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THE ROUND ROBIN LETTER OF THE
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ROUND ROBIN LETTER

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

S. R. SNODGRASS: December 23 - Things have been quiet here for the most part during the holidays, and we have had no remarkable experiences of any kind recently. In approximately 2 weeks I will be joined here by another neurosurgeon, Ira Jackson, who is just finishing up his training at the Neurological Institute in Montreal. I am certainly looking forward to his coming and hope that he will remain permanently.

I have joined the Houston members in urging a meeting here in Texas, especially as there have been no meetings in the South since the New Orleans meeting in 1939. I believe a visit to Houston would be of interest to most of the members, and I also feel that having a portion of the meeting here in Galveston would add further interest to it. The Shamrock Hotel is the only elaborate hotel which has been constructed since the end of the War, and I believe many of the members would enjoy appraising its advantages. As you know, the Texans are as enthusiastic about their state as are the Californians, and we would certainly enjoy having the meeting here in 1950.

JESS D. HERRLIANI: December 29 - We have nothing much to report in the Round Robin Letter. Most of our work has been routine. We have seen a number of upper cervical cord lesions of congenital nature that have been classified as multiple sclerosis for a number of years. We are still plagued with the intracranial aneurysm problem as our good results seem to be very few and far between. Maybe the New Year will be better in this respect.

GEORGE S. BAKER: January 4 - We in Rochester are hoping to entertain the members of the Academy in Minnesota sometime the latter part of September. The exact dates have not been set, nor has the Executive Committee given their final opinion regarding the meeting for next year, but it is my hope that it will be here in Rochester.

We, of course, will be very delighted to arrange a program and set up the entertainment that will be in keeping with the previous performances. I cannot say too much for the delightful meeting which John Raaf had arranged in Portland. Our visit at the University with the other members of his staff was a very well planned morning, and the symposia there was very entertaining.

The trip up to Timberline was indeed very instructive, and since we started off landing an elbow to every duck that we saw on the water, I found before we reached our destination that the Columbia River really is a very important migratory flight. Timberline Lodge was very enjoyable, and perhaps the highlight of the meeting was the president's address. Personally, I would say it would only take a back seat to my ride down the mountain in an early vintage Cadillac with John's friend, Doug Hochol, who had arranged to see that we made the train out of Portland on Thursday afternoon. This trip was indeed a classic, and for those who were at the meeting and remember Doug, they can appreciate the ride which was rivalled only by that of Paul Revere.

EXUM WALKER: January 6 - If any of you know of a young neurosurgeon, either partly or completely trained, who would like to join my office, please let me know. I could also use a neurologist who would be willing to work principally on neurosurgical problems. We have a very pleasant set-up and could make an attractive offer to the right individual.

ROBERT H. PUDENZ: January 7, 1950 - Being one of the least prolific contributors to the round robin letter, I thought I had better do something to get back into the good graces of the editor. Some of the men in the Academy, the undersigned included, would best qualify as square robins. However, I hope this letter will at least make me somewhat ovoid.

The biggest bit of news from Pasadena is that we are going to have a Research Institute at the Huntington Memorial Hospital. The money has been donated, and the plans are now in the hands of the architects. As it is projected, there will be a close association with the California Institute of Technology and possibly the University of Southern California. At this stage it is difficult to determine just how much we shall be able to accomplish from a neurosurgical standpoint, but we are willing to give it a good try.

Hunt and I have been impressed with a rather curious type of lymphocytic meningitis that seems to have invaded this area. Within recent months we have been called in consultation to see four patients who had signs and symptoms of focal cerebral excitation or inhibition without fever or leucocytosis. Curiously enough, all four of our patients had been men in the age group between 25 and 40. The first patient had a sudden onset of weakness in the left face and upper extremity which cleared after several days. The second patient had a right hemiparesis with dysphasia which appeared rather suddenly, cleared in 45 minutes, recurred, cleared in two hours and then recurred and now after several weeks has only gradually subsided. The third patient fainted at work and on recovering consciousness had a moderate left hemiparesis. There was no convulsive episode. The last patient has had a transient right hemiparesis coming on in four episodes over a period of one week. All of these attacks were slow in their developmental march and did not occur with the precipitancy of a convulsion.

