



THE ROUND ROBIN LETTER  
OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY

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The  
AMERICAN ACADEMY  
of  
NEUROLOGICAL SURGERY

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Your correspondent believes the Texas edition, or convention number, would be incomplete without some comment referable to the state and city we will visit this coming October 4th, 5th, and 6th.

For something of the history of the Lone Star State, your writer suggests the book, "The Alamo" by John Myers. In it one can learn of Sam Houston, who was commander in chief of the Texas army, as well as an insight to the interesting characters of Bowie, Travis, Crockett, and the Mexican Santa Anna, all of whom played top parts in the siege of the famous Alamo. That there is much more to Texas than some of the amusing stories told about its people is appreciated by anyone who has visited their country or had much to do with their sons in hospitals during the past war.

Houston has a population of approximately 700,000, and I am told that almost half of the U. S. oil reserve is within 300 miles of it. I am also informed the Texas Medical Center is some three miles out Main Street on a wooded 160-acre tract and has more than one hundred million dollars for its buildings and development. This large sum of money was part of a gift of Mr. H. R. Cullen, an oil-man who donated \$80,000,000 to education and medical care on one day and then doubled that amount a few days later. I am informed that Houston has approximately 132 millionaires. The \$21,000,000 Shamrock Hotel where we are staying was built by Glenn H. McCarthy, "King of the Wildcatters," presumably because he wanted his home town to have the best.

For something referable to the city of Galveston, your editor refers you to an excellent article in The Saturday Evening Post of November 25, 1950. To quote from one of the paragraphs, "The island of Galveston, with its ample and beautiful beaches, lovely esplanades and humming port, its great medical school and ducal first families, is a never-never land which is, to a considerable degree, a law unto itself. It has long been spoken of as 'The Free State of Galveston,' and mainland Texans, on arriving there, have a pleasant feeling of having entered a semiforeign land. The Medical Branch of the University of Texas, at Galveston, is, on the basis of its present entering class, the second largest medical school in the nation."

Very probably some of these above statements have been distorted by the usual tendency of magazine writers, but they are otherwise accurate. Your editor believes it was a wise choice on the part of our hosts to exclude Galveston from an active part of the program believing that with two cities involved there is apt to be confusion and prolongation of the program which would be to its detriment. In this manner, one can visit Galveston at his leisure and probably enjoy it far more.

E. H. Botterell (June 11, 1951)

"It is kind of our secretary Dave Reeves to have reminded me of the necessary constitutional moves with regard to the nomination of Sir Geoffrey Jefferson as an Honorary Member. I have not started the machinery turning in this direction, for I feel that there should be a substantial

measure of agreement amongst us before initiating such a move.

"Hence I am awaiting this month's Round Robin with interest, and in hopes that guidance will be forthcoming. "

Editorial Comment:

Your correspondent continues to believe it desirable to have more honorary members of the society, and he believes it is merely a matter of time before others come to this realization and that such is accomplished. Just how long that will take is what some people speak of as a moot question.

Frank H. Mayfield (June 12, 1951)

"Of interest, clinically, is a case of diastematomyelia on a child of four, who had shown progressive paralysis of the legs. Removal of the spicule of bone which was at the level of the fourth lumbar vertebra and section of the filum terminale has been followed by rapid return of function in the legs and improvement in bladder control.

"In addition to this, we have had an unusual run of intracranial aneurysms in which, for the most part, we apply bands to the carotid and prayer to the Almighty. We have had three most satisfactory results with intracranial attack and a slightly larger number of catastrophes.

"On the brighter side, however, we have successfully extirpated cavernous hemangiomas of the brain in three patients by electrocoagulation. I shall try to have these data presentable for Texas.

"I still recall the delightful meeting in Rochester. We reminisced about it with George Baker and his family when they came through here for a visit recently and will again later, when we stop over in Rochester to pick up the Mayfield children who will be boarding out at the Baker farm for a week.

"I regret missing the Cushing Society, but the dates coincided with a meeting of the Ohio State Medical Association in Cincinnati. Since I was president of the Academy of Medicine of Cincinnati, I had to stay home.

"Just returned from a brief visit in Richmond, Virginia, where I attended my 20th Annual Class Reunion and had an opportunity to visit with Dr. Coleman, Meredith and Charles Troland. Dr. Coleman retired on June 1 as Director of the Department and it is presumed that Meredith will succeed him.

"In recognition of Dr. Coleman's long and able service to the School, an honorary degree of Doctor of Science was conferred upon him at the graduation exercises.

"Queenie and I look forward to seeing you in Texas. "

Editorial Comment:

Frank has given his usual news-worthy and interesting contribution to our journal.

Donald D. Matson (June 14, 1951)

"Members may be interested in what I feel is a very real and so far unreported complication of aureomycin therapy. I have personally seen 8 or 9 babies in the last year, and have had 4 or 5 others reported to me by local pediatricians, who have developed sudden marked increased intracranial pressure from 2 to 10 days after aureomycin therapy was started, usually in treatment of some form of upper respiratory infection. The anterior fontanelle bulges in a most alarming manner, the babies are irritable, may vomit, and refuse to eat. Subdural taps are negative, but ventricular and spinal pressure is elevated. The fluid is in no way abnormal. The aureomycin dosages have been standard and there has not been an unusually high titre in the spinal fluid. Within 24 hours after withdrawal of the drug all symptoms and signs have disappeared, and the babies have appeared normal.

"I have no explanation to offer other than to suggest that some patients must be specifically sensitive to this drug. I have seen one case also with terramycin. The onset and relief of the increased pressure are very dramatic. I wonder if the same thing may occur in adults whose fontanelle is not visible. Certainly malaise and gastro-intestinal symptoms are common with aureomycin therapy in adults."

Editorial Comment:

This observation by Don is a valuable one and no doubt others have experienced a similar reaction and is certainly one to be borne in mind.

Eben Alexander, Jr. (June 12, 1951)

"I am not sure quite why I ever delay in sending in my contribution to the Round Robin Letter since I do enjoy it a great deal and feel that it is something that should be continuously sponsored as you have done in the past. In the pressure of work, however, one sometimes puts such letters aside thinking that with more leisure time a better letter might be written later on.

"When I had the opportunity of talking to Harry Botterell in Miami at the Harvey Cushing Society Meeting, we discussed at some length the treatment that he and Dr. Gallie have for a number of years been carrying out in paraplegic patients with fractures and dislocations of the spine.

"Their policy has been that of reducing dislocations and fusing the spine whenever there is a significant dislocation which will not hold in position, even though the patient will likely be permanently paraplegic. Of course, this is only done after the patient's general condition permits such a procedure but I believe by that method, the patients have been rehabilitated in about half the time it has usually taken patients to begin brace walking.

"We have done a number of those cases here, small by comparison to the number that the Canadians have done, but enough to convince us that this is, in selected cases, a highly desirable method of treatment. We are trying to get our material together now so that we will have enough data on which to base any tangible conclusions.

"Our general work continues to be so active that it is almost more than one can handle at times. The predominant problems are associated with tumors with, of course, the general run of severe head trauma."

Edmund J. Morrissey (June 14, 1951)

"Just about the same routine as usual -- head injuries, brain tumors, dislocated intervertebral discs, and an occasional spinal cord tumor and peripheral nerve. We have had a few interesting cases.

"One I mentioned to you previously, a woman, rather stout, aged 55 years, who had absolutely all the symptoms and findings of root pressure from a dislocated intervertebral disc except for lack of pain on coughing, sneezing, or straining. In the examination we felt a mass in the gluteal region, and at operation exposed a tumor of the sciatic nerve. From now on, the gluteal region of all patients with root symptoms will be carefully examined, especially if there is a lack of pain on coughing or sneezing. Incidentally, a tumor in the gluteal region of a stout female can be easily missed.

"We have also recently had three cases of extra-dural hemorrhage in children, which I had previously thought were rather rare. The ages varied between 1-1/2 and 8 years. In all the cases, the symptoms came on very rapidly and the one diagnostic sign outside of the rapidly increasing stupor and other signs of increased intracranial pressure was a dilated pupil on the same side as the hemorrhage.

"I see Howard Brown and Ed Boldrey occasionally, and we are all looking forward to the meeting at Houston."

