjoyed very much the opportunity of seeing most of the fellows of the Academy at the Harvey Cushing meeting in Boston last month. I believe that it would be well if we could arrange our meetings so that they do not occur quite so close to the meetings of the other neurosurgical societies." Much has changed since that time.

It is surprising when one lives in a community how long it takes to see points of interest that others often observe during their first sight-seeing tour. A Sunday not long ago we saw the Channel Islands off the Santa Barbara Coast in a nice Chris-Craft boat. The islands are about 22 miles west of Santa Barbara. A point of rather striking historical interest is that sketches of these islands were made by James McNeill Whistler in November 1854 when he was employed by the U. S. Coast and Geodetic Survey. I hadn't realized that Whistler, whose famous painting "Mother" in the Louvre at Paris, had any particular connection with Santa Barbara.

For those many of us who are dog lovers, one of the most delightful columns about the canine was noted recently. The story goes that a delegate, planning to attend his organization's convention at one of Florida's swank hotels, wrote the hostelry to inquire whether he could take his dog along. This was the apocryphal reply: "I've been in this business 25 years. Never have I called the police to eject a disorderly dog. Never has a dog set fire to a bed with a cigarette. I have never found a hotel towel, blanket or piece of silverware in a dog's suitcase. No dog has ever tried to sneak another dog into the room. Certainly your dog is welcome. P.S. - If your dog will vouch for you, come along too."

Too frequently we find it necessary to operate upon myelomeningoceles and then subsequently do ventriculo-

atrial shunts. It seems such a tragic necessity for infants just starting out in life. One recently, however, was worthy of comment. He is a boy, now 5 years of age, who for some reason had to have a tracheostomy for some 9 months as a baby. We then repaired one of the largest, most difficult myelomeningoceles we have seen. He hardly turned a hair and did not require a tracheostomy, and he did not get hydrocephalus. Unfortunately he is largely paraplegic. The startling thing about this boy is that he reads newspapers and most things at the age of 5 and is on the genius side, something that none of us ever considered.

For 1962 Hannibal Hamlin has been honored with THE NEUROSURGEON AWARD. There has been a rather general expression of admiration and appreciation for the meeting arranged last year at the Larz Anderson House by Hannibal. There can be little doubt that this represents the most significant contribution of one of our members for the Academy during the year.



The 24th Annual Meeting of the

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

will be held at

NEW ORLEANS, LOUISIANA

November 7-10, 1962

Royal Orleans Hotel



MEMBERSHIP ROSTER

1961-1962

"PAST PRESIDENTS CLUB"

1938	Dean Echols	1950	E. H. Botterell
1939	Dean Echols	1951	Wallace B. Hamby
1940	Spencer Braden	1952	Henry G. Schwartz
1941	Joseph P. Evans	1953	J. Lawrence Pool
1942	Francis Murphey	1954	Rupert B. Raney
1943	Frank H. Mayfield	1955	David L. Reeves
1944	A. Earl Walker	1956	Stuart N. Rowe
1946	Barnes Woodhall	1957	Arthur R. Elvidge
1947	William S. Keith	1958	Jess D. Herrmann
1948	Howard Brown	1959	Edwin B. Boldrey
1949	John Raaf	1960	George S. Baker

PAST VICE-PRESIDENTS

1941	Francis Murphey	1952	J. Lawrence Pool
1942	William S. Keith	1953	Rupert B. Raney
1943	John Raaf	1954	David L. Reeves
1944	Rupert B. Raney	1955	Stuart N. Rowe
1946	Arthur R. Elvidge	1956	Jess D. Herrmann
1947	John Raaf	1957	George S. Baker
1948	Arthur R. Elvidge	1958	Samuel R. Snodgrass
1949	F. Keith Bradford	1959	C. Hunter Shelden
1950	David L. Reeves	1960	Edmund J. Morrissey
1951	Henry G. Schwartz		