In all four patients there was a lymphocytic meningeal reaction with spinal fluid cell counts of 100 to 270 cells per cubic millimeter, and cerebrospinal fluid protein content of 125 to 360 milligrams per cent.

In our opinion these curious focal meningo-encephalitides are probably virus in origin, although virus studies at the State Laboratory and at the National Institute of Health in Bethesda have failed to uncover the etiological agent. One wonders if they are a variation of the encephalitis seen after mumps, measles or vaccination or whether somehow or other penicillin is changing the biological characteristics of bacteria and giving us new syndromes.

We would be very much interested to hear the comments of the other members of the Academy in this regard.

We greatly enjoyed the Portland meeting, but were sorry we were unable to participate more in the festivities.

OLAN R. HYNDMAN: January 17 - By this time I presume that most of the members are aware of my change in address from Denver to Davenport, Iowa. Dr. Van Allen and I are associated and are continuing to sleuth for new, novel and better treatments of neurosurgical disorders. Quite often we would be glad to settle for just a treatment. After some painstaking perusal of statistics we are compelled to conclude that the behavior of the glioblastoma is about the same in high and low altitudes. We would be happy to answer questions anent this capital discovery. Perhaps we should be rewarded with a profound sense of contribution but we must confess that we are blanketed with melancholy. The feature article in this week's "Look" prods us with the realism that original research is now being done in the more fundamental biological fields. I have reference to the controlled fertilization of a select ovum by a select spermatozoon and the artificial implantation of the zygote into any old scrub female that will provide maid service to embryogenesis. It didn't take long for the "locus operandi" to be whisked from rat and rabbit to the cow. How quick the tables turn. Scrub heifers will now be at a premium and if they bestir themselves over the issue of immaculate conception what will their confusion be when they give birth to thoroughbred herefords? What a roundabout way to bring down the price of T-bones!

In any case the air is electric, for the human is next. Eugenics lives again and we neurosurgeons of the old school can but stand by to note any change in the incidence of hydrocephalus, meningocell and other visible congenital malformations of neurological interest.

In a more humble vein, my associate and I beg your indulgence in two cases of interest to us. Both were classed as congenital and inoperable aneurysms involving arteries and veins of the brain. The first was a male aged 75 who had been admitted to the hospital because of headache and vomiting. The scalp on the right had a doughy, angiomatous feel. A loud bruit was heard over both mastoids but much louder on the right. Spinal puncture revealed xanthochromic fluid under a pressure of 240 mms. of water in the prone position. Compression of the right common carotid artery eliminated the bruit and reduced the spinal fluid pressure forthwith to 120 mms. However, he could not tolerate complete compression of the artery, for after 5 to 10 seconds he became unresponsive and the left upper extremity began to develop tonic and clonic contractions. We determined upon a maximal partial ligation of the common carotid and under local anesthesia were successful in reducing its lumen to about one fourth the original calibre. The bruit was reduced about 80 per cent, his headache disappeared and the spinal fluid pressure was within normal limits at the time of discharge. At the time of writing, 13 months post operative, it is fair to say that his condition is definitely more satisfactory than it was during the six months before we saw him.

The second case was a female aged 33 - a doctor's wife. An episode of severe spontaneous subarachnoid hemorrhage brought her to our attention. She was 80 miles from our headquarters and after pondering the case for 4 days she let go another hemorrhage. There was neither bruit nor significant elevation in spinal fluid pressure but, following the second hemorrhage, the right lower extremity was 50 per cent paretic and the right upper 20 per cent. An arteriogram revealed a massive aneurysm arteriole at venosum occupying about half the left hemicerebrum. We had sufficient indication in her case too that complete ligation of the left common carotid artery would be too precarious. We settled upon a partial ligation and did it in a similar

manner to that of the first case.

At the time of writing, over 4 months post operative, the paresis has largely abated. She does considerable housework and looks after three children one of whom she delivered normally about 3 months ago.

We believe that we did something substantial for these two patients and that we probably did the maximum that would be compatible with life.

HENRY G. SCHWARTZ: January 18 - Your request for a report on the Rogue River expedition sounds like a threat.

I cannot ignore your curiosity but figure that, if I write more than a few lines, you won't waste Round Robin paper on so non-scientific a subject, and my reputation will be safe.