William S. Keith (June 15, 1951)

"A few years ago Dean Echols reported a case of phantom limb pain, treated by excision of postrolandic cortex. If I remember correctly, from discussing this with him since, there was some return of pain after perhaps three or four years.

"Dr. Boyer and I have had an experience with a man who had his arm torn off in 1945. Almost immediately he had a burning and cramped feeling in the phantom hand. Three years ago, a high cervical cordotomy was done, and although this made his stump comfortable, it made the phantom pain worse if anything. In December, 1950, the postrolandic cortex was exposed and the arm and hand area was marked out; a generous and fairly deep resection was done. While the vessels were being clipped, his phantom dropped down to his side and disappeared. At the end of three and a half months, there was slight recurrence of sensation in some of the

digits, but this was almost painless. We hope, of course, that he will get some considerable and sustained benefit. I suspect that if things go well with him in matters of employment, etc., the relief will be more complete and lasting.

"More recently, a man with phantom leg pain was persuaded to return to a sedentary job after three lumbar sympathetic blocks. Each of these gave him increased discomfort for twenty minutes, or so, and each one then gave him progressive relief from his pain. Before these injections he had refused to consider going back to work until he got some relief."

Editorial Comment:

We would be interested in learning from Bill the status of these cases when we see him at our Lone Star State meeting.

William B. Scoville (June 15, 1951)

"Here is my usual belated response to the Round Robin Letter which you have brought to full blossom, even to its slick format, as Time would put it. I pass on for what they are worth these stray gleanings from our past three months of cases and hope for some comments in response.

"1. We now use thorotrest rather than diadrast in our angiograms on patients over 50 or patients in whom there is a possibility of cerebral thrombosis or impaired circulation.

"2. Ulrich of Ulm, Germany is sending us a new set of brain clip applicators for trial which he designed with me this past summer for use in clipping circle of Willis aneurysms. The applying forceps are slightly angled at both the handles and also at the tips to permit vision within a deep hole and the clips are twice as wide and one-third again as long with a slightly heavier gauge silver for use in larger arteries. He has already shipped them and I can report as to their success by the next Round Robin Letter. He manufactures many ingenious instruments at approximately one-third the cost of American instruments. I believe the duty is some fifty per cent. One object which we have purchased has been several articulated lower spines including the lower three lumbar vertebrae and sacrum at a cost of \$7.50, one of which we keep in each examining room in order to demonstrate the anatomy of ruptured intervertebral disks to those patients so unfortunate as to get within our clutches.

"3. I am particularly intrigued over the possibilities of a new form of decompression which I plan to try out in future terminal cases of hypocalcemic herniation in head injuries and/or ruptured aneurysms. Such cases which are admitted with or develop stertorous Cheyne-Stokes breathing and unilateral dilated fixed pupil as heretofore allowed to die in peace unless we could find a cerebros or sizable cerebral clot. Last week Ben had a case of ruptured aneurysm with a moderate hemorrhage within the left temporal lobe which was partially sucked out with temporary improvement. Five days later she again blew up with pressure with return of a dilated fixed pupil, Cheyne-Stokes breathing and moribund condition. In

his absence the resident and I carried out an extensive subtemporal decompression without finding any new hemorrhage but an extremely swollen temporal lobe and instead of chopping off the anterior tip of the temporal lobe; splitting the tentorium or backing out we did a horizontal lobectomy of the temporal lobe beneath the temporal horn, carrying it from the tip posteriorly to the occipital lobe and angling upwards and medialward just beneath the temporal horn until we came out medially at the hippocampus and at the edge of the incisura. Resecting the inferior temporal lobe in this manner actually removed the hippocampal herniation, gave an excellent decompression and gave a complete view of the incisura which anterior temporal lobectomy cannot do. We then tore through the arachnoidal cistern along the incisura connecting the temporal lobe with the peduncular cisterns and there was immediate gush of spinal fluid coming up from the inferior to the tentorium and prompt improvement in the patient's vital signs. Providing one keeps beneath the temporal horn I believe there should be no appreciable neurologic deficit and the procedure in this one patient was a life saving one. "

Editorial Comment:

Bill's inferior temporal lobe procedure is an interesting and daring one, and I believe all of us will appreciate hearing of other experiences in this respect before embarking on it ourselves.

Robert H. Pudenz (June 15, 1951)

"During the past six weeks I have been actively engaged in the practice of law by remote control. The famous pantopaque case that most of the men in the Academy know about has finally come to trial after a period of four years and it has been necessary for me to attend practically all the sessions. I do not know if any of our colleagues have had this unfortunate type of experience, but sufficeth to say that it is anything but pleasant. During these past six weeks, I have made several observations concerning our modern legal systems. I am utterly convinced that trial by jury in a highly technical case is absurd. Can nine housewives and three retired gentlemen be expected to know the various technicalities and terminology involved in a medicolegal problem? How much better to have a trial before a judge who could call in his own experts. Second, it seems that the object of the plaintiff's attorney is to keep the jury in a state of confusion by prolonged questioning on minor and unimportant details. Third, having seen the caliber of expert witness that has been brought in to testify against us, I realize that anyone practicing medicine is vulnerable in practically every one of his cases. I have come to realize that the only safe way to practice medicine is to wait until the patient is in extremis before carrying out diagnostic or therapeutic measures which have any degree of risk. The trial, however, is going along well and we hope that within the next two or three weeks it will reach a successful conclusion.

"From the standpoint of neurosurgical observations, we have come to realize that the nervus intermedius may be an important factor in many of these cases of atypical facial pain. At the moment we have a

middle-aged woman who formerly had typical second and third division tic douloureux relieved for three years by total division of the motor and sensory roots of the trigeminal nerve through the posterior approach. Prior to our carrying out the above procedure three years ago, she had had two attempts to cut her fifth nerve through a temporal approach by a neurosurgeon in Los Angeles, both of which were unsuccessful and left her with a facial paralysis. Her present pain is not sharp and stabbing like tic pain, but rather burning and vaguely localized to the entire left face but nevertheless precipitated by maneuvers that formerly brought on her attacks of tic. Curiously enough, where she had a total trigeminal anesthesia following our procedure three years ago, she is now able to feel pain throughout the entire face and has a preservation of her corneal reflex. Blocking her facial nerve at the stylomastoid foramen has relieved her pain whereas blocking the greater and lesser occipital nerves and sphenopalatine ganglion has been ineffective. We plan to block her stellate ganglion to determine what effect this has on her pain. We would be interested in learning if any of the other men in the Academy have had much experience with the nervus intermedius.

"Hunter joins me in sending best wishes to all."

Editorial Comment:

Your editor is following Bob's first letter by his second, the tenor of which is obviously in a happier vein than the first and shows that all is well that ends well.

Robert H. Pudenz (August 7, 1951)

"Our malpractice trial went to the jury on Thursday, July 26, and after one hour and fifteen minutes they brought back a verdict which completely cleared us of any responsibility. This is a real blow for freedom. If we had lost this trial, it would have made it difficult not only to do myelograms but even spinal anesthesia and perhaps lumbar punctures. Our attorneys talked to the jurors afterwards and they stated that the one thing that impressed them in the trial was the high caliber of our expert witnesses in contrast to the very poor type of expert that the plaintiff produced.

"In retrospect I would say that no matter how much we gripe about our high rates of malpractice insurance here in California, they are dirt cheap when one becomes involved in a situation like this. The only way to practice medicine these days is to have extensive coverage and then practice to the best of one's ability.

"This coming week I am leaving for a three weeks' vacation at Murray Bay and hope to visit old friends in Montreal. Mary Roach is temporarily working for us at the Huntington Memorial Hospital but plans to return to Montreal at the end of the summer.

"Looking forward to seeing you in the near future, . . . ."

Editorial Comment:

After Bob has made it possible for all of us to continue using

opaque media for diagnostic purposes I have often wondered why more of us have not had trouble with such substances. I recall a case in a nearby community in which sodium morrhuate was erroneously injected in place of pantopaque. Surprisingly the patient had very residual -- for just what reason I am unable to imagine. One cannot help thinking about the risks we assume daily and assume so lightly.