PAST SECRETARY-TREASURERS

Francis Murphey	1938-39-40
A. Earl Walker	1941-42-43
Theodore C. Erickson	1944-46-47
Wallace B. Hamby	1948-49-50
Theodore Rasmussen	1951-52-53
Eben Alexander, Jr.	1954-55-56-57
Robert L. McLaurin	1958-59-60

The American Academy of Neurological Surgery

FOUNDED OCTOBER 28, 1938

HONORARY MEMBERS — 5	ELECTED
Dr. Percival Bailey 1601 West Taylor St. Chicago 12, Illinois	1960
Dr. Kenneth G. McKenzie 430 Medical Arts. Bldg. Toronto 5, Ontario, Canada	1960
Dr. Wilder Penfield Montreal Neurological Institute 3801 University St. Montreal 2, Quebec, Canada	1960
Dr. R. Eustace Semmes 899 Madison Ave. Memphis 3, Tennessee	1955
Dr. R. Glen Spurling 405 Heyburn Bldg. Louisville 2, Kentucky	1942

DECEASED MEMBERS — 5

Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Sir Geoffrey Jefferson (Honorary) 3-22-61 Manchester, England	1951
Dr. W. Jason Mixter (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939
Dr. O. William Stewart (Corresponding) Montreal, Quebec	1948

SENIOR MEMBERS — 1

Dr. Olan R. Hyndman Veterans Administration Hospital Iowa City, Iowa	1941
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ACTIVE MEMBERS — 70

ELECTED

Dr. Eben Alexander, Jr. Bowman Gray Sch. of Medicine Winston-Salem 7, No. Carolina	Betty 521 Westover Ave. Winston-Salem, No. Carolina	1950
Dr. George S. Baker 200 First Street, S.W. Rochester, Minnesota	Enid Salem Road, Route 1 Rochester, Minn.	1940
Dr. H. Thomas Ballantine, Jr. Massachusetts General Hospital Boston 14, Massachusetts	Elizabeth 30 Embankment Rd. Boston 14, Massachusetts	1951
Dr. William F. Beswick 685 Delaware Avenue Buffalo 9, New York	Phyllis 59 Ashland Avenue Buffalo, New York	1949
Dr. Edwin B. Boldrey Univ. of Calif. Medical School San Francisco 22, California	Helen 924 Hayne Road Hillsborough, California	1941
Dr. E. Harry Botterell Medical Arts Building 280 Bloor Street, West Toronto 5, Ontario	Margaret 2 Lake Shore Blvd. Reddendale, Kingston	1938
Dr. Spencer Braden 1652 Hanna Building 14th & Euclid Avenues Cleveland 15, Ohio	Mary 2532 Arlington Road Cleveland Heights, Ohio	Founder
Dr. F. Keith Bradford 435 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Byra 3826 Linklea Drive Houston 25, Texas	1938
Dr. Howard A. Brown Franklin Hospital 14th and Noe Streets San Francisco 14, California	Dorothy 127 San Pablo Avenue San Francisco, California	1939
Dr. Harvey Chenault 177 North Upper Street Lexington 6, Kentucky	Margaret 2105 Nicholasville Road Lexington, Kentucky	1949
Dr. Donald F. Coburn 411 Nichols Road Kansas City 12, Missouri		1938
Dr. Edward W. Davis 806 S. W. Broadway Portland 5, Oregon	Barbara 1714 N.W. 32nd Avenue Portland 10, Oregon	1949
Dr. Charles G. Drake 450 Central Avenue, Suite 301 London, Ontario, Canada	Ruth R.R. 3, Medway Heights London, Ontario, Canada	1958
Dr. Francis A. Echlin 164 East 74th St. New York 21, New York	Letitia 164 East 74th Street New York 21, New York	1944