For the doubting Thomases, I submit evidence that Lorene and John were right. The sun does shine in Portland, and Murphy and I can attest to the fact that, after the unusual fog lifted, the view of Mt. Ranier from the Raaf dining room was overwhelming. As a matter of fact, everything was overwhelming, and the Raaf hospitality will remain unforgettable.

You asked for a report on the Rogue River session. Francis' version may be more accurate, by virtue of his insomnia. After picking up some fancy flies, we enplaned sometime before midnight, with John at the controls. Cruising speed was reached at moderately low altitude and we reached the coast before I had had more than a couple hours nap. At least, I assumed it was the coast road, because none of us could see thru the light mist which hugged the winding road. When I had the wheel, John's vehicle managed to hold the pavement, but time was wasting; after pilots were switched and the flaps retracted, the rest of the run passed rapidly. We roused from our coma when John skillfully brought his Cadillac down to a 3-point landing at Gold Beach, shortly before dawn. The thoughtful inn-keeper had not bolted the door (I think John owns the property anyway), so we had time to collapse in the lobby before breakfast.

John's influence extends even to Uncle Sam's minions. We caught the mailboat, which delivers parcels, people, and sacks of meal to the individualists who live along the Rogue River. Every mile or so, the pilot would stop at a gravel bar, marked by a stake, and one of John's Indian friends would emerge from nowhere to pick up a packet. As the boat pushed off, he (the Indian) would disappear with his gun and dog to wherever it is that Rogue Indians live -- we could see no sign of house, hut, or Hogan.

After an hour or two, John warned us of the proximity of his "rough camp". It loomed up on the hillside out of nowhere. This Waldorf of the Rogue is aptly named Crooked Rifle. I had to admit that it lacked the carved newel posts of Timberline Lodge, and only Lee, the caretaker, was on hand. Our host graciously offered to get Lee to carry us and our equipment up the mountainside by cable car, but we thought our coronaries could tolerate a little exertion -- and besides, he would never have let us forget it had we yielded to temptation.

I suppose that I really ought to say something now about the fishing. You recall it was steelhead we were after. There are steelhead in the Rogue -- and they

are still there! The river was beaten to a dense foam by us, but all we could get were trout. These were loftily released by us as unworthy of steelheaders. Nary a steelhead was seen until just before dusk as we went through a deep pool above Crooked Rifle. Then all hell broke loose! They jumped, danced, twisted and thumbed their noses at us in the short bit of daylight left. The only thing we did not throw at them was our tackle boxes and Murphey. I still think that with a bucktail streamer attached to Francis, we could have landed several.

In any event, those few moments bolstered our vow to get out at daybreak the next morning. Francis' cooking served as ballast and upriver we went. Steelhead were warier than ever, and only two strikes were made. John had his fairly hooked, but the leader broke. So, reduced to trout for photographic purposes, we had to give up in time to get the noon mailboat downstream.

Our bruised egos were only partially salved by the gloomy reports of some rich folks (from California of course) who had spent several weeks on the river with no better results. You see, "this was a bad time, but next week they'll really run".

The drive back was pleasant except for the visualization in daylight of the winding road over which we had unwittingly flown in the fog two nights before.

Despite our lack of success, we were feeling quite good about having fished in the Rogue. At the town of Coos Bay we stopped for dinner. There seemed to be a moderate air of excitement in the restaurant. On inquiry about local fishing, our waitress casually told us that almost the entire population had caught the limit in the stream running thru town that afternoon. We asked about the kind of fish caught, and without batting an eye, she said "steelhead".

Conversation was somewhat desultory thereafter, but we did come out of shock the next day, with a brilliant sun high in the sky, flowers blooming in the Raaf garden, and Raaf quail for breakfast! It took a strong will to leave Portland.

Thus, the saga ends, but I hope to hear John's next chapter. After running the meeting in Portland and Timberline, and after shepherding us down the Rogue and making sure we got the correct train, Paul Bunyan Raaf was going to relax by driving across eastern Oregon for a few days of elk hunting.

There is one thing to add, Dave. If you ever get a chance to take John up on an invitation to Crooked Rifle, I know you'll find it more fun than palominos!

