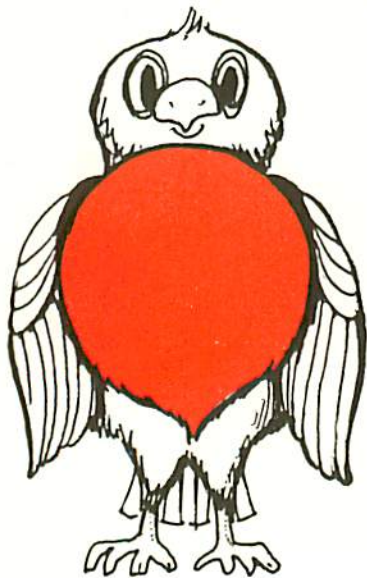
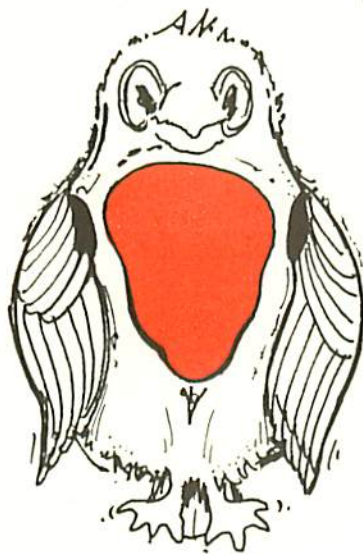
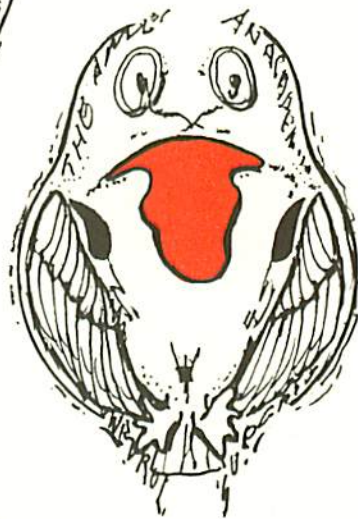


41/1

# THE NEUROSURGEON



THE ROUND ROBIN LETTER  
OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGEONS

MAY 1981

THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY



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VOLUME 41

(Previous issue: Volume 40, October, 1980)

MAY 1981

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WAKE FOREST UNIVERSITY

BOWMAN GRAY SCHOOL OF MEDICINE



300 South Hawthorne Road • Winston-Salem, North Carolina 27103

Department of Surgery  
Section on Neurosurgery

April 28, 1981

Dear Fellow Academicians:

I hope this is a rebirth of the old "Round Robin Letter" which I would like very much to put out a minimum of three times a year and possibly four times.

You will see the new format which makes the production much more informal, a lot more intimate, and much less expensive.

We would like to have photographs, illustrations, or drawings when you have them, but that will not be an essential part of the rebirth of the "Round Robin Letter."

I will be writing to many of you individually asking you for letters for the next issue, but I would appreciate letters from any and all of you as often as we can have them for The Neurosurgeon.

Sincerely yours,

Eben Alexander, Jr., M. D.

EA:jc

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## *Neurological Surgery*

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## *Neurology &*

## *Electromyography*

DONALD M. PALATUCCI, M.D.

RICHARD A. CUNEO, M.D.

March 30, 1981

Eben Alexander, M.D.  
Department of Neurological Surgery  
Wake Forest University  
Bowman-Gray School of Medicine  
300 South Hawthorne Road  
Winston-Salem, North Carolina 27103

Dear Eben:

For the record, or for the Round Robin, as the case may be, Martha and I had an adventurous trip to Kenya and Egypt last summer. In Kenya it was winter and the weather was fine; the game parks were superb! In Egypt it was high summer, and about 120 in the shade of which there was none!! Riding in a Cairo taxi is the most harrowing experience I've had since giving up riding bucking horses!!! The Antiquities were most interesting and made up for any minor travel difficulties. Amusingly enough, none of our party of four got sick until we were all back in London.

We are currently involved on a committee to celebrate Harvard Medical School's Bicentennial, at least the San Francisco Bay Area Edition of such. As you might expect, we plan to hold it at a winery in the Napa Valley. It should be a good combination of Science and Hedonism.

Both Pam and Bart have graduated from U.C., Davis and are engaged in their agricultural pursuits. Bart is Foreman of a large ranch in the San Joaquin Valley, and in this connection Martha and I are now the proud owners of 17 horses, none of which I would be able to recognize on sight, but all of which I am assured are out there somewhere working for us.

On the scientific scene, we remain steady at six members in the Group with four surgeons and two neurologists. We are currently wrestling with the problem of how many myelograms one can avoid doing with the GE 8800 C-T available. So far the radiologists have been overly-enthusiastic in reading the studies, and are beginning to retrench. But it certainly has been a wonderful tool for paraspinous lesions and retroperitoneal lesions which were formerly so difficult to identify.

Page 2  
March 30, 1981

Dad and Mother are tolerably well, although the latter is about to have a cataract replaced by an implanted lens, and that should be a distinct improvement . They send their regards to all as to Martha and I.

Sincerely,



Barton A. Brown, M.D.

BAB:c1

# WAKE FOREST UNIVERSITY

## BOWMAN GRAY SCHOOL OF MEDICINE



300 South Hawthorne Road • Winston-Salem, North Carolina 27103

Departments of Surgery  
Section of Neurosurgery

April 30, 1981

To: Eben Alexander, Jr., M. D., Editor  
Round Robin of the American Academy of Neurological Surgery

From: Courtland H. Davis, Jr., M. D.

Dear Eben:

This has been a very full year for the Davis family. In October our son and daughter-in-law, who live in Colorado, presented us with our first grandchild, a lovely little red-headed girl. Then, on February 14, I achieved the magnificent age of 60, and on this occasion most of our former residents with their families and all of our family returned to help us celebrate. You engineered a magnificent residents' reunion and all of us thoroughly enjoyed the getting-together of our professional and genetic families.

Then, just a few weeks ago, our oldest daughter was married, another happy and delightful occasion. All in all, Marilyn and I have been blessed with another year of health and happiness.

On the professional scene, I continue to be impressed and pleased by the quality and growth of our resident staff. We continue to monitor the effect of more neurosurgeons in the area and the extremely high utilization of the general hospital. At the moment, it seems that our patient load is having fewer peaks, and it would appear that the growth factor may be tapering off; as you well know, there are so many variables that long-term predictions cannot be safely made.

An area of related involvement for me continues to be the regional PSRO. I took this on so that I could be sure that someone reasonable was on the Board, and I must say that our regional PSRO has acted in a remarkably responsible manner; this undoubtedly is a reflection of the fact that the physicians in our area are by and large highly qualified and conscientious people. Interestingly, this PSRO is fully funded for another year and already a number of our large corporations in the area are coming to its parent foundation for independent monitoring of patients under their health care plans. This would indicate to me that when the PSRO dies, as it surely will, continued accountability will be required in some other guise. I only hope that this type of peer review will continue to remain local and under physician control.

Another paramedical involvement for me has been the Voluntary Effort Program for containment of hospital costs. Secretary Schweiker has indicated his support of this, and I only wish that I could be satisfied that more hospitals are supporting it. Without question, all hospitals are in a difficult situation with inflation, increasing intensity of care and technology, increasing staff costs, and varying managerial skills. Added to these general factors, the hospital undergoing expansion and with a large debt load to service cannot possibly meet the national guidelines and continue with required levels of service. We are rapidly approaching a time of need for further expansion of hospital beds. This will come either before or after the HSA dam is removed. I only fear that the state, federal and/or consumer response will be one of more rigid caps.

There are, of course, well-known pros and cons to these types of involvement:

Re: PSRO

Con: ignore it, don't cooperate, and it will go away.

Pro: in this age of consumer and payor concern and interest reasonable accountability is proper.

Re: VE

Con: this is the wrong approach; what we need are innovative solutions.

Pro: no argument with this, but what do we do while awaiting the millenium? Throw money at the problem?

No.

Throw money at the solutions?

Yes, when such are on the horizon. Hopefully by better understanding the problems and making them as small as possible through conventional approaches, the solutions will come sooner and more easily.