Harvey Chenault (July 6, 1951)

"In addition to congratulating you on the new format of Round Robin Letter, I think I had better congratulate you on your method of getting response out of your unresponsive correspondents. I find that there are some most interesting pages missing from the last letter and I am most anxious to see them. If you don't have another copy I will give you my word I will return your copy as soon as I have read the missing pages.

"Nothing of interest to report except feeling a little more comfortable about angiograms, not having the worrisome complications for a good while now.

"Would very much appreciate a peek at the missing pages from the last Round Robin Letter. Congratulations on your work in it."

Editorial Comment:

Your correspondent had no intention of leaving out any pages from the last Round Robin Letter and was surprised to discover it in the letter by Harvey Chenault, as well as from others who wrote subsequently. He is pleased to note that the letter was read sufficiently to have this omission noted. Those writing concerning it were sent a copy containing the missing pages and every effort will be made to avoid a repetition of this in the future.

Arthur R. Elvidge

"Thank you very much for your letter of May 29th. I have a very guilty conscience for not having contributed for so long to the Round Robin. I find that I am generally either too early or too late to catch it, and have to let it go by. However, the Round Robin has developed into a very important communication and feel that if it continues at the same rate that it will have to be published as a journal of the Academy of Neurosurgery.

"It was a treat to fly down to the Harvey Cushing meeting after a rather sunless and busy winter. The highlight of the meeting was Rupert's description of lion hunting in Arizona. The less scientific papers were many and varied, and except for the expected advances and changes in physical methods I did not feel that there was anything particularly new. However, it was a very good and interesting meeting. I had two days sea-bathing in Nassau on the way home. I was allotted for the first time the back seat on the plane next to the stewardess which pleased me not a little.

"On the clinical side I have nothing outstanding to report. Aneurysms and related problems seem to be very common. Three weeks

ago I clipped the base of an aneurysm of the middle cerebral artery. Fortunately it was possible to preserve the main trunks so that there was no residual paralysis. In a second case of a large aneurysm probably arising from the junction of the internal carotid and the posterior communicating arteries which was causing some focal pressure symptoms and signs but which had not ruptured I settled for ligation of the common and external arteries. Her main complaint was drowsiness. Another patient had an elongated dissecting aneurysm of the middle cerebral. He preferred to go without any operative procedure although he had had one good haemorrhage. Some seem to develop their second haemorrhage about the third week after the first if they are going to have a second soon. I had two other cases of intracerebral haemorrhage in which the source of bleeding was from the junction of peripheral branches of the middle cerebral artery, and which I believe represented very minute aneurysms such as were reported at the last Harvey Cushing meeting. One of these patients is back at work; the other in whom the haemorrhage was on the left side is partially hemiparetic but has made a fairly good recovery from an aphasia. Because of one or two bad results thought to be due to Diodrast, Dr. Penfield was anxious for us to try Norwegian nykotrast which I believe is chemically the same as diodrast. So far I note no particular difference in the clinical reaction, but I must say with the 35 per cent diodrast I have had no particular personal trouble except for one older man whom I thought might have had a heart attack following an injection from which he recovered. When I used to use diodrast in higher percentage, that is 40-45 per cent, cortical irritation was relatively common. I have not used papaverine as recommended by Uhlein and others to prevent vasospasm. In the last week we encountered what seemed to be a case of angiospasm or partially blocked segment of the middle cerebral artery in a strange case of clinical migraine which in the last few years was associated occasionally with subjective numbness in the arm and some degree of aphasia. The angiogram showed the same defect in four different films. I have found some more cases of glioblastoma multiforme with long survival. They were removed with the old-fashioned finger removal method which I always employ.

"I would like to know where Dave and Eric get all the bilateral 8th nerve tumours. Some fourteen years ago I removed eight tumours at one sitting from the posterior fossa which included neurofibromas of the 8th bilaterally, of the 10th bilaterally, of the left 6th and a small one on the left 5th and also one very small one of the 1st cervical nerve root on each side. Physical recovery was reasonably satisfactory. The main difficulty in this case was one of rehabilitation largely because of bilateral deafness. It took a considerable period of time before he could accept his disability. He is now I believe employed as some type of orderly in one of the local hospitals. I had an interesting case of cervical rib recently with symptoms going on for some three or four years. Following simple scalenotomy symptoms disappeared immediately. I do not often see these cases now and was quite surprised with the rapid disappearance of the symptoms. She had, for one thing, quite a marked ulnar motor paralysis before operation and on the day following all movements had returned though of course not of full strength. I might mention that my internes have just completed a ventriculo-peritoneal

shunt after the manner of Cone in a three week old infant, and the result to date has been very satisfactory. I believe that when the child is somewhat older I will consider doing some type of third ventriculostomy or perhaps intubation of the aqueduct according to what the ventriculogram shows at that time.

"I would like to say how much I enjoyed the last two meetings of the Academy both at Portland and Rochester. Every year I feel that the meeting is the best one that we have ever had, and I am looking forward very much to the one in Texas which I think is a most happy choice. Perhaps at last I shall find my pyjamas at Houston. I hope Dave will put a little pressure on the Society to have it meet in Santa Barbara in the not too distant future. I also think that New York City, Banff and Mexico City would also be ideal places to have the meeting. On the administrative side I see no reason at all for lengthy business meetings. The purpose of the Society should be neurosurgery and I see no relationship between that and politics. The group is already a large one. The sociability of the very small group will not be lost and there will no doubt be much pleasure and much exchange of scientific information in the middle-sized group which we now are. There is not much use trying to place too rigid limits on size. Time marches on and progress is necessary for all at all stages and I may say at all ages. I think that voting now should be as simple as possible. The complicated methods already employed do not improve the screening and leave too much embarrassment. With the larger group of course scientific achievement should be the most important criterion for admission. I would suggest some such scheme as the following: 1. The Society should decide how many new members they want to bring in the following year. 2. A list of eligible candidates should be circulated six months before the next meeting. 3. The members could indicate their choice of the required number on the list of eligible candidates by mail ballot. Those obtaining the highest mark should then be formally and quickly elected at the next meeting without further discussion, although it could still be possible to eliminate an undesirable or one that has in the meantime become undesirable at the meeting by a simple vote.

"Inasmuch as the group is now sufficiently large, qualification should be based on scientific attainment rather than on personal likes and dislikes.

"As regards the question of honorary members I see no special reason for having a great many as yet in the Society though perhaps we ought to. I think that our two honorary members should have been made active members in the first place, and I feel that their appointment was something very special, and that they have been especially close friends of all the members of our Society. Having made this statement I note that the Scandinavian Neurosurgical Society of which I am now a corresponding member have in fact more corresponding members than active members which is quite interesting to note, however, I am not prepared to develop any particular line of thought in this direction at the moment and time is running out again if this is to catch the Round-Robin. I must just add as another stage that those candidates who failed on the first occasion should be renominated by their

sponsors for a second trial at the following annual meeting. If they fail to get in then I think their names should be dropped with the possibility that after a certain number of years, two or three years, and with a certain number of sponsors they might possibly be brought up again.

"Now Dave, I do not expect that you will incorporate any of this rather fanciful discussion in the Round-Robin letter but in any case I have done my best and my conscience is clearer. I am trying to get my work cleared up this month so that I can go to the Canadian Neurological in Toronto, the American Neurological in Atlantic City and some portion of the Canadian Medical in Montreal, and also to arrange some sort of a trip in July.

"With very best wishes to yourself Dave and congratulations on the wonderful job you are doing with the Academy Round-Robin, and as I intimated I think we should now have an Academy Journal of Neurosurgery."

#### Editorial Comment:

Your editor believes that Arthur's very interesting and, as usual, entertaining letter contains much food for thought and much of considerable interest. Your correspondent doesn't know of anyone who has been more sincerely interested in the Academy than Arthur, nor can he recall anyone who personally has brought as much pleasure and happiness to the members generally by his uncanny wit and activities.

#### Rupert B. Raney (July 26, 1951)

"Presumably like everyone else, I am looking forward to the coming meeting in Houston. I am sure that we will be served with an excellent program as well as hospitality, for which the South is famous.