		ELECTED
Dr. Dean H. Echols Ochsner Clinic 3503 Prytania Street New Orleans, Louisiana	Fran 1428 First Street New Orleans 13, Louisiana	Founder
Dr. Arthur R. Elvidge Montreal Neurological Institute 3801 University Street Montreal 2, Quebec	1465 Bernard Avenue, West Outremont, Quebec, Canada	1939
Dr. Theodore C. Erickson University Hospitals 1300 University Avenue Madison 6, Wisconsin		1940
Dr. Joseph P. Evans University of Chicago Clinics 950 East 59th Street Chicago 37, Illinois	Hermene 1160 East 56th Street Chicago 37, Illinois	Founder
Dr. William H. Feindel Montreal Neurological Institute 3801 University St. Montreal 2, Canada	Faith	1959
Dr. Robert G. Fisher Hitchcock Clinic Hanover, N. H.	Constance 11 Ledyard Lane Hanover, New Hampshire	1957
Dr. Eldon L. Foltz Div. of Neurosurgery University Hospital Seattle 5, Washington	Catherine	1960
Dr. John D. French The Medical Center University of California Los Angeles 24, California	Dorothy 1809 Vja Visalia Palos Verdes Estates, California	1951
Dr. Lyle A. French Univ. of Minnesota Hospitals Minneapolis 14, Minnesota	Gene 85 Otis Lane St. Paul 4, Minnesota	1954
Dr. James G. Galbraith 909 S. 18th St. Birmingham 5, Alabama	Peggy 4227 Altamont Road Birmingham 13, Alabama	1947
Dr. Everett G. Grantham 405 Heyburn Building Louisville 2, Kentucky	Mary Carmel 410 Mockingbird Hill Road Louisville 7, Kentucky	1942
Dr. John R. Green Park Central Medical Bldg. 550 West Thomas Road Phoenix, Arizona	Georgia 88 North Country Club Drive Phoenix, Arizona	1953

ELECTED

Dr. James Greenwood, Jr. 1117 Hermann Prof. Bldg. 6410 Fannin Street Houston 25, Texas	Mary 3394 Chevy Chase Blvd. Houston 19, Texas	1952
Dr. Wesley A. Gustafson First National Bank Bldg. McAllen, Texas	Jennie	1942
Dr. Wallace B. Hamby Cleveland Clinic 2020 East 93rd St. Cleveland 6, Ohio	Hellyn 21300 Sydenham Road Shaker Heights 22, Ohio	1941
Dr. Hannibal Hamlin 270 Benefit Street Providence 3, Rhode Island	Margaret 270 Benefit Street Providence, Rhode Island	1948
Dr. John W. Hanbery Clay and Webster Sts. San Francisco 15, California	Shirley 70 Mercedes Lane Atherton, California	1959
Dr. Jess D. Herrmann 525 Northwest Eleventh Street Oklahoma City 3, Oklahoma	Mary Jo 1604 Glenbrook Terrace Oklahoma City 14, Oklahoma	1938
Dr. Henry L. Heyl Dartmouth Medical School Hanover, New Hampshire	Kit Norwich, Vermont	1951
Dr. William S. Keith Toronto Western Hospital 399 Bathurst Street Toronto 2B, Ontario	Eleanor 55 St. Leonardi Crescent Toronto 12, Ontario, Canada	Founder
Dr. Robert B. King University Hospital Upstate Medical Center Syracuse 10, New York	Molly 2 Clara Road Fayetteville, New York	1958
Dr. Ernest W. Mack 505 Arlington Ave., Suite 212 Reno, Nevada	Roberta 235 Juniper Hill Road Reno, Nevada	1956
Dr. George L. Maltby 31 Bramhall Street Portland 3, Maine	Isabella (Sim) Bramhall Field Falmouth Foreside, Portland, Maine	1942
Dr. Donald D. Matson 300 Longwood Avenue Boston 15, Massachusetts	Dorothy 44 Circuit Road Chestnut Hill 67, Massachusetts	1950
Dr. Frank H. Mayfield 506 Oak Street Cincinnati 19, Ohio	Queenec 3519 Principio Ave. Cincinnati 26, Ohio	Founder
Dr. Augustus McCravey 102 Interstate Bldg. 540 McCallie Avenue Chattanooga 3, Tennessee	Helen 130 North Crest Road Chattanooga, Tennessee	1944