Re: Both of the above

Con: a waste of physician time.

Pro: a physician should abrogate neither the privileges nor the requirements of citizenship.

We have now lived long enough to realize that these problems will fade but be replaced by others, so we may all look forward to continuing involvement.

With best wishes,

Sincerely,



Courtland H. Davis, Jr., M. D.



OCHSNER CLINIC

1514 JEFFERSON HIGHWAY

NEW ORLEANS, LA. 70121

CABLE ADDRESS: OCHSCLINIC

DEPARTMENT OF NEUROSURGERY  
EDWARD S. CONNOLLY, M.D.  
RICHARD A. COULON, JR., M.D.  
HOMER D. KIRGIS, M.D.

TELEPHONE: 634-7070  
AREA CODE: 504

April 29, 1981

Dr. Eben Alexander, Jr.  
Bowman Gray School of Medicine  
Winston-Salem, NC 27103

Dear Eben:

Enclosed is a photograph of Dr. Dean Echols receiving his 50-year lapel pin from the Louisiana State Medical Society. He is fifth from the left. I thought you might like this photograph for THE NEUROSURGEON.

Elise and I send our greetings to all the rest of the members and wives of the Academy.

The Ochsner Clinic and Foundation continues to grow and, as of May 1, 1981, I have been elected to become a member of the Board of Trustees of the Ochsner Foundation and have been elected to the Executive Committee of the Board of Trustees.

I would like to encourage the members of the Academy of Neurological Surgery to become members of the Joint Section of the AANS and CNS on Spinal Disorders so that we get as much support both scientifically and politically to keep neurosurgery in the forefront of surgery for spinal disorders. It is our hope that this section will stimulate more scientific research by neurosurgeons in spine pathology and also help educate the neurosurgeons in the biomechanics of the spine and other facets of spinal disease which are frequently not stressed in neurosurgical training programs.

Sincerely yours,



Edward S. Connolly, M.D.  
sac

Dear Academy Friends:

My contributions to "The Neurosurgeon" have been delinquent for too many years. I have made a resolution to mend my ways and thus the present correspondence. The most "newsworthy" event to report is my recent decision to step down as Chief at the Cleveland Clinic a few years prematurely (age 60 is mandatory). A Search Committee is working to name my successor. My leaving will bring to an end, I presume, the "Gardner Era" which began 52 years ago, and of course included Wally Hamby's reign as well as my own.

I have also decided to resign from the Cleveland Clinic Staff after 28 years; perhaps a case of "Institutional Burn-Out." By no means is this to be considered a retirement. Instead it is a new career and a change of pace. In September, I will move to the "Sunbelt" on the Mississippi Gulf. I will be practicing in the Singing River Hospital System in Pascagoula and Ocean Springs, Mississippi in partnership with John McCloskey, a young neurosurgeon who trained at the University of Kentucky. He is also certified in Neuropathology.

Equally newsworthy, but now rather outdated, is the news of my marriage on July 21, 1979 to Carolyn Madeja. A somewhat tumultuous and crises ridden period of my life has settled down to a most happy and steady state. I am anxious for each of you to meet her. Carolyn, after nursing at the Cleveland Clinic for several years, will graduate from Cleveland Marshall Law School in June and join a law firm in Pascagoula.

We are planning a five week sailing cruise to the Georgian Bay and North Channel of Lake Huron in the interval between Cleveland and Mississippi. Beginning in September we will have our first taste of salt water sailing in the Gulf of Mexico. In light of the many changes in our life, we may not be able to attend the Academy Meeting in Mexico, however, we will do our best to be there.

Letter to Academy

April 16, 1981

page 2

You will also be pleased with news of Wally Hamby whom I saw a few weeks ago. He and his wife (Ellie) are enjoying "retirement" very much. He manages to play golf three or four times a week and, in addition, maintains a busy schedule of events and hobbies.

My best to all

Sincerely yours,



Donald F. Dohn, M.D.

DFD/bn



The University of Western Ontario

C.G. Drake, MD, MSc, FACS, FRCS(C)  
Richard Ivey Professor of Surgery  
Chairman, Department of Surgery

Faculty of Medicine  
London, Canada  
N6A 5C1

11th March, 1981.

Dr. Eben Alexander, Jr.,  
Bowman-Gray School of Medicine,  
Winston-Salem, N.C. 27103.

Dear Eben:

There is nothing startlingly new with the family except that I am continually amazed with the growth of the grandchildren.

Ruth is taking another university course on Modern European History and Politics - and again her essays become a family crisis. She also works part-time as a service co-ordinator at the hospital. She seems to have a lot of restless energy since the boys left and needs to put in the time.

Skip Peerless continues to work in the laboratory with Japanese artificial white blood, Fluosol, and I am hopeful something will come of it. Handa of Kyoto told me recently he has had a 50% success rate with it in ischaemic patients with vasospasm although he has only been allowed to use it for 4 days. Jiro Suzuki was over as one of our visiting professors and I was able to visit his unit in Sendai in February. I am amazed at his use of temporary clips with mannitol for such long periods - half an hour on the middle cerebral or on both A<sub>1</sub>s - and in one case, I saw over 2 hours on the posterior cerebral. It makes aneurysm and arteriovenous malformation surgery look awfully simple - but it was interesting to me that only a small fraction of Japanese surgeons use the technique.

Skip and I are pleased that our last resident, Rolly del Maestro won the Canadian Life Assurance Award Fellowship this year - one goes to one of the Canadian schools annually - it means he will be able to spend at least 50% of his time in research - on the free radical business for which he got his Ph.D. in Uppsala. I confess I don't really understand such basic biochemistry.

It is a bit startling to me that we now have 7 neurosurgeons on the service where I was alone for 16 years. Barney continues to add neurologists so that now I believe there are 16 - although most are spending much of their time in investigative matters. He becomes Editor of Stroke this year so probably we will see less of him.

With my warmest regards.

Yours sincerely,

C. G. Drake, M.D.

CGD/pd



# American College of Surgeons

FOUNDED BY SURGEONS OF THE UNITED STATES AND CANADA, 1913

POST OFFICE BOX 274 KENSINGTON, MARYLAND 20795 AREA CODE 301-942-5505

JOSEPH P. EVANS, M. D., F. A. C. S.  
ASSISTANT DIRECTOR

March 27, 1981

Eben Alexander, Jr., MD  
Bowman Gray School of Medicine  
Winston-Salem, North Carolina 27103

Dear Eben:

The Round Robin Letter has been in important record of neurosurgical activities in this country and I am glad to see it will be continuing on its way. Obviously, since neurological surgery has expanded so tremendously, the succeeding issues will present only a partial picture, but one nevertheless of considerable historical significance.

As the years slip by, it becomes less possible for me to contribute to the clinical picture. This year is my tenth and final one as the International Liaison for the American College of Surgeons. The College, in my opinion, has a very important role to play in international relations, for it is among the medical profession of all countries that the United States has some of its strongest allies. As the world has broadened, so have national aspirations, and sometimes animosities. In this process, we lose some of our cherished sense of professional unity and this is a sad development. Interchange of ideas, information and techniques is still generally possible in our particular field of the neurosciences -- and hopefully in the general fields of medicine and surgery.

The College has been playing an active role in efforts to clarify the FMG situation. It is now generally understood that "short termers" may come for "topping off" with few restrictions. There is currently in the Congress amending legislation which will permit recent graduates to come for that length of time necessary to complete board requirements in the chosen specialty. The emphasis will be on mandatory return thereafter.

My decade with the College has been a rich experience in many ways as well as in learning something of the legislative process. I am sorry no longer to be a regular at the Academy meetings for the contacts have been richly rewarding.