"As mentioned some time back regarding candidates for admission to the Academy, I think it would be wise if the sponsors would make some mention with respect to their candidates so that the rest of the society would know a little bit more about them. It is very difficult to get acquainted with prospective candidates during the short time of the meeting, since interests are usually pretty well divided in meeting new prospective members and enjoying the friendship of old members.

"For the past two years I have sponsored two prospective members. I believe that most everyone is pretty well acquainted with Jack French. He has attended three consecutive meetings and is very enthusiastic about the Academy, which I think is an important requirement for membership. His scholastic achievements speak for themselves. He is a very sociable person and in the several years that I have known him he has measured up to the highest standards.

"Doctor John Eisenbeiss of Phoenix is also a very competent neurological surgeon. He is well established in Phoenix and has attended, I believe, two or more meetings. He has a very charming wife and like Jack French, if acceptable to the society, would make a valuable addition. Further,

he would make a good geographic representative of the Southwest.

"It might be mentioned in passing that John Green is also in Phoenix and, in my opinion, should receive serious consideration from the Academy for membership. He has all of the scientific requirements that could be desired. In addition, he is a very charming host and has a very charming wife. Any members of the Academy who might in the future visit Phoenix will find both John Eisenbeiss and John Green and their respective wives wonderful people who will put themselves out to see that visiting firemen are properly introduced and that they have a good time. John Green attended one meeting, I believe, at the invitation of Gustafson, who I presume did not follow up on the invitation because he felt that he was not in the proper geographic locality to make him eligible to offer the invitation. I am this year inviting John Green and his wife to the meeting along with John Eisenbeiss. If Gustafson would like to propose him for membership, there is nothing that I would like better than to second the proposal.

"The Academy might wisely at some time in the future have a meeting in Phoenix. The Arizona Biltmore is a beautiful hotel and a wonderful setting for a meeting. Further, they have adequate accommodations to handle us. Harry Boyle, the manager, whom I have known for many years, told me that they never took conventions at the Biltmore but if we desired to have a meeting in Phoenix he would open the hotel two or three days earlier and take care of us. The hotel opens about the middle of October."

#### Editorial Comment:

Your correspondent would like to second everything Rupert has to say about the candidates in question that he discusses in his letter. Your correspondent also would like to mention that George E. Roulhac is a very attractive and able person and has a most charming and attractive wife, both of whom are well liked by all who made their acquaintance. Wally Ritchie of St. Paul has been known by your correspondent for many years. He and his wife are very attractive people and any organization should be justly proud of their membership. Tom Ballantine also has been known by your editor for many years, and I have always liked him considerably and thought he would be a welcome addition to any organization.

S. R. Snodgrass (August 2, 1951)

"We just returned from our vacation yesterday and it seems so hot here that it seems we got back too soon. However, it would have required another couple of months to have noted any change toward coolness and that is obviously out of the question.

"In the hope that this will reach you in time for the Round Robin Letter I am typing this out at home and have been unable to find your street address. I hope that its absence will not materially delay your receipt of this. Getting letters without a local address is one of the advantages of living in a smaller city like this.

"After much discussion everyone agreed that it would be best

not to have part of the coming Academy meeting here in Galveston. I would have welcomed such an arrangement and believe that the members would have enjoyed being here if there had been sufficient time available to allow them to see some of its attractions. Galveston is for Texans the chief vacation spot in the state and it functions chiefly as a summer resort with the beach being the chief attraction. Fishing on the off shore reefs is always fairly good but there is little chance for tarpon or sailfish as late as October. The local nightclubs and gambling spots have been somewhat in eclipse recently on account of an investigation by the Crime Investigating Committee of the Texas Legislature; with its adjournment I understand conditions are returning toward normal and should be so by October. There will be plenty of hotel space available here in October and I hope that many of the members will make the 50 mile trip down to Galveston and spend a few days here before or after the meeting. I will be glad to arrange any fishing trips desired, make hotel reservations and send additional information including details about transportation to anyone who will write me directly. If a sufficient number will come down perhaps some activity such as a beach party or barbecue could be arranged.

"Hoping that you and a good number of others will wish to come down and will write me, I am....."

John M. Meredith (August 6, 1951)

"The indefatigable Dave is again rounding-up "copy" for the "Lone Star State Convention Number," or so he informs me. We have had a number of severe head injuries in recent weeks, and have utilized tracheotomy now and then in those cases that have a large amount of mucus in the tracheo-bronchial tree that is inaccessible by the usual methods of postural drainage etc., as emphasized recently by Dean Echols. I am becoming more and more convinced of its value in the occasional case of severe brain injury. In the last case (a young 17-year-old male), there was a marked degree of inspiratory difficulty incident to a brain stem injury: rapidly relieved with early return of consciousness, following tracheotomy.

"Several months ago we had a colored man, aged 32, with a large left parietal subdural hematoma; his plain skull films, both AP view and the left lateral view, showed thinning and actual erosion of both skull tables directly overlying the clot. At first we thought we were dealing with a primary bone lesion of the skull (tumor or softening). He made a very satisfactory early recovery from the operation; presumably the marked X-ray bony changes in the skull were entirely due to a chronic subdural hematoma directly underlying it, a rather unusual finding in adults, in our experience.

"Recently we had a very unusual type of post-operative infection due to proteus vulgaris and pyocyaneus organisms. After removal of a large left basi-frontal meningioma as large as one's fist, a cerebrospinal fluid leak developed in the wound and the above organisms were cultured from the spinal fluid. They proved insensitive to all the usual antibiotics and we finally obtained, through the kindness of Burroughs-Wellcome & Company, Tuckahoe, N. Y., a generous supply of Polymyxin B (aerosporin) which is

very effective against these organisms. She has markedly improved after several days' administration of the drug intrathecally and intramuscularly, although not yet "out of the woods." The spinal fluid culture now yields no organisms. I would like to pass the source of the drug along to any others who may need it for these unusual infections. The manufacturer has been both generous and very expeditious in supplying us with the drug free of charge by air mail.

"We are looking forward with great anticipation to the meeting of the Academy in Texas in October. "

Editorial Comment:

This comment of John's concerning the problem of infection and the use of the new drug is an interesting one. Apropro of subdural hematoma your correspondent about a year ago removed an infected subdural hematoma successfully and without untoward sequelae -- the first he has ever experienced.

Donald F. Coburn (August 8, 1951)

"Your last round robin was a nice one and the cover was most attractive. However, my copy was short two pages and it may be because you decided to delete the part that had a letter which I sent in printed on one of those pages.

"Have nothing special to report at this time. Max and I are waiting to get started this weekend to get out of the hay fever which has begun and I have written Ted Rasmussen that I do not expect to make the meeting at the Shamrock because I doubt that I will be back from the north country by that time. I certainly hate to miss it as I have never had the pleasure of being in Houston and hate to miss seeing all of the members and guests.

"My best for a wonderful meeting. "

Editorial Comment:

Your correspondent corrected the Round Robin Letter which was short two pages. Also, he regrets that we will miss the pleasure of Max and Don at the next meeting.

Homer S. Swanson (August 2, 1951)

"I am sorry that I have been so delinquent in reference to the Round Robin Letter. This is due to my eternal procrastination rather than to any lack of interest since we have enjoyed immensely each issue and wish to take this opportunity to congratulate you upon your editorial ability. I have been intrigued by the front piece of the last letter and by the fact that three of the four gentlemen shown thereon resemble our postoperative cases with reference to hair distribution. I am wondering whether this is due to lack of ink on the part of the artist, whether baldness is a pre-requisite for membership, or whether these gentlemen are symbolic of our patients.

"Within the past year we have had the disturbing experience of encountering two patients with multiple histological brain tumors. One lady

in her sixties presented a semi-comatose state (which is not at all uncommon in our experiences in this part of the world) and with an odd story dating back either three years or three months. She obviously had a right frontal en plaque meningioma, but this was no more than three centimeters in diameter and its removal only temporarily improved the situation. At the end of a week when she again began to exhibit stupor, ventricular air studies were carried out and disclosed a deeply situated right occipital lobe lesion which turned out to be a Georgia meningioma (glioblastoma). We had no more recovered from this shocking experience when we were presented by a second case whom Dr. Fincher had operated on some seven years before, at that time removing incompletely a right temporal lobe cystic astrocytoma. A second approach had been attempted four years prior to his death and with recurrence of symptoms it was not deemed advisable to reoperate the patient since there had been a distinct change in the histology of his tumor between the two operations. At the time of autopsy we were more than somewhat disconcerted to discover that this man had not died as a result of recurrence of his right temporal lobe astrocytoma, but rather that he had a very large right parieto-frontal en plaque meningioma. This lay beneath Dr. Fincher's exposure so that it obviously could not have been missed at the time of operation four years ago. Not only are we confronted here with an extremely high incidence of glioblastomas, but our luck is further complicated by the fact that when we do encounter the rare meningioma our patients are ungrateful enough to have a glioblastoma tucked away which ultimately defeats our efforts.