		ELECTED
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hospital Cincinnati 29, Ohio	Kathleen 2461 Grandin Road Cincinnati 8, Ohio	1955
Dr. William F. Meacham Vanderbilt Hospital Nashville 5, Tennessee	Alice 3513 Woodmont Blvd. Nashville 12, Tennessee	1952
Dr. John M. Meredith 1200 East Broad Street Richmond 19, Virginia	Etta 3 Greenway Lane Richmond, Virginia	1946
Dr. Edmund J. Morrissey 450 Sutter Street, Suite 520 San Francisco 8, California	Kate 2700 Vallejo Street San Francisco 23, California	1941
Dr. Francis Murphey Suite 101-B, Baptist Medical Bldg. 20 South Dudley Memphis 3, Tennessee	Roder 1856 Autumn Avenue Memphis, Tennessee	Founder
Dr. Frank E. Nulsen Division of Neurosurgery University Hospitals 2065 Adelbert Road Cleveland 6, Ohio	Ginny 21301 Shaker Blvd. Shaker Heights 22, Ohio	1956
Dr. Guy L. Odom Duke Univ. School of Medicine Durham, North Carolina	Suzanne 2812 Chelsea Circle Durham, North Carolina	1946
Dr. J. Lawrence Pool 710 West 168th Street New York 32, New York	Angeline Closter Dock Road Alpine, New Jersey	1940
Dr. Robert Pudenz 744 Fairmount Ave. Pasadena 1, California	Mary Ruth 3110 San Pasqual Pasadena 10, California	1943
Dr. John Raaf 1010 Medical Dental Building Portland 5, Oregon	Lorene 390 S.W. Edgecliff Road Portland 19, Oregon	Founder
Dr. Aidan A. Raney 2010 Wilshire Blvd. Los Angeles 57, California	Mary 125 N. Las Palmas Los Angeles 5, California	1946
Dr. Theodore B. Rasmussen Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada	Catherine 29 Surrey Drive Montreal 16, Quebec, Canada	1947
Dr. David L. Reeves 316 West Junipero Street Santa Barbara, California	Marjorie 595 Picacho Lane, Montecito Santa Barbara, California	1939

	ELECTED
Dr. R. C. L. Robertson 437 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Marjorie 5472 Lynbrook Drive Houston, Texas 1946
Dr. Stuart N. Rowe 302 Iroquois Building 3600 Forbes Street Pittsburgh 13, Pennsylvania	Elva 6847 Reynolds St. Pittsburgh 8, Pennsylvania 1938
Dr. Henry G. Schwartz 600 South Kingshighway St. Louis 10, Missouri	Reedie 2 Briar Oak, Ladue St. Louis 24, Missouri 1942
Dr. William B. Scoville 85 Jefferson Street Hartford 14, Connecticut	Helene 1944
Dr. C. Hunter Shelden 744 Fairmount Ave. Pasadena 1, California	Elizabeth 1345 Bedford Road San Marino, California 1941
Dr. Samuel R. Snodgrass John Sealy Hospital Univ. of Texas Medical Branch Galveston, Texas	Margaret 1405 Harbor View Drive Galveston, Texas 1939
Dr. Hendrik J. Svien 200 First St. S.W. Rochester, Minnesota	Nancy 827 Eighth Street, S.W. Rochester, Minnesota 1957
Dr. Homer S. Swanson 384 Peachtree Street, N. E. Atlanta 3, Georgia	La Myra 1951 Mt. Paran Road, N.W. Atlanta, Georgia 1949
Dr. William H. Sweet Massachusetts General Hospital Boston 14, Massachusetts	Mary 35 Chestnut Place Brookline 46, Massachusetts 1950
Dr. Alfred Uihlein 200 First Street, S.W. Rochester, Minnesota	Ione 21 Skyline Drive Rochester, Minnesota 1950
Dr. A. Earl Walker Johns Hopkins Hospital Division of Neurological Surgery 601 N. Broadway Baltimore 5, Maryland	Terrye 6007 Lakehurst Drive Baltimore 10, Maryland 1938
Dr. Exum Walker Suite 423, 340 Boulevard, N.E. Atlanta 12, Georgia	Frances 1819 Greystone Road, N.W. Atlanta, Georgia 1938
Dr. Arthur A. Ward, Jr. University of Washington School of Medicine Division of Neurosurgery Seattle 5, Washington	Janet 3922 Belvoir Place Seattle, Washington 1953