Very sincerely yours,

  
Joseph P. Evans, MD

JPE/rah



# COLLEGE OF MEDICINE AND DENTISTRY OF NEW JERSEY

RUTGERS MEDICAL SCHOOL

University Heights  
Piscataway, New Jersey 08854

Department of Surgery  
(201) 463-4505

Section of Neurosurgery  
(201) 463-4482

March 16, 1981

Eben Alexander, M.D.  
Department of Surgery  
Bowman Gray School of Medicine  
300 S. Hawthorne Road  
Winston-Salem, North Carolina  
27103

Dear Eben:

Your recent letter directed to the members of the Academy of Neurological Surgery reminds me, and I am certain the other older members of the Academy, that the "Round Robin Letter" was extensively read by all of the members, was extremely active and I am sure relatively cheap. I think what ever photographs were taken were sent along as adjuncts to the "Round Robin Letter". I think that I first saw this in 1943 when Geroge Baker was discussing some of the interesting things that men had run into, and were perplexed by and asked for aid from their peers in the Academy. I'm delighted that this new energetic approach is being taken.

Despite all of the adversities present, New Jersey seems to be getting off the ground in medical education. I'm sorry that it has taken the route that it has, through the CMDNJ, but that doesn't seem to make much difference because Rutgers dominates the central New Jersey campus, and also the southern New Jersey campus. The Dean has indicated to us that the budget for research, as obtained by a good number of the members of the faculty, is one of the highest in the country. Certainly the school seems to be very proud of this point. My own particular interest have been in conjunction with the Bio-engineering group and we are going to report some of this work in the future. Our immediate attention is being directed to non-invasive means of measuring intracranial pressure.

We are recruiting, the faculty seems to be expanding in numbers, and Neurological science is being pushed by the Dean.

Eben Alexander, M.D.

March 16, 1981

The family continues to thrive. We shall be off with a large part of the family on a ski trip to Colorado which is the big treat of the year for all of us. Our grandson is now accompanying us on these trips and all of us are thrilled by him being with us. Our oldest son is confining his interest to solar energy and he and his wife still remain in Oklahoma and I'm sure that they will remain there now that his interest in solar energy has obsessed all of his time. A good number of the group would be interested to know that Dave and Pam were married in our home in August of 1980.

Best wishes, hope to see you soon.

Sincerely yours,



Robert G. Fisher, M.D., Ph.D.  
Professor and Chief  
Section of Neurosurgery

RGF/pl

WALLACE B. HAMBY, M.D.  
3001 N.E. 47 Court  
Fort Lauderdale, Florida 33308

Phone: 305-771-9104

20 Mar 1981

Eben Alexander, Jr., M.D.  
1941 Georgia Ave.,  
Winston-Salem, NC 37104

re: ROUND ROBIN LETTER

Dear Eban,

It is gratifying to learn that you have been appointed Chairman of the Round Robin Committee, assuring us that the Letters will be handled with your characteristic efficiency.

The ROUND ROBIN LETTER or THE NEUROSURGEON has always been anticipated eagerly and read thoroughly. We Senior members appreciate them especially since they refresh the flame of friendship that has always characterized the Academy.

My own activities of late have been unremarkable. I have translated and Warren Green (St. Louis) has published a little book Le MAL FRANCAIS, containing De Vigo's original work on the subject. Its chief interest is a fresh look at Galenic medicine.

Ellie and I remain in good health and happiness. Our golf hasn't improved as much as earlier hoped. It is indeed "a game, and not an exercise in mathematics." To Ellie's considerable disappointment, I have become quite allergic to travel, so we don't go far afield. We are always stimulated and delighted whenever any of you come our way; we would be happy to see any of you.

Cordially,

Wally.





Uh

THE UNIVERSITY OF MICHIGAN  
DEPARTMENT OF SURGERY  
NEUROSURGERY ASSOCIATES

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|  |          |
|--|----------|
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March 12, 1981

Eben Alexander, Jr., M.D.  
Neurosurgery  
Bowman-Gray School of Medicine  
Winston-Salem, North Carolina 27103

Dear Eben:

The following is my reply to your request for news  
for The Neurosurgeon.

I moved to Ann Arbor 11 days ago to become the Head  
of the Section of Neurosurgery in the Department of Surgery.  
As you know, Dick Schneider resigned from that position  
nearly 2 years ago and Glenn Kindt has been holding the  
job together as Acting Head since then. Both fortunately  
are still here in Ann Arbor and hard at work. The job  
they have created over the years is a challenging one and  
I hope I am up to it.

The other attending staff are all Michigan trained  
and highly effective teachers and clinicians. They include  
the one and only Eddie Kahn, Sid Farhat, Bill Chandler,  
John McGillicuddy and Jim McGauley.

The residency is currently a two man per year  
for five years program. The residents are top-flight  
and eager to learn and eager to operate. Some are eager  
to do research and others not so. They are an interesting  
bunch, in short, and should prove an interesting challenge  
over the years to come.

The laboratories are still reflecting the outstanding  
work of the past by Drs. Crosby and Schneider. Dr. Crosby  
is hard at work at the age of 91 completing two books and  
comes to work regularly every day, often beating the staff  
to their jobs.

The work on hypervolemia, on carotid endothelial integrity, on intraarterial chemotherapy, and on Reye's Syndrome continues and I have moved my laboratory from San Francisco to Ann Arbor to augment those research efforts. A Fellow from the University of Naples is working with me on ischemic edema and the effects of reperfusion upon that condition.

The original work by Dick Schneider on helmet design has been expanded by his colleague Mr. Gooding and more recently by Glenn Kindt, to include other varieties of head protection apparatus. That laboratory is a bioengineering marvel and is close at hand to the University Hospital so that medical input can be applied to the design of these head protection units.

They say that hard times are upon Michigan. That is not immediately obvious to me here in the University within the first two weeks of my tenure here. Maybe it is the honeymoon phase of the new job, or, something else. Suffice to say that I am enthusiastic and eager to proceed here and hope that the traditions begun by Max Peet and carried on by Eddie Kahn, Dick Schneider and Glenn Kindt will be uninterrupted over the coming years.

This is not only a newsletter for the Round Rabin but also an invitation to all of the Academy members to visit Ann Arbor when you are in the area and see what we are doing.

With regards.

Yours truly,



Julian T. Hoff, M.D.  
Professor and Head  
Section of Neurosurgery

JTH/jt

College of Physicians & Surgeons of Columbia University | *New York, N. Y. 10032*

NEUROLOGICAL INSTITUTE OF NEW YORK  
DEPARTMENT OF NEUROLOGICAL SURGERY

710 West 168th Street

March 1981

Dear Eben:

Our Department of Neurological Surgery has finally attained new leadership with the return of Ben Stein. Kal Post came from Tufts with Ben. Our staff continues to have diversification in sub-specialized areas of Neurological Surgery and the Department continues to attract a large number and wide variety of cases, providing a broad base for our residency training program. We are coming closer to obtaining a PET Scanning Facility which will, of course, facilitate incredibly exciting new areas of clinical research. We have successfully concluded our Fourth Annual Neurobiology Review Course which has been well subscribed by residents and recent graduates preparing for Board Examinations from other Institutions in the tri-state area.

Our family boasts one college graduate and two undergraduates; a pre-med son, and a geologist daughter. The most famous member of our family is our daughter-in-law, Adrienne, a professional Gourmet Chef, who is currently putting Dean and DeLuca, New York City's foremost charcuterie, on the map.

Marion and I deeply regret the unavoidable conflicts which have made it impossible for us to attend several Academy Meetings; we miss seeing our friends in this congenial setting. Last year, previous commitments in London and Paris prevented our making the New York Meeting, and, unfortunately, an important trip to India this Fall will prevent us from relaxing with you at IX-TAPA.

With warm wishes to you all until 1982.

Ed and Marion Houseplan



**university  
of toronto**

**division of  
neurosurgery**

14 April, 1981

Dr. Eben Alexander, Jr.,  
Wake Forest University,  
Bowman Gray School of Medicine,  
Section of Neurosurgery,  
300 South Hawthorne Road,  
Winston-Salem,  
North Carolina 27103, U.S.A.

Dear Eben:

At present, we are fighting a proposed residency position cutback of some 17% over the next three years. The Government have concluded that each specialist position costs the Ontario Health system a large amount of money, so they have decided to reduce the number of specialists by reducing the number of training slots. At present, we forecast a significant shortfall of neurosurgical manpower in the next five years in Ontario, so we are fighting the reduction as hard as we can. Right now we have 15 approved training positions and have a further two Residents funded by other means.