"We are looking forward with a great deal of interest to the meeting in Houston and I hope that the program committee will take your suggestion seriously and prevail upon the men from Boston to lead the choir with reference to pediatric neurological surgery. Certainly our efforts along pediatric lines have been discouraging since we are blessed with a tremendous number of medulloblastomas. Statistically I suspect that Dr. Fincher and I lead the country in incidence of glioblastomas and medulloblastomas. It must be something in the air here or perhaps the way we say "you all".

"With warmest personal regards. . . . ."

Editorial Comment:

Homer's comment referable to his experiences with gliomas is a most unique one in my experience.

William Beecher Scoville (August 13, 1951)

"You already have my usual tardy contribution from last time, and now this past month's titillating observations and unreliable conclusions are:-

"1. Nine-tenths of our metastatic tumors to brain and spine this past year have been in men. We are surveying the past 20 years to see if this is significant.

"2. At long last, Ulrich of Ulm has made up oversized silver

clip applicators for use in aneurysms of the Circle of Willis which Ben or I will try to show at the meeting. His products are extraordinarily reasonable.

"3. Tracheotomies save increasing numbers of lives on our head injury service, and we have done some forty or fifty in the past three years.

"4. What we call Glenn tubes, an empty cigarette drain, with 2 cc of mercury tied in the bottom, inserted in the stomach through the nose in all patients comatose over three days, have certainly been a vast improvement over Levine tubes and are easier to insert provided the patient has any swallow ability whatsoever.

"5. We are delighted with Exum Walker's method of keeping the patient from sliding using the footboard under the buttocks when doing cerebellar angle operations on the patient's side. We are using it routinely for acoustic neuromas and angle rhizotomies, putting the patient completely on his side with the head flattened but the body tilted. We have not been happy doing posterior fossa operations in the upright position because of too much dependent bulge of the cerebellum and two cases of supratentorial subdural hematoma from "hanging on the bridging veins."

"6. Ben and perhaps I will certainly be at the meeting. We have just taken on Rembrandt Dunsmore in association with us, a far more learned and mature chap than ourselves, so perhaps we both can come."

Wallace B. Hamby (August 13, 1951)

"The thirteenth meeting of the Academy approaches rapidly and we all anticipate an enjoyable visit with our Hosts of Houston and Galveston.

"Round Robins and letters to the Executive Committee frequently express hope that we will not be overburdened with long Executive Sessions on this occasion, a wish frequently echoed by your current presiding officers. A bit of preliminary thought may smooth the way.

"You have received notices from the Executive Committee of a proposed change in the Constitution concerning compulsory attendance at meetings. This will be presented for vote as a motion. Many feel that the Academy has outgrown the necessity of compulsory attendance. If each of us will review the matter in his own mind, only a short discussion of the motion will be necessary.

"Election of members always is our greatest hurdle at meetings. The Constitution specifies: 1) that the Executive Committee shall recommend the number of men to be elected at a session; 2) that a preferential ballot shall be used; and 3) that to be elected a candidate must have approval of 80 per cent of the members voting.

"The members have rarely approved of the Executive Committee's choice of number however carefully it has been determined. This year, therefore, you have had the opportunity to vote on this question by

mail in advance. This consensus will be offered for your official approval at the meeting. This need not and I hope will not be the occasion for long debate over individual preferences; a preferential ballot requires a predetermined limit on the number of candidates who will be elected.

"The Secretary has furnished each member with a resume of the candidates' qualifications. At the meeting an opportunity will be given the sponsors of each candidate to say a few words on his behalf. The ballot will be printed in advance with candidates names in alphabetical order. The mechanics of a preferential ballot demand that the voter grade the candidates in order of preference. The fact that you might grade candidate "R" with a 1. and candidate "B" with a 5. is no act of exclusion of "B" on your part; if enough members prefer him, he will get in. The only act of exclusion in which a voter can indulge is to write "no" after a candidate's name in the second column of the ballot. Each successful candidate must be approved by 80 per cent of us.

"Were there no predetermined number to be elected, all receiving 80 per cent approval would be elected regardless of the length of slate. As it stands, however, only the predetermined number of the most preferred will be elected.

"I hope this explanation will be excused, but it has appeared that inexperience with the method has been the cause of most of our previous loss of time and temper in ineffectual debate. At present, this is our Constitutional method of election. Please cooperate and it will go smoothly. If you dislike the method, do not argue about it at this meeting; propose a change in the Constitution for the next.

"I hope that all of you are having a good summer and are keeping the arteries supple. Hellyn and I shall look forward to seeing everyone in Houston."

**Editorial Comment:**

Wally has outlined the important features of the business problems for our coming meeting, and I am sure if we follow through in this way things will run smoothly and we will have a minimum of toil and trouble.

Hannibal Hamlin (August 15, 1951)

"Grateful appreciation is expressed to the editor of the Round Robin and the other officers of the Academy for their excellent administration of affairs. New England hopes to have full representation at the convention. Query from wives: Is Houston a hot country in October?"

**Editorial Comment:**

Houston is a hot humid country in October. Note: People from Texas, please do not send poison by mail or other channels.

\* \* \* \* \*

Do you remember that song: The rabbits rush about the brush,  
deep in the heart of Texas?

\* \* \* \* \*

Alfred Uihlein (August 14, 1951)

"I have very little to report of interest for the next Round Robin Letter.

"Work is going on as usual and has been more enjoyable this summer because of the lack of hot weather.

"I am doing some investigative work right now on a new Belgium product, Angiopac, in cerebral angiography and I hope that this substance will not prove irritating and will be a better contrast media than diodrast.

"I tried to save a man with an aneurysm of the anterior communicating artery that had ruptured into the frontal lobe and ventricle, but even though I was able to isolate the aneurysm with silver clips he did not make the grade. I wish I could have as good luck as Scoville and some of the others, but in my experience surgical approach to these lesions is still mighty hazardous."

Editorial Comment:

It seems to your correspondent that Doctor Poppin's conservative attitude about these lesions, after some two years' experience with them, would indicate that surgical treatment of them still leaves much that is to be desired.

John Raaf (August 21, 1951)

"Your request for another contribution arrived just before we took off for our annual week at a friend's cattle ranch in Eastern Oregon. We make this pilgrimage every year for his cattle round-up. I suppose one would call it a vacation, but after a week of getting out of bed every morning between 2:30 and 4:30 a. m. (depending on the length of that day's ride) I began to wonder. I used to think a neurosurgeon's life was about the toughest, but that of a buckaroo doesn't smell like roses. However, a trip of that sort is good for a doctor's wife. She comes to realize there may be situations even worse than being married to a neurosurgeon.

"Plans for the third annual meeting of the Rogue River Neurosurgical Society are progressing. After a meeting of the executive committee, it was decided to hold the meeting the last week of August. This will allow members of the Junior Auxiliary (from the cradle upward) to attend before school opens. Pets larger than Shetland ponies cannot be taken up the river in the mail boat.

"The following is an attempt to answer John Meredith's questionnaire which appeared in the last Round Robin letter.