	ELECTED
Dr. Thomas A. Weaver 146 Wyoming St. Dayton, Ohio	Mary 103 Beverly Place Dayton 19, Ohio 1943
Dr. W. Keasley Welch 4200 E. Ninth Ave. Denver 20, Colorado	Elizabeth 744 Dexter St. Denver, Colorado 1957
Dr. Benjamin B. Whitcomb 85 Jefferson Street Hartford 14, Connecticut	Margaret 38 High Farms Road West Hartford, Connecticut 1947
Dr. Barnes Woodhall Duke Hospital Durham, North Carolina	Frances 4006 Dover Road, Hope Valley Durham, North Carolina 1941

THE ACADEMY AWARD WINNERS

Paul M. Lin	1955
Hubert L. Rosomoff	1956
Byron C. Pevehouse	1957
Normal Hill	1958
Jack Stern	1959
Robert Ojeman	1960

THE NEUROSURGEON AWARD WINNERS

Edwin B. Boldrey	1955
Georgia and John Green	1956
Dean Echols	1957
Arthur R. Elvidge	1958
John Raaf	1959
Rupert B. Raney	1960
R. Glen Spurling	1961
Hannibal Hamlin	1962

PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee	April 22, 1938
Roosevelt Hotel, New Orleans, Louisiana	October 27-29, 1939
Tudor Arms Hotel, Cleveland, Ohio	October 21-22, 1940
Ambassador Hotel, Los Angeles, California	November 11-15, 1941
The Palmer House, Chicago, Illinois	October 16-17, 1942
Hart Hotel, Battle Creek, Michigan	September 17-18, 1943
Ashford General Hospital, White Sulphur Springs, West Virginia	September 7-9, 1944
The Homestead, Hot Springs, Virginia	September 9-11, 1946
Broadmoor Hotel, Colorado Springs, Colorado	October 9-11, 1947
Windsor Hotel, Montreal, Canada	September 20-28, 1948
Benson Hotel, Portland, Oregon	October 25-27, 1949
Mayo Clinic, Rochester, Minnesota	September 28-30, 1950
Shamrock Hotel, Houston, Texas	October 4-6, 1951
Waldorf Astoria Hotel, New York City	September 29-October 1, 1952
Biltmore Hotel, Santa Barbara, California	October 12-14, 1953
Broadmoor Hotel, Colorado Springs, Colorado	October 21-23, 1954
The Homestead, Hot Springs, Virginia	October 27-29, 1955
Camelback Inn, Phoenix, Arizona	November 8-10, 1956
The Cloister, Sea Island, Georgia	November 11-13, 1957
The York, Toronto, Ontario, Canada	November 6-8, 1958
Del Monte Lodge, Pebble Beach, California	October 19-21, 1959
Sheraton-Plaza Hotel, Boston, Massachusetts	October 6-8, 1960
Larz Anderson House, Washington, D. C.	October 18, 1961

COMMITTEES

The American Academy of Neurological Surgery

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Donald F. Coburn
Robert L. McLaurin
George S. Baker
Samuel R. Snodgrass
Edmund J. Morrissey

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Dean H. Echols, Chairman
James G. Galbraith
James Greenwood, Jr.

Academy Award Committee

Henry L. Heyl, Chairman
Wesley A. Gustafson
James Greenwood, Jr.

Round Robin Committee

David L. Reeves, Chairman
Henry G. Schwartz
Donald D. Matson
Eben Alexander, Jr.

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