The University of Toronto has a staff of some 21 neurosurgeons, so that I have my hands full coordinating the programme. This has been made a most enjoyable experience by virtue of the fact that I serve a harmonious group of men of outstanding calibre and character.

The laboratory is running at full tilt, and I have had to take the undergraduate programme in Immunology so that I can make sense of our studies in allograft peripheral nerve rejection! We continue our combined efforts with Dave Kline, and Dave and I see each other sufficiently frequently at meetings to keep the programme on track.

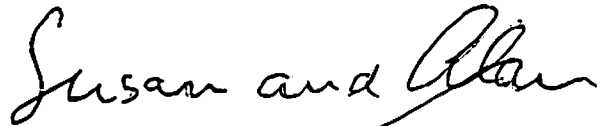
Following a world health meeting on peripheral nerve problems in Italy in the Fall of 1980, Susan and I took a boat cruise to Istanbul and the Greek Islands. This proved a great success and we visited, amongst many other ruins, the foundation of one of the world's earliest hospitals, situated in Asia Minor. Our plans for this summer are somewhat chaotic, as each of our four children seems to have his or her own idea of how the summer should be spent, but I hope we can get them all together for a cruise down to the Islands in the St. Lawrence River, close to Kingston.

We really enjoyed welcoming Blaine and Irene Nashold to Toronto for a three-day visit. He came as the visiting Keith Lecturer, which is an annual event in honour of Bill Keith and which is attended regularly by Bill Keith.

I thoroughly enjoyed the meeting in New York and hope to see you all in Mexico.

Best personal regards.

Sincerely,

A handwritten signature in cursive script that reads "Susan and Alan". The signature is written in dark ink and is positioned above the typed name and title.

A.R. Hudson, M.B., F.R.C.S.  
Professor and Chairman,  
Division of Neurosurgery

Bill and Charlotte

HUNT

The clinical service at Ohio State has been somewhat limited during a period of major remodelling. There will soon be some of the best physical facilities in the country. Meanwhile we are playing musical beds, offices and operating rooms. We are looking forward to stabilization within the next couple of years. Plans for a Section or Center for the Neurosciences are underway.

Our research activities have centered around aneurysms, spinal cord injury and brain tumor. The Spinal Cord Injury Research Center is heavily funded and we hope to see it renewed. There are 13 investigators from 6 departments involved. Our particular project in the last year has been the analysis of 26 years of fairly uniform management of intracranial aneurysms. Timing of surgery and the management of the hemodynamic crisis that follows vasospasm have had particular attention. I believe we are on the threshold of some new insights into the physiology of cerebral circulation which may ameliorate the infarction problem. We suspect that this problem may be more effectively managed by manipulating systemic factors than by trying to modify the constrictive arteriopathy which comes on early in the first week and leads to infarction toward the end of the first or the beginning of the second week. Our principal research tool has been careful observation of clinical material and trying to deal intelligently with a confusing mass of variables.

The question of neurosurgical manpower is a tough one. One might ask, "as measured by what?". If measured by the market place, the ability of a neurosurgeon to make a living by rendering service to a community in need of his skills, there would seem to be no excess. Many busy neurosurgeons are looking for a partner.

If the measurement is the availability of academic neurosurgeons who are capable of clinical and laboratory investigation, teaching and the provision of exemplary care, there would seem to be a real shortage. This is in part related to economic factors. It is also related to the desire of people to get out on their own after a long formal education. There is also a very real shortage of neurosurgeons who have the ability and motivation to engage themselves with this many-headed monster.

If public need for services is to be the yardstick, we are faced with a virtually insoluble problem. It has often been noted that, about the time a specialty seems saturated, some new and valuable technique comes forth which there are an insufficient number of trained surgeons. This may or may not be about to happen in cerebral vascular disease. Furthermore, there are small communities in which service demands are principally in the management of pain

Bill and Charlotte  
HUNT

Page Two

and trauma with relatively little complex neurosurgery. I would be unwilling to say that these communities should be denied neurosurgical care simply because the population base does not provide a large number of brain tumors and aneurysms. One solution that has been considered is the "regionalization" of special procedures. This strikes me as having an element of rigidity in it. The danger is that guidelines would be drawn up which would be unresponsive to changes in the real world. In a more natural way, there seems to be a tendency for neurosurgeons to adapt to their institutions, their experience and their clinical input by referring certain cases to other neurosurgeons who are more familiar with the uncommon disorders. Sub-specialization, open lines of communication and the avoidance of territoriality is a healthy way of matching the patient to the special skills necessary to deal with uncommon problems. One thing seems fairly certain: the strains of neurosurgical practice, if one is handling very sick patients, has resulted in neurosurgeons forming small to medium-sized groups to provide mutual support.

Still another unsolved problem, important to training programs, is the question of how to take care of the massive detail work and service demands which sometimes overwhelm the didactic aspects of education. This is not to say, of course, that in a service profession we should not be heavily involved in service from the very beginning of training. We will have to delegate more administrative and maintenance duties to non-neurosurgical personnel. The nurse-clinician will play an important role.

As a Jeffersonian, I believe that neurosurgery will adapt more effectively by responding to firm nudging in the appropriate direction than by rigidity and over-systemization.

Charlotte is fine, as are all descendants, each in their own way. We are looking forward to the New York meeting.

April 21, 1981

Dear Friends:

As you can imagine, Molly and I are still coming down from the events in Boston. The meeting, in fact, rested on the shoulders of many hundreds of those who were there. We will never be able to thank them all. As a team, they were superb and as an Association, the AANS is indeed a pacesetter for world neurosurgery. It gave us a superb ride.

On Wednesday night, the residents gathered to give me "the bird". It was a rollicking finale to the week.

Under those circumstances, it would be easy to overlook how change comes to pass, for it always appears to emerge from a "lower motorneuron". The Academy, however, on many occasions well known to you, has been the initiator, the motivator, the anticipator, the determinant of the signals that are passed to that final common pathway. Although actions may be taken through other organizations such as the AANS, ACS, AMA, it is very often the Academy which has triggered an inspiration which has then been brought to fruition through other channels. The role of the Academy in American Neurosurgery is essential and in ways, unique. It must be cherished, refurbished when necessary, and sustained as a private well to which many of us return frequently for refreshment and reassurance.

Molly and I plan to take a little time off this summer, but we're looking forward to seeing you all next fall.

Bob and Molly King



*William M. Lougheed*, M.D., F.R.C.S. (C)

ROOM 219, 7TH FLOOR EATON WING  
TORONTO GENERAL HOSPITAL  
101 COLLEGE STREET  
TORONTO, ONTARIO M5G 1L7

March 16, 1981

Eben Alexander, Jr., M.D.  
Bowman Gray School of Medicine  
Winston Salem, N.C. 27103  
U.S.A.

Dear Eben:

You might be interested to know that I am still working on the anastomotic clip to produce a rapid vascular anastomosis. The vein grafts are turning out quite well and I am delighted with the progress we are making. The ability to join two vessels together without including anything in the lumen appears to be far superior to any suture techniques. I am in hopes that we can get backing from the Canadian Development Corporation for the machinery necessary to mass produce the clip. I expect it will take another year to get the clip off the ground but by that time I hope we will be able to join vessels of any size together with speed and accuracy. This will then, of course, allow one to hook up to the intracranial portion of the internal carotid artery just distal to the clinoid and should produce a better blood flow than one can bet by a superficial temporal artery anastomosis.

I hope this will prove interesting for your readers.

Yours sincerely

WML:K

W. M. Lougheed, M.D.



P.O.Box 4302  
Kawaihae, Hawaii 96743

April 18, 1981

### The Round Robin Letter

This is in response to Eben's second appeal. After almost three years of complete retirement from medicine I have no interesting professional matters to share. Because of the distance involved we attended fewer medical meetings than most of you so each one was special. Our association with our Academy friends highlighted my professional life. So we welcome any opportunity to preserve those friendships. ^

Last year we sold our home in Honolulu and moved permanently to Hawaii where our younger son and his friends built us a new home on the beach. We keep busy landscaping the property, swimming, hiking, reading and seeing old and new friends. We are just over a mile from the Mauna Kea Beach Hotel and hope any of you who visit will call us and we will get you over here.