1. We have used the sitting position for acoustic tumor operations for fifteen years. As previously stated, I formerly used the sitting position for cervical protruded discs and cervical spinal cord tumors, but have abandoned the sitting position except for encephalography, ventriculography, operations for trifacial neuralgia, and all types of cerebellar tumors.
2. Anesthesia preferred is local supplemented by pentothal if necessary or in some cases, particularly in children, intra-tracheal ether.
3. I can't say how often shock or shock-like reactions have occurred which required putting the patient in a horizontal position. As most of you know, the chair which I have been using can be quickly turned into the horizontal position, and the operation continued in that position. However, I do not like to turn the patient from the sitting to the prone position, because everything starts to bleed when the patient is placed prone. Bleeders, which were not in evidence in the sitting position, suddenly show up when the patient is prone. Within the last few years I have altered the patient's sitting position somewhat so that the feet are not so dependent and the patient's knees are higher up toward his chin. By using this position, and giving sufficient supportive treatment (mainly adequate blood) it is seldom necessary to change the patient from sitting to prone position.
4. There is no age limit so far as I am concerned as regards the sitting position, except that some children are too small to fit in the chair. If the child is less than four years of age, it may be difficult to maintain his sitting position in the chair.
5. I don't think I have had any serious sequellae in the last five years due to the use of the sitting position. However, prior to five years ago, I had one air embolus (non-fatal) while operating upon a patient for cervical protruded disc. Also, I had what I thought was an air embolus (fatal) in a child who had a cerebellar tumor."

#### Editorial Comment:

John has come up with the fanciest neurological society, and probably one of the most unique of its kind; to wit, the Rogue River Society of Neurological Surgery. The members, distinguished and otherwise, are as follows: Edwin Boldrey, Howard Brown, John D. French, Edmund Morrissey, Francis Murphey, Robert Pudenz, Aiden Raney, Rupert Raney, David Reeves, Henry Schwartz, and Hunter Sheldon. Your correspondent, agent, and editor considers himself flattered to be included with this group and to belong to such a unique organization. Those of you who have not taken the wild ride down the Oregon coast line, dodging in and out of lumber trucks, and swooshing down dale and around curves in the manner of a giant roller coaster, to end finally in the unspoiled wilderness surrounding the Crooked Riffle Lodge

have missed a great deal.

A. Earl Walker (August 27, 1951)

"I am looking forward to the Houston meeting with much pleasure and I am sure that we are going to have the time of our lives.

"The candidates for election this time have had excellent training and give promise of achieving much in the future. We are fortunate in having such a group to choose from.

"The executive committee thought that the matter of compulsory attendance at the Academy meetings should be brought up at the next meeting so that if the members feel that something should be done an amendment to the Constitution can be made. Since this requires notification at least two months before the meeting the executive asked if I would sponsor such an amendment so that it could be discussed. Any amendment to the Constitution requires a three-quarters vote of the entire membership. No arrangement is made in the Constitution for proxy voting or a vote by mail, but it would seem from the wording of the Constitution that each member would have the privilege of voting upon Constitutional amendments. This seems to imply that any members who are not going to be in attendance at the meeting should make some arrangement to have their opinion expressed at the time of the discussion and voting upon the amendment.

"Until Texas, best wishes. "

Editorial Comment:

Earl's desire to eliminate compulsory attendance emphasizes again the growth of the Academy and the fact that the young members of some 15 years ago are now in the advanced age group, and many of them have become sufficiently distinguished to belong to a number of societies. The obvious demands on their time make it impossible to attend every meeting. I feel that Earl's suggestion is a good one and that most of us in this advance age group should soon become emeritus or honorary members.

Robt. C. L. Robertson (August 28, 1951)

"I have eventually been goaded into contributing to the Round Robin Letter, inertia having been partly overcome. It must be obvious to you that ordinary decency dictates I communicate on this occasion.

"My Associate, Claude Pollard, Jr., has been ill with infectious hepatitis, better known in this locale as "yaller jaunders," for the past three months and has within the last few days returned to work. I have, as a consequence, been committed to a job during these three months - a situation I look upon with disfavor. It did bring forcibly to my attention the fact that he was a busy little man before he became ill.

I want you all to know that we are anxious for the time to arrive when all you folks will be in Texas. The only misgivings we have is that we may have been over-zealous in our bragging about Texas. We have an

idea that you will agree that it is almost impossible to be too enthusiastic about our country.

"To answer some of your questions about Texas would require a special edition of the Round Robin. I believe it would take that much to answer the question about "What is the Alamo?" I am sure that you are not asking this question for your own information because I am sure you are better informed than to need this matter explained. You couldn't be asking it for anyone else but Bill Scoville, but you probably didn't know that he had an occasion to drive across the State of Texas during the war. I will be brief about replying to your questions, because I am sure that before you leave Texas you will know more about it than a Native since you will be talking to a number of them while here and surely one of them will mention Texas in some connection.

"Texas won its independence from Mexico in 1836, in a war which entailed their fighting forces which outnumbered them many times. One of the more decisive battles was fought about 15 miles from Houston where there now stands a Monument on the San Jacinto Battlegrounds which is the largest monument in the world. It was of course built so it would be a few feet taller than the Washington Monument. Incidentally, on this battleground we have a battle-ship which has been drug up on the dry land by a group of enterprising Texans and strangely enough the name of this battle-ship is U. S. S. Texas. It fought in both world wars. I could, and probably will, tell you more about this later.

"Your question about 'Where do we get the idea of this being the Lone Star State' emanates from the fact that the Texas Flag which is currently used by a large segment of the forces allied with the United States Army has a single star. Incidentally, Texas has lived under six separate flags. When joining the Union, Texas retained many of its features of independence in the Treaty consummated between the Republic of Texas and the Republic of the United States of America. These were above and beyond the states rights accorded other states in the Union.

"Your other question about "What is the Alamo" causes me some alarm as I indicated above. The Alamo is a Spanish Mission in the heart of downtown San Antonio, Texas in which a group of defenders, numbering 187, stood off an entire Mexican Army for a phenomenal length of time and eventually when by attrition most of them had been killed the Mexican Army stormed the place and every man was killed. There was some story about one man came to life later on and detailed the experiences they had during this time. We think it may be so since we know all the details of what happened during this seige.

"This is not the last you will hear of this State but I would like to indicate that it would be wise for everyone coming to Houston to bring light clothes, since it is still hot in Texas in October, and bring your swimming trunks. It may be wise for the ladies to bring the part of their bathing suit that goes around the chest.

"One last bit of information should be given you and that is the hotel in which you will be staying is almost a complete city in itself, but there are other shopping facilities and recreational facilities in the environs of Houston outside of the hotel.

"Dave, it would seem reasonable for you to take the little bit of pertinent information out of this letter and place it in the Round Robin for the information of the members, guests and wives. I shall leave that to your discretion. When you come to Houston, we would like to have you come early and stay late."

**Editorial Comment:**

Your editor is grateful for this very excellent letter written by Robbie with the pertinent information concerning the State of Texas which your correspondent was anxious to bring before the society.

F. Keith Bradford (August 28, 1951)

"In answer to your question, 'Where do you think you want to have the next meeting,' I would say in Houston. In fact, I think you will find the Shamrock so delightful that you will want to have the following meeting here too. I would be delighted to have additional honorary members, but I do recall Dean Echols' comments on that subject a number of years ago that if we widen our honorary membership greatly there would be one suggestion after another. In regard to your question about the history of Texas, I would like to ask about the history of the United States and whether there was any justification for the United States' joining Texas. Of course you know that Texas has fought most of the United States' battles and I am not sure it has been advantageous to Texas. As for the Alamo, that is a completely unknown battle, since there was no one left to tell the tale. It is reputed to have been fought somewhere near San Antonio, which is on the western side of Houston. As for the Lone Star State, it is named after a kind of beer. It is, however, a kind that has to be paid for. There is another kind, namely Schlitz, that comes from somewhere in the North which Al Uihlein knows about and is going to have us try out before one of our luncheons during the meeting.

"If anyone has any special ideas that would help us in arranging the meeting here, Robbie, Sam and I will welcome them.

"The Shamrock indicates that many reservations have already been made. I am not sure that they are going to send literature, so members and guests must not await that. I do not think it will be difficult to obtain reservations at the Hotel Galvez for the post-meeting recreation time, but I think it advisable for those who can go to Galveston to make reservations as early as convenient. I am enclosing a clipping which indicates what we have been up against and accounts for some of the delay in our communications."

**Editorial Comment:**

Your agent appreciates Keith's scintillating letter and wishes that he could have many others in the same vein. The clipping which was enclosed

## 2 Collapse From Heat 94 Expected

is reproduced at the left.