We are in excellent health although I was slowed down for awhile with a ruptured lumbar disc last summer. At 67 one should leave ditch digging for pipelines to younger men but it was fun while it lasted and I got the job done.

We live in the most rapidly growing part of our state and our formerly isolated beach has been "found" so changes are coming fast. Sheraton opens a new hotel at Anaeoomalu in August and Mauna Lani Corporation, a Japanese company, is building another due to open soon.

Retirement has been no problem for me and without regrets I have been happy to turn over what were formerly fascinating challenges to my enormously capable younger associates. Beginning practice over thirty years ago in a then somewhat remote area without any neurologists and few specialists I felt fully current in neuro-surgery, neurology, pediatrics, neuro-radiology, orthopedics and pretty well up in other fields. By 1978 in spite of constant reading and attending as many meetings as possible, except for neuro-surgery it was impossible to keep up. This was disturbing to me and made retirement welcome.

Our regards to you all

*John*  
John Lowrey

Dear Academy Members:

I thought that some of the newer and interesting neurophysiologic aspects of pain research which is done here by Tony Yaksh and Fred Kerr and which have major importance in the treatment of pain would be of interest to everybody. With the background of neurophysiologic research here, Fred Kerr had several years ago been interested in the pharmacologic response of intrathecal drugs long before the anesthesiologists began to beat the drum for single dose morphine injections as a treatment for acute and chronic pain. It so happened by serendipity that Jim Robertson was passing through as a Visiting Professor that year and in passing stated that the Metal Bellows Company in Sharon, Massachusetts had been using a chronic infusion pump for the installation of intravenous drugs including anticoagulants and insulin.

With the thought in mind of possibly instituting constant intrathecal morphine infusion, I sought out the Metal Bellows people who were very interested in producing a system that would be amenable to such delivery. It took three and a half years for them to get the first prototype on board and we have just done the first patient with intrathecal morphine on a chronic infusion basis. At this time, the patient is approximately nine weeks postoperative. Based on the studies by Tony Yaksh and Fred Kerr and also some limited studies by Joe Wang of the Department of Anesthesiology on a single intrathecal dose basis, the initial drug dose was put at 0.8 mg per day delivered in a 3 cc amount by continuous infusion. The Metal Bellows pump held 47 cc which made the refill fairly cumbersome, it needing to be done every sixteenth day.

This first patient was a patient of Collie MacCarty's who had been operated on for the first time in 1969 for sacral chordoma. He subsequently underwent a debulking operation because of a recurrence. We found in this patient a type of pain which, in my estimation, had been refractory to all forms of pain management in the past. The tumor had required an abdominal peritoneal resection for bowel obstruction and he had had a left lower quadrant colostomy. He had the same kind of pain that most abdominal peritoneal resections and sacral chordoma patients have, namely a boring high rectal pain which is analogous to sitting on a pointed object. He also had bilateral radiating leg pain because of involvement of the lumbosacral plexus bilaterally. The tumor, at the time I saw him, was inoperable and he was on 2-3 mg of Levo-Dromoran every three hours. He was obtunded and unable to sit for more than thirty seconds without a change in position. All in all, he was a fairly miserable person. After explaining to him the experimental nature of this project, he and his family acquiesced to placement of the morphine pump.

We put this high profile pump in the right pectoral area and placed the intrathecal catheter at T-10 with a tip resting opposite the conus at the T-12, L-1 level. The initial response was certainly exceedingly gratifying. We have had to increase the dose of morphine from 0.8 mg a day to 1.8 mg a day at this time. Between the second and third refills the pump ran dry for two days and he was admitted to the emergency room in

exquisite pain much the same as he had been experiencing prior to the installation of the morphine pump. On reconstitution of the morphine solution into the pump at noon, when we made rounds after the surgical day was over at 9:00 p.m., he was sitting reading the paper again and was quite happy and stated that at that time he had no pain at all.

At this time the procedure certainly looks promising. Certainly, for the boring rectal pain of this abdominal peritoneal resected patient, which had been a dismal failure by all forms of destructive neurosurgical procedures available in the past, I think that this has proven, on a short term basis, to be a super addition to the neurosurgeon's armamentarium.

We will be presenting a paper in the Mayo Clinic Proceeding shortly. Jim Robertson has been sent the information and the protocol we have used for our human studies. Hopefully he will be able to begin his surgical experience with this method in short order.

I would like to hear comments from other people with regard to this approach and look forward to seeing you all in Mexico this fall. Best wishes.

Sincerely,



Burton M. Onofrio, M.D.

BMO:bb

# THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF SURGERY  
DIVISION OF NEUROSURGERY

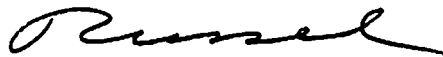
May 1, 1981

Eben Alexander, Jr., M.D.  
Bowman Gray School of Medicine  
Winston-Salem, NC 27103

Dear Eben:

Enclosed are two photographs that you might find useful for the NEUROSURGEON book. One is a picture of John and Katie Lowrey taken in front of their house on the Big Island. The house, incidentally, was constructed by John's son. The other picture is of Julie and <sup>me</sup> taken in Hawaii.

Best regards,

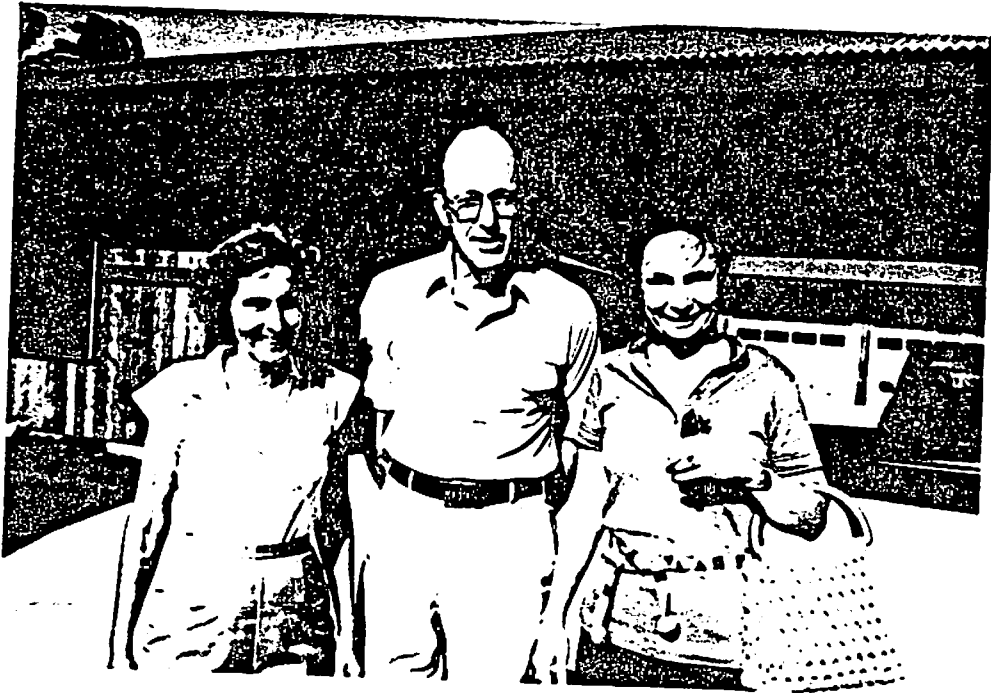
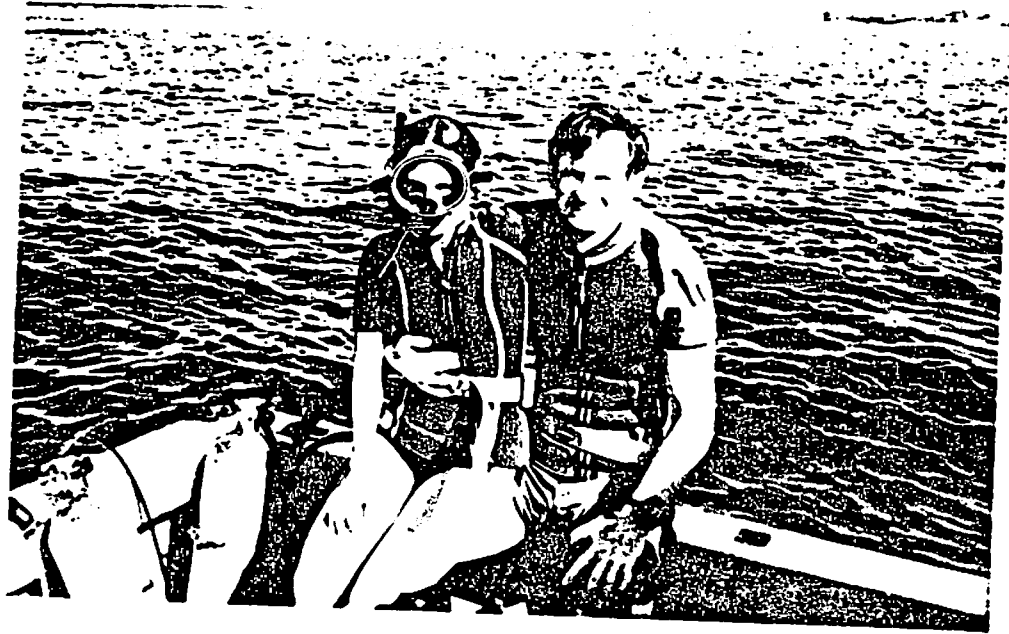


Russel H. Patterson, Jr., M.D.  
Professor of Surgery  
(Neurosurgery)

RHP/pkm

enclosures





Julie and I are spending our second year with the children away except on vacations. Our daughter, Ritchie, graduated from Cornell with a major in physics in January, 1981. After some vacation she plans to get a job with a high technology company in California for a time and then return to graduate school. Hugh continues at the University of Chicago, also in the physics department. He is showing some interest in robotics, which are machines that make machines. Alexander, just turned 18, is spending most of the 1980-81 year, which is between highschool and college, traveling around Southeast Asia and India. He left with some trepidation about whether or not he would be able to manage, but he seems full of confidence now, and we get an occasional postcard from exotic places and a rare phone call when he feels the financial pinch. He plans to return in time to start Reed College in the Fall.

Julie, having run out of neurosurgical meetings to organize, is devoting full time to the School Volunteers. It is a large program and seems replete with challenges such as fund raising, speeches, and difficult personalities to harmonize. We have had the opportunity to travel together to various meetings where we meet and enjoy science and good company with old friends. The enclosed photograph shows us refining our scuba techniques at a recent conference in Hawaii.

At the hospital Dick Fraser and I have been joined in the last two years by Michael Lavyne and Frank Gamache. Instead of dividing up the same old pie four ways instead of two ways, the new members of the department have seemingly doubled the volume of work, and at the moment we find it hard just to keep our heads above water. It is gratifying to feel popular, but now we are faced with the problem of overworked housestaff, despite the help that we get from three nurse/practitioners and our joint venture with the neurology department, which provides us with substantial help on the housestaff level. Any suggestions would be appreciated.

Julie and Russel Patterson  
April, 1981

To: The Neurosurgeon.

March 13th, 1981.

West Cornwall, Conn.06796.

Angeline and I have enjoyed the past year with particular relish because of the opportunity of seeing old friends at three neurosurgical meetings.

The first was at Savannah for the annual meeting of the Southern Neurosurgical Society. Ned Downing very kindly invited me to attend and to give an address on "How to Retire Gracefully." Except for my address, it was a very fine and unusually pleasant occasion. My spiel was scheduled for the lunch hour, after the Bourbon had been generously sampled by a goodly number of those present. Its effects soon began to tell on a gentleman directly in front of me. As he slowly drooped further and further forward I saw that his glasses were slipping farther and farther down his nose. "When they hit the floor," I said to myself, "this painfully dull oration will stop." I am deeply grateful to this gentleman, for quite soon his glasses did their job, thus sparing the audience another 15 minutes of torture.

The second meeting was that of the Academy at the Waldorf in FUN CITY, where the very good turn-out made both the meeting and the banquet exceptionally stimulating and agreeable. I must confess that, having missed scientific sessions for some time, I felt I had not really missed very much. The bulk of the program engendered strong feelings of deja vue.

The third gathering of colleagues was in Madrid in November 1980 -- the annual meeting of the Spanish-Portugese Neurosurgical Society, held at the ultra-modern new Centro Ramon y Cajal. It was an honor and a great pleasure to give the Third Annual Memorial Lecture in memory of my late friend Sixto Obrador. Although I gave the lecture in Spanish, I am told that most of what I said was understood by the full house. And I am happy to report that no one's glasses fell off. Angeline and I had a very happy lunch with Margarita Obrador and then spent many glorious hours in the Prado.

Meanwhile I continue writing books, painting, and fly fishing --- all with an obviously declining aptitude curve.

With warmest wishes to all,

Larry Pool





Huntington Institute of Applied Medical Research  
734 Fairmount Avenue, Pasadena, California 91105 / (213) 440-5432

May 4, 1981

Eben Alexander, M.D.  
Bowman Gray School of Medicine  
Winston-Salem, NC 27103

Dear Eben,

SUBJECT - Round Robin Letter

Rita and I had hoped to see many of our Academy friends at the AANS meeting in Boston but, unfortunately, I sustained a head injury in a fall at the ranch and was hospitalized in San Luis Obispo for a week and, at the time of writing, am still convalescing. Except for some residual unsteadiness I am making a good recovery. After my hospitalization I went to Pasadena and had a brain scan in living color which disclosed a right temporal lobe contusion. This new CAT scan technique developed by Hunter, Skip Jacques and their Caltech and JPL associates is truly revolutionary and I consider it a privilege to have been included in their early series of patients. I also had tests of my cerebral circulation and detailed psychological tests which were normal. So much for this personal note.

In March I attended a meeting of the ad hoc Neural Prosthesis Committee at NINCDS. I was the only neurosurgeon at the meeting. The other participants were basic scientists with expertise in biomaterials, electronics and neural stimulation. I left Bethesda with the comfortable feeling that safe stimulation of the nervous system with implantable devices will be forthcoming in the not too distant future.

As time passes my professional activities become more and more limited. I am still a consultant to our research institute in Pasadena, and our new medical device company in Goleta is expanding and our products are well-accepted by the neurosurgeons who have evaluated them.

Life on our ranch provides no end of projects but I enjoy them, particularly driving our new tractor. However, I do find time to write and have papers on peripheral nerve stimulation and experimental hemifacial spasm on the drawing board.

Rita joins me in sending best wishes to all of the members of the Academy and their families.

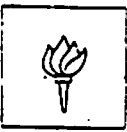
Sincerely,

Robert H. Pudenz, M.D.  
Medical Director Emeritus

vkm

Mitchell B. Howe, Chairman; Lynn A. Smith, President and Treasurer; Win. H. Colcoran, Ph.D., Vice President;  
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Howard G. Smits, Gardner P. Wilson.



# NEW YORK UNIVERSITY MEDICAL CENTER

A private university in the public service

School of Medicine

350 FIRST AVENUE, NEW YORK, N.Y. 10016

AREA 212 679-3200

CABLE ADDRESS: NYUMEDIC

Department of Neurosurgery

April 14, 1981

Eben Alexander, M.D.  
300 South Hawthorne Road  
Winston-Salem, N.C. 27103

Dear Eben:

Having just returned from the AANS Meeting in Boston, and being tremendously overstimulated by what I think was an outstanding session, it is a little hard for me to come down to earth and construct anything but a very rambling communication. The quality of that meeting, however, certainly attests to the healthy state of our specialty and augurs well for our future.