After having listened to Keith discuss a paper at our last meeting, your editor wonders what may happen at this one, particularly as it is in his home station.

Your editor is going to send out copies of the Constitution and also copies of the membership list just in case they may come in handy prior to the meeting.

George S. Baker (August 24, 1951)

"Al Uihlein and I are planning to attend the meeting in Houston, Texas, and will be looking forward to seeing you there. I am also planning to attend the College of Surgeons meeting in San Francisco in November and perhaps a good many of our friends on the West Coast will also be present.

"We have had an opportunity to treat several patients with meningiomas in the foramen magnum, both of them arising anterior to the cord and medulla, and we feel that you have accomplished quite a bit when you successfully remove a lesion of this type without doing further damage to the nervous system. Both patients were elderly people around seventy and, of course, the blood supply to the medulla and the cord is not as good in this age group and therefore more precautions must be taken. Both of our cases have done well and, of course, we are gratified to have it this way.

"An interesting finding in one of the individuals who complained of some gastro-intestinal distress in the postoperative period was the finding of a diaphragmatic hernia, a duodenal ulcer and a gallbladder full of stones. I think these had been present for a long time and, of course, in the elderly age group a conservative medical program was advised and followed with fairly good success.

"I am hoping that the program for the Texas meeting which apparently is to stress pediatric neurosurgery will also include other interesting phases of a neurosurgical practice as a two and one-half day program may not be necessary to cover this particular phase of our work. However, I am hoping that the program committee will see fit to arrange it so that the subject of neurosurgery in children will be pretty well hashed over to say the least.

"Doctor Adson is retiring from active practice this year, having reached the emeritus age of sixty-five. All of his students from past years are arranging a reunion and two-day neurosurgical program here in Rochester for the last two days of September. We, of course, hate to see the old guard retire, and yet it is the only way for a younger man to make advances in the present state of medical practice. Teachings and contributions of the pioneers in neurosurgery will continue regardless of their retirement from active practice.

"Looking forward to seeing you in October. "

Augustus McCravey (August 29, 1951)

"One never knows what to expect in the Round Robin Letter. I wouldn't be surprised if some day it came in gold bound.

"The summer has been mostly consumed by routine neurosurgery with the exception of one or two unusual and interesting cases. We recently had our first case of aneurysm of the ophthalmic artery. This patient was a white female age 54 presenting in November 1950 with a clinical picture of cavernous sinus thrombosis, except that she had no acute febrile reaction and was not critically ill. The bilateral exophthalmos and the conjunctival and periorbital reaction gradually subsided, and the bilateral ophthalmoplegia almost completely cleared, but mild exophthalmos and conjunctival engorgement still persisted in the right eye, and a bruit developed with a palpable pulsation in the region of the right supraorbital notch. The bruit could be obliterated by compressing the left carotid artery. The right internal common carotid angiogram showed no communication with the cavernous sinus, but we were unable to get filling in the anterior cerebral artery on the right side. Her vision was becoming definitely impaired, and it was decided to approach this lesion intracranially. The Naffziger type of decompression of the right orbit was carried out, and a large tortuous, sacular aneurysm about 1 1/2 cm in diameter was found extending the entire length of the ophthalmic artery within the orbit. The artery was ligated just after it gives off the central retinal branch just above and lateral to the optic nerve. Pulsation did not stop immediately, but the bruit was no longer heard. Some twenty-four hours later the artery became very hard to palpation and apparently was completely thrombosed. Vision has improved to 20/60 in the right eye, and the exophthalmos and conjunctival injection have gradually subsided. We had planned to do an angiogram through the supraorbital branch after the proximal ligation of the aneurysm, but thrombosis occurred before this procedure was carried out. We feel sure that there were large communicating branches through the ethmoids to the opposite side.

"The list of prospective new members looks very desirable, and I hope that at least five or six can be elected to membership. I am especially interested in Bill Meacham. As most of you know, he is taking Cobb Pilcher's place at Vanderbilt and is doing a very commendable job. He is one of the outstanding men of the younger group.

"How about some place in New England for the next meeting?

"On to Texas."

Theodore Rasmussen (August 29, 1951)

"I am afraid I have nothing very stimulating for the Round Robin Letter. We have had a busy summer, mostly routine things but with a sprinkling of interesting seizure problems.

"None of our current research problems are far enough along to talk about, but I hope some of them will be worth reporting some time next year.

"I think the next meeting should be held in the east somewhere, but aside from that I have no definite preference.

"I hope your duties as editor of the Round Table leave you time enough to do a little neurosurgery on the side."

**Editorial Comment:**

Having excellent secretarial assistance makes it possible for me to have ample time to continue as a country neurosurgeon on the side. As a matter of fact the Round Robin Letter has been a very enjoyable task as well as an interesting one. My one regret about the clinical neurosurgery is that seemingly, even in a community of this size, it is becoming so active that there is not enough time to write up some of the clinical stuff for publication.

William H. Sweet (August 30, 1951)

"I am so sorry you have had to write twice to get one reply. Two episodes have come to my attention recently which may be worth putting into the Round Robin Letter:

"1) A patient of mine, now age 56 years, had in 1946 a basal cell carcinoma just above the right zygoma. This was treated at that time with 3600 Roentgen units of relatively low voltage radiation with an excellent result: only a thin scar the size of a silver dollar remained when I saw him in April 1951 because of rapid mental deterioration for one month. At operation he proved to have the lateral two thirds of his right temporal lobe replaced by a huge cyst. The only abnormal cells seen at a few points in the wall of this were masses of small tortuous, thick-walled blood vessels. ? late radiation reaction.

"2) Through the kindness of Dr. Hare I may also describe the course of events in a personal friend who was treated for Hodgkin's disease one year ago by radiation to the thoracic region 2700 R (calculated and re-calculated) delivered by the 2 million volt apparatus at Massachusetts Institute of Technology. Severe girdle pains around the mid and lower chest developed 3 months ago, followed gradually by paraparesis and loss of bowel and bladder function. A few weeks ago, the pia over the swollen thoracic segments of the cord at about T4, 5 and 6 were incised and softened tissue welled out. A tiny sample of this has been diagnosed by Drs. Shields Warren and Raymond Adams as radiation reaction. These cases suggest that in at least occasional individuals, "safe doses" of gamma radiation may be harmful."

**Editorial Comment:**

These findings that Will has presented to us certainly are quite interesting and something which I had previously presumed did not occur.

Barnes Woodhall (August 30, 1951)

"Frances and I are looking forward to our trip to Texas. My last experience with Texas was during the war when we left Fort Sam Houston about midnight. The next morning I went up in the cock pit and asked the pilot where we were and he replied, in Texas, in a small bored tone of voice.

We have made arrangements to fly on the cross frontier flight from Washington to Houston, non-stop. We are having some difficulty with the customs officials but hope to have that straightened out before we leave.

"I only know Ballantine, Henry Heyl, Wally Ritchie and George Roulac well enough to offer an opinion about them. They all seem to be good people.

"I have no fixed opinions about the next meeting and only hope that we continue the concept of having them in places of relaxation.

"We have had a number of different and unusual cases, all of whom we have been able to send to their reward in a social manner.

"I really am serious about at least one other honorary member, namely Dr. Jason Mixter. He may have been placed in and I have missed him, but I feel that he is one of the great figures in American neurosurgery, whose early light was dimmed by his competition in Boston. Everyone of us owes him much for his work on the intervertebral disc and he has always been a strong friendly advocate of the younger neurosurgeon. He is one of the old fashioned type of gentlemen and he is now getting a little along in years. If we have not honored him, we should before it is too late.

"In answer to your final paragraph, I do not know what medical school is in Galveston, but I do hope that the fishing is good."

Editorial Comment:

May I join Barnes in seconding his opinion first of all about the candidates he mentioned, and secondly about Jason Mixter as an honorary member. I hope that Barnes will put in Doctor Mixter's application and that we do something about it.

Thomas A. Weaver, Jr. (August 29, 1951)

"I found your most recent letter on my desk on returning from vacation in Michigan where we left most of the fish still in the lake. I have very little to say at the present time except that Mary and I are looking forward to seeing everyone again - what was the name of that place - oh yes, Texas. So far as I can tell the principal thing that Texas is famous for is their extreme hot weather.

"Why not meet next year some where near the center of the country, say Chicago?

"I have no comments referable to the proposed candidates that I care to express at this time."

William F. Beswick (August 31, 1951)

"Please forgive me for being so long in answering your requests for news for the Bird.

"Immediately after arriving home from a most wonderful vacation, I had to submit myself to a proctologist for some anal ring surgery. Believe me when I tell you that the postoperative period has been void of all but morbid philosophical thought. Wally has been a comfort in many ways since he passed thru this horrible experience several years ago. He can be depressing however when he describes the second and third months - postoperative.

"When I review the list of candidates coming up for election I can't get myself to 'chop away' at it. Without any regret I am sure we could benefit by setting an 'eight limit' this year. However, since I have been in the society such a short while I will wait and consult with our elder statesmen.

"How would Montreal sound to you as our next meeting place?

"As long as the society selects its honorary members so carefully it shouldn't ever become top-heavy. I suggest that we add them without limitations.

"We will see you soon. "

Editorial Comment:

Montreal indeed would seem an excellent place for our next meeting, but inasmuch as we have had one there already, and an outstanding one, maybe New York or Boston would be more appropriate.

Stuart N. Rowe (August 29, 1951)

"I just came back from a two weeks holiday in Michigan to find your card about the Texas edition. We loafed thoroughly, with the exception of a few days spent on a canoe trip. I did rather more paddling against the wind than I really liked. I had a chance to say hello to Eddie Kahn when we came through Ann Arbor but did not accept his kind invitation to come up and make rounds with him.

"Recently we have been plagued with our second case of a brain tumor suspect with absolutely negative pneumoencephalograms and arteriograms. The first similar case turned out to have a deep glioblastoma, and I am very suspicious that we are in the same boat with this one. Incidentally, the patient has also been explored twice without the discovery of the tumor. I wonder if anyone has any suggestions to make in dealing with this type of problem.

"We are looking forward to the trip to Texas, and, in view of the current reports in the newspapers, have been laying in a supply of thermos bottles, ice caps, electric fans, swimming trunks, and portable refrigerators to take along."

Editorial Comment:

Your editor is getting the impression that Texas doesn't enjoy the salubrious climate that we have out here in Santa Barbara.

John Raaf (September 4, 1951)

"Upon my return from the Rogue River, I found your August 24 quizz program waiting for me.

"Probably this note will be too late to get in the next Round Robin Letter. If not, I should like to report a successful meeting of the Rogue River Neurosurgical Society. Ed Morrissey was elected president for the coming year. The 1952 meeting will be held the last week in August of next year. The place: Crooked Riffle Lodge, Rogue River.

"I suggest that the boys from Texas send out a little prognostication regarding the weather to be expected in Texas during the first week of October. Specifically, should one bring a light or dark dinner jacket?"

Editorial Comment:

See previous notations about the Rogue River Neurosurgical Society. Also, see previous notations about the weather in Texas.

Aidan A. Raney (September 4, 1951)

"We are looking forward to the meeting in Houston which, I am sure, will compare favorably with the excellent meetings in previous years.

"In looking over the list of candidates for election, it becomes apparent that it will be difficult to restrict the number of those elected to three or four from such a fine group of candidates.

"Having just completed a vacation, I am unable to recall any interesting case, in fact, I am unable to recall any cases at all because I have been dealing with more immediately urgent problems such as a handicap golfer encounters."

Edward W. Davis (September 6, 1951)

"I hope I am not too late with this letter to you but I have just returned from my vacation and find that I have not yet written to you. In answer to John Meredith's questionnaire in the last Round Robin, we have not used the sitting position for the past three years. We prefer a position similar to that described by Exum Walker for the approach to acoustic tumors. Anesthesia preferred is intubation with the patient carried on pentothal and sometimes a small amount of nitrous oxide following intubation.

"It might be of interest that in the past month we had two head injuries, who within 48 hours developed localizing and progressive signs which we thought were due to epidural hemorrhage. In each instance there was little or no epidural or subdural hemorrhage but in each instance there was a large intracerebral hematoma. We had a very similar case about a year ago in a young man who was in an automobile accident and began developing progressive signs about 48 hours after the injury. Fortunately all of these cases have done quite well.

"We shall certainly be looking forward to the meeting in Houston..."

J. Garber Galbraith (September 6, 1951)

"Your letter of August 23rd arrived today in a Gustafson envelope from Chicago, leaving me somewhat perplexed. It may be too late to make the Round Robin, but I would like to voice a few comments concerning the topics you mentioned.

"All the candidates up for election seem desirable and it only remains for the group to decide how many new members will be accepted. It seems that 3 or 4 new members might well be elected from this list without unduly swelling the ranks of the Society.

"For 1952 I would favor the East as the general location for the Meeting. Hot Springs is centrally located there, and a return visit would certainly appeal to many.

"We recently saw a carotid-cavernous sinus arteriovenous fistula in a young negro female, and the bruit could not be totally obliterated by ipsilateral carotid compression in the neck. We therefore did an intracranial ligation of the internal carotid distal to the fistula as the first step of a proposed 2-stage trapping procedure a la Botterell. All symptoms and findings subsided after the initial procedure, and 2 months later she is apparently cured. A subsequent percutaneous puncture of the carotid artery in the neck (common and internal) yielded good blood flow, excluding spontaneous thrombosis. We would appreciate any reasonable explanation or comments.

"If any of our Eastern members plan to drive to Houston via Birmingham we shall be happy to have them stop with us. Just let us know the date of the stop-over. We are looking forward to an interesting meeting in the great state of Texas."

Arthur R. Elvidge (September 7, 1951)

"Thank you for your letter of July 21st. I was away at the time in fabulous Rio, and in August was rather swamped with operative work. I have nothing to add to the Round Robin Letter other than to add that it might be well to omit my observations which were obviously dictated in a hurry in the middle of the night.

"I hope that we shall meet in Texas though I think it will be hard to get away.

"With very best wishes."

Editorial Comment:

Your correspondent appreciates the second letter from the fabulous Arthur R. We will no doubt find Arthur coming by plane, and probably he will be grounded in Arkansas and will take a taxi from there to the meeting. Your agent also hopes that Arthur will write many more observations in the middle of the night. If you have read them over I think you will find them very pertinent.

Benjamin Bradford Whitcomb (September 11, 1951)

"I am probably too late for your Texas edition since I just got back from vacation in the North Atlantic and returned to find my associate, Dr. Scoville, running around Europe.

"I am quite overwhelmed with the candidates who are up for election because of the high caliber of them all. I would like to put in a plug for Tom Ballantine. He was so close to the line last time and is well known by most of the members. He is doing excellent work in Boston, is a leader and I am sure that his association will be one that will be enjoyed by us all. Jack French I have urged before and John Eisenbeiss has been most impressive.

"I think the next meeting should be in the Northeastern United States.

"Regarding honorary members, I feel that it would be a mistake of the Academy to become top-heavy with them, but the election of an outstanding man every few years, particularly in different regions of the country, should be stimulating and should be sufficiently unusual to make it an honor.

"What I know about Texas is only a smattering of what I hope to know in a few weeks. "

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Your correspondent couldn't resist putting in this article from the Los Angeles Examiner of September 8th of this year, the headline of which reads: "Navy Brain Surgeon to be Toreador". The paragraph is as follows: "Dr. William Bloom, neuro-surgeon at San Diego Naval Hospital, said today that he intends to give up medicine to become a bull fighter. The surgeon takes the featured role at the Tijuana, Mexico, bullring tomorrow." I realize there is an easier way of making a living than doing neurosurgery, but only a neurosurgeon would make a change of this kind.

Your editor would like to remind all members that the next number of the Round Robin Letter will be the Christmas edition. He has appreciated the excellent letters from the members and believes they have been in the main interesting and quite informative. He welcomes any suggestions as to the type of letters to be continued and anticipates a continuance of the previous excellent cooperation.

Meanwhile . . . . .

The eyes of Texas are upon you,  
All the live-long day;  
The eyes of Texas are upon you,  
You cannot get away.  
You may think you can escape them,  
From now to early in the morn;  
The eyes of Texas are upon you,  
'Till Gabriel blows his horn! |