As I look at the situation in neurosurgery in New York, it really is under considerable flux. Ben Stein has just taken on the reins at the Neurological Institute. Bill Shucart having accepted the job in Boston, we now see the Downstate Medical Center in an active search for a new Chairman of Neurosurgery. That is a major undertaking. The Downstate Medical Center, affiliated with the Kings County Hospital is the major provider of neurosurgical care for some 3,000,000 people in Brooklyn and Queens. Bill Shucart was certainly beginning to make real inroads in the hitherto wastelands of the other side of the East River and we are all going to miss him and wish him well. He has taken Jack Stern with him to Boston, Jack being a very bright young guy just having finished his training at the Neurological Institute. Paul Cooper is joining the NYU Staff to be in charge of our Neurotraumatology Unit and Sherman Stein, the pediatric neurosurgeon, is holding the fort for the moment with A. Cook's help.

Up in the Bronx at Albert Einstein, Jacoby and Montefiore, there is a big hole left in neurosurgery in New York as a

result of Ken Shulman's untimely and, I have to think, unnecessary death. It was indeed such a tragedy that all of us who were close to him are really in very deep mourning. Hugh Wisoff will be Acting Chairman and will undoubtedly do a fine job in holding the place together. He is really an elegant surgeon and a fine person and we all wish him well. He is an obvious candidate as permanent Chairman for that position.

In the near future, NYU is obviously going to have to put together a committee to begin to look for my successor and hence, in the next year or so we are going to see a whole group of new young Chairmen of Neurosurgery in New York with all of the excitement and changes which come with new leadership.

Our own shop continues to be a helter skelter of new programs and continually keeps me overstimulated. The Naloxone story for spinal cord injury, at least in the laboratory, is quite exciting and we are also embarking on a new endeavor, i.e., the study of isolated perfused spinal cord, a spinoff from the perfused brain studies being carried out by Dr. Llinas, Chairman of our Department of Physiology and Biophysics. The Head Trauma Program (hopefully, to be refunded by the NINCDS) is embarking on a study of neural transmitters and brain specific CPK enzymes as well as sophisticated neurophysiological studies in attempting to evaluate post-traumatic coma and efforts to modify the state of consciousness. Our Stereotactic Program is finally getting underway under the direction of Max Koslow, one of our new Attendings.

Our residents seem to be getting brighter and brighter or maybe I am just getting older and older and more and more stupid. Half of them already have Ph.D's and the other half ought to, so I find myself prodded from all directions in a somewhat futile effort to keep up with new brains, new advances and new ideas.

Finally, I am really sorry that our plans for the Mexico Meeting fell through. I know that the meeting in California will be very successful and certainly will be far better attended than our Mexican fandango.

Okay, Eben, for better or worse, you have received my contribution.

My love to Betty. I am sorry that we did not get a chance to see more of you in Boston.

As always,

  
Joseph Ransohoff, M.D.

JR:er

THE  
UNIVERSITY  
OF UTAH

NEUROLOGICAL SURGERY  
THEODORE S. ROBERTS, M.D.  
MEDICAL CENTER  
50 NORTH MEDICAL DRIVE  
SALT LAKE CITY, UTAH 84132  
801-581-6908 OR 581-2121

April 2, 1981

Dear Eben and Fellow Members:

The Division of Neurological Surgery at the University of Utah College of Medicine will be "perked up" considerably this year with the opening of a new hospital facility giving an expanded Intensive Care Unit to be co-shared with the Department of Neurology. Some have raised eyebrows about sharing surgical space, but in the past our relationships with Neurology in this regard have been most cordial; and we have found that our residents seem to profit, as well as do theirs, from seeing first hand some of the acute management problems of both disciplines. We are looking forward to opening up a ward between our two services additionally and feel that will have educational value as well as convenience for mutual services. I would appreciate comments from other members with this in mind, as it is not too late to make a change in our plans; and if others of you have had experiences that have been other than my projected thoughts on the subject, I would deeply appreciate hearing from you.

While making enquiries, I am wondering if others of you would feel that an alternative route of Neurosurgical training would merit consideration: viz., PGY I varying Med./Surg. rotations; PGY II taking a formal full year of general surgery type training and then enter Neurosurgery for four years instead of five making the same total number of committed years as is now the case. It has been our experience that the residents coming into our program, after an internship year in general surgery, have not been provided with adequate experience and the maturity I believe they would gain by an additional year in general surgery. Also, it would tend to weed out those that still have some uncertainties and later find that Neurosurgery is not their chosen field after all.

An observation that is disturbing with regard to Neurosurgical trauma relates to the continuing and seemingly increasing number of spinal cord injuries. Should our societies support the concept of a lay group, "Society for the Prevention of Spinal Cord Injuries", that could work toward public education on causal factors leading to spinal

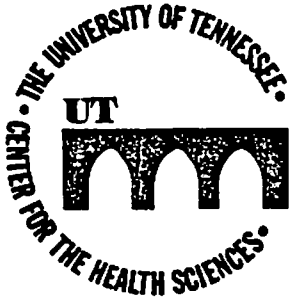
Page 2  
April 2, 1981

cord injuries?

Sincerely,

A handwritten signature in cursive script, appearing to read "Teel".

Theodore S. Roberts, M.D.



COLLEGE OF MEDICINE  
DEPARTMENT OF NEUROSURGERY  
Coleman Building  
956 Court Avenue  
Memphis, Tennessee 38163  
(901) 528-6374

May 8, 1981

Eben Alexander, Jr., M.D.  
Bowman Gray School of Medicine  
Winston-Salem, North Carolina 27103

Dear Eben:

I wish you success with the "Round Robin Letter."

The Robertson family is presently healthy and well, and everyone is engaged in a gainful effort. Valeria is very active in her Mary Kay Cosmetic business and still is involved in local republican politics. Our oldest girl, Beth, will present us with a grandchild in September, and we are excited.

The neurosurgical program here in Memphis continues to be quite active, and we have no resident openings until 1984. As of July 1, there will be fifteen residents in training here in Memphis, which I really think is too many.

Our basic research efforts continue to be involved in cerebrovascular disease, but we are participants in the Extracranial/Intracranial Bypass Study as well as the Brain Tumor Study Group.

During the last two years, we have put together a not for profit exempt organization called The Pituitary Foundation of America and have had superb support from a number of our Academy members. Basically, we are very interested in establishing a national registry of pituitary tumors, which would allow us to survey the best way to treat them as well as to achieve alot of other information concerning their growth and development. We would appreciate hearing from any Academy member wishing to join the Foundation.

My brother, Jon, is finishing his second year with us and has become intensely interested in laser surgery and has done a very good job using the CO2 laser as well as running a workshop on laser surgery.

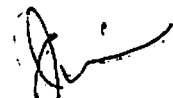
Henry Barnett of London, Ontario, and I have reviewed a series from our two institutions with intracranial carotid stenosis trying to determine how serious a lesion it is. As you know, most of us have focused on carotid stenosis in the neck. We are finding that intracranial carotid stenosis is a very ominous

Eben Alexander, Jr., M.D.  
May 8, 1981  
Page 2

lesion. Indeed, it appears to be more ominous regarding stroke and/or death than the lesion in the neck. Hopefully, we will get our publication out in the near future.

We are all looking forward to the forthcoming meeting in Palm Springs.

Sincerely,



James T. Robertson, M.D.  
Professor and Chairman

JTR:ct

MEMPHIS

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R. L. DeSAUSSURE, JR., M.D.  
JAMES C. H. SIMMONS, M.D.  
MATTHEW W. WOOD, M.D.  
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CHARLES A. CAPE, M.D.  
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May 12, 1981

JACKSON

614 SKYLINE DRIVE  
JACKSON, TENNESSEE 38301

NEUROLOGICAL SURGERY  
JOSEPH P. ROWLAND, M.D.  
H. GLENN BARNETT, M.D.

NEUROLOGY  
JAMES H. SPRUILL, JR., M.D.

Eben Alexander, Jr., M.D.  
Bowman Gray School of Medicine  
Winston-Salem, North Carolina 27103

Dear Eben:

If it is not too late I would like to contribute this to the Neurosurgeon.

The affiliation between the University of Tennessee Center for the Health Sciences and the Baptist Memorial Hospital seems to be strengthening and seems to be going well. For a long time I had tried to promote a better relationship because of the physical proximity of these two institutions and the wealth of patient material which is available at the Baptist Memorial Hospital. Neurosurgery has always played a very prominent role at the Baptist Memorial Hospital and now there is an affiliation agreement between the medical residency and the surgical residency. Heretofore there was a medical residency at the University of Tennessee and one at the Baptist Memorial Hospital and the same was true of surgery, but these two programs are now intergrated and negotiations are underway for psychiatry and neurology. The big stumbling blocks are radiology and anesthesiology, but even here there is a glimmer of hope that movement may be taking place.

As a result of my interest I have been designated Director of Graduate Medical Education of the Baptist Memorial Hospital and appointed Assistant Dean at the University of Tennessee Center for the Health Sciences. I must admit I accepted these positions because of the honor, but I am finding that they take a great deal more time than I had anticipated. It seems that there are a number of jurisdictional disputes among other things which are sometimes very difficult to resolve.

I am also on the Claims Review Board of the State Volunteer Insurance Company which is the doctor owned insurance company of Tennessee. So far this company is doing quite well and I hope it will continue to do so.



Phyllis and I enjoy our two married daughters and their husbands and get a great deal of pleasure out of our one and only grandchild. We try not to spoil him, but this is difficult. Our son is still not married, but he has graduated from law school and passed the bar examination and we hope that he can settle down to making a living.

I must say that I am a little sorry, but not too disappointed that the meeting in Mexico had to be cancelled, but am looking forward to Palm Springs.

With kind regards,

Sincerely,



Richard L. DeSaussure, M.D.

RLD/tlp

College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032

BENNETT M. STEIN, M.D.  
BYRON STOOKEY PROFESSOR OF  
NEUROLOGICAL SURGERY

710 West 168th Street

March 27, 1981

Dr. Eben Alexander, Jr.  
Bowman-Gray School of Medicine  
Winston Salem, NC 27103

Dear Eben:

Regarding a contribution to your "Round Robin Letter" I would like to provide the following information. This has been a most tumultuous year with our move back to New York City and the assumption of the Chairmanship of Neurosurgery at the Neurological Institute. We moved the 1st of November and were extremely fortunate in securing a lovely home in New Jersey which is close to the hospital and of a similar commute to the one we had in Boston. Keeping all options open, however, we did keep our house in the Boston area and are currently renting it. Shortly after returning to the Neurological Institute via a previous committment I had to leave for one week and a half in Bierut, Lebanon to attend the Middle-East Neurosurgical Society Meeting and to renew friendships with one of my former resident colleagues Dr. Sami Nassar who works at the American University Hospital. This was a unique opportunity to have insight into the Neurosurgical practice of the Middle-East and also to see a great deal of the current conflict in that area almost at first hand. Upon returning to New York I have been able to roll up my sleeves and pitch into an almost insurmountable task of making some changes that I feel necessary at the Neurological Institute. One of the major problems that we face is a deteriorating physical plant not only in terms of the buildings' structures but also in the equipping. The hospital is deeply involved in evaluating a possibly new Medical Center some ten years from now, however, our problem is an immediate one being faced with facilities that are almost five decades old. The positive side of this equation, however, is that any effort now will certainly pay dividends in the future hopefully within my lifetime. There are a number of exciting possibilities that we hope to bring about through effort between Neuroradiology, Neurology, and Pediatric Neurology all of which specialties have young Chairmen

r. E. Alexander

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March 27, 1981

looking forward with enthusiasm to the future years at the Neurological Institute.

Dr. Kal Post, who was with me in Boston, has joined me here in New York and otherwise the staff remains much as it was when I left Neurological Institute about ten years ago. The residency program has continued to attract excellent candidates with individuals of a wide background and enthusiasm.

The whole New York scene is still somewhat overwhelming and in my estimation does not provide the gracious lifestyle that Boston did for us for a number of years. Incidentally, Dr. William Schucart will be taking over the Chairmanship at Tufts some time in the late Spring and I know that they are looking forward to his arrival with a great deal of enthusiasm and I am extremely pleased that he was my successor.

Doreen is doing extremely well and finds it also a little hard to adjust to the New York area but enjoys our new home. We did take a week's relaxation to go bare-boat chartering in the Bahama's at the end of February.

We are looking forward to attending the next Academy Meeting unfortunately the last meeting which was held in New York came in the midst of my move and effort to establish myself in New York and I was unable to spend much time at the meeting.

Sincerely,



Bennett M. Stein, M.D.

BMS: jm

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April 27, 1981

Eben Alexander, Jr., M.D.  
Division of Neurosurgery  
Bowman Gray School of Medicine  
Winston-Salem, NC 27103

Dear Dr. Alexander:

Rather than send you a Round Robin Letter simply recounting what has been going on in Durham and with the Wilkins clan, I thought that the members of the American Academy of Neurological Surgery might be more interested in a page of a letter that I received from Dr. George L. Becker following the last Congress meeting. As you may know, George was an officer in the Congress and took part in the activities of the Congress for a number of years.

The progressive rise of travel fares, hotel rooms, meals, etc. have made the national neurosurgical meetings a costly and time-consuming proposition. Another idea that has been voiced has been the wider use of videotaping of neurosurgical meetings so that this form of instruction can be used by neurosurgeons who are unable to attend the actual meeting.

Perhaps other members of the Academy could comment on how we might better arrange neurosurgical meetings to serve the needs of neurosurgeons without making such meetings so time consuming and expensive.

Sincerely yours,



Robert H. Wilkins, M.D.  
Professor and Chief  
Division of Neurosurgery

RHW/jb  
Enclosure

The following is an excerpt of the thoughts of Dr. George L. Becker concerning the Congress of Neurological Surgeons:

"The annual meeting format has evolved into an extremely successful one, nevertheless, the current all-week meeting is time consuming, expensive, and sometimes physically fatiguing.

The modification incorporating concepts used by the Academy of Orthopedics has been found successful. This involves having post-graduate courses on Saturday and Sunday, opening the scientific session, as a unit of the meeting in itself and worthy of the travel to the meeting destination on Sunday. Monday would be devoted to the business of the Society, local tours, and the annual banquet. The annual banquet would take the place of the welcoming cocktail party which has gotten to be a very expensive item.

Having the banquet on Monday would be an advantage in letting people who split the meeting have a crossover day.

Tuesday and Wednesday would be devoted to the bulk of the meeting itself and should provide enough time to give papers to be incorporated in "Clinical Neurosurgery".

People who would have attended the meeting would not be out of their practice an entire week, and those who would come for part of the meeting or the last part would still be able to get back home and get their practice going again."

Frank R. Wrenn, M.D.

We have no up-to-date pictures that are not in color and suitable for reproduction but there have been no major changes in the appearances of Betty nor myself other than for some deliberate weight loss.

This year has proven to be a very eventful year with a busy clinical experience as well as other developments relating to other neurosurgical activities. I suppose the highlight of our clinical experience has to do with the identification of an increasing number of microadenomas of the pituitary, with the establishment of a chronic pain multidisciplinary program and with the identification of late complications 10 to 12 years out of carotid ligations done for aneurysm.

This year also includes the assumption of the Presidency of the Southern Neurosurgical Society. It is I think important that we continually evaluate the roles, goals and missions of the various neurosurgical societies and look at the ways in which they relate to the present structure and function of the AANS. We are attempting to do this in the Southern this year. Needless to say, the designation as President-Elect of the AANS is an experience which I never dreamed would ever come my way. I believe that the same study of goals and missions alluded to above must be made with respect to the AANS. You all will recall that under Charlie Drake's leadership several years ago the Board of Directors spent a great deal of time in New Orleans in attempting to come to grips with this problem and identified a number of issues, some of which interrelate, for which the Association had responsibility and for which it should develop a policy. With the internal reorganization of the last two years these identified issues, some of which were covered in Don Dohn's presidential address, were more or less set aside.

My current effort as Chairman of the Long Range Planning Committee of the AANS is to bring these forward again and to seek to develop a series of positions and policy statements having to do with the objective of the AANS to seek the highest quality of neurosurgical health care for those citizens of this Country who are afflicted with what we define as neurosurgical disease. This is an enormous challenge and perhaps many members of the Academy will be called upon for wisdom and counsel and contributions.

FRW:gs