BENJAMIN BRADFORD WHITCOMB: January 22¹ - Bouquets again to John and Lorraine Raaf and their associates for the bang-up time at Portland and Timberline. The only disappointing feature was the absence of many of our illustrious professors, and I hope it was an inability to be absent from their duties for the duration rather than a drop in interest in the organization.

We have no striking news to report, but we are trying in a small way to evaluate the various types of drainage procedures for hydrocephalus. I wish that different members could do a series of cases using the different techniques such as lumbar ureteral, ventricular peritoneal and ventricular venous drainage, etc. so that at our meeting 2 years hence the entire series could be grouped and evaluated at a round table on the subject.

ALFRED UHLEIN: January 23 - I wish to take this opportunity to express my appreciation to the members of the Academy of Neurological Surgery for electing me to membership in this splendid organization. Needless to say I am looking forward to many years and pleasant associations with my many friends and associates in this society.

George Baker and myself, as well as my colleagues here in Rochester, feel singularly honored that the Academy has accepted our invitation to be hosts at the next meeting of the Academy of Neurological Surgery on September 28, 29 and 30. I know we have a lot of hard work ahead to make our meeting as interesting and enjoyable as our host, John Reef, afforded us last year in Portland. We all welcome everyone of you and are looking forward to a one hundred per cent attendance in Paul Bunyan Land.

BARNES WOODHALL: January 23 - May I congratulate you upon your important appointment as editor of the Round Robin Letter. I trust that you will mark the occasion by introducing to our members your inimitable version of the story about the rabbit and the trees.

Our neurosurgical patients in this part of the country apparently did not realize the significance of the Christmas season although I must confess that I noted some change in our work since my children seemed to plague me more than usual and the number of my tension headaches increased perceptibly.

We have been busy doing good in various ways setting the foundation for our future plunge into socialized medicine. Guy Odom has taken over a formidable job establishing a prefrontal lobotomy clinic at our three thousand bed State Hospital at Camp Butner some twelve miles distant from Duke. He has a small backlog of some 2,000 cases to operate upon for which the state appears grateful. The state has also built a cerebral palsy hospital within a few yards of our main entrance and I suspect and hope that we shall also be engaged in that work. The ground was also broken a few days ago for a large Veterans Hospital within a quarter of a mile of our main entrance and we have been asked to establish a neurosurgical service in that hospital.

As you know Glen has retired from the Veterans Administration and my friend of some years, Paul Magnuson, asked me to take his place. Glen had established the service on a firm foundation but unfortunately the consultant system had almost been ruined by lack of travel funds, lack of consultation funds and a general turmoil in the central office over the change from Branch to Area. I think, however, that the situation will be resolved within the next few months since the consultant service has the very firm backing of the administrator, General Gray. You can see therefore that we are all spread rather thin and will be considerably thinner in the near future.

We could not do this without a nice house staff and it is of interest that two of our last three residents have taken on academic positions. We have two new recruits. The first is Dr. Barney Eloor whom we sent to the University of Louisville with Ephraim Roseman because we wanted him to have that type of neurological training. He is now in our laboratory in charge of the cancer clinic and our colony of tumor mice. He is continuing our work on the localization of aneurysms with the EEG

and some of this will be published at the Academy of Neurology meeting this spring. We also have Dr. Frank Wrenn with us from the Navy Atomic Warfare service. Frank is spending two years in the Department of Biochemistry and doing neurosurgical isotope research. This type of research reminds me greatly about the story of the three merchants who had stores one store apart on main street. The first merchant used the time honored trick of putting up a sign entitled "Fire Sale" and secured a large number of customers. The third merchant not to be outdone put up an equally time honored sign of bankruptcy sale and also secured a large number of customers. The middle merchant, and a very enterprising fellow, put up a sign entitled "Main Entrance" and thought he had the situation solved except for the fact that there were no more customers. I hope that our interest in isotope research will not fall into the same category.

From the clinical point of view, we continue to operate upon congenital cerebral aneurysms and we find it a very difficult and painful problem from many aspects. We are going to continue with it because we have seen so many tragic instances of sudden death following subarachnoid hemorrhage and studies such as Wally Hamby's have persuaded us that any type of surgical intervention is probably indicated. Guy Odom continues as the head of our psychosurgery unit and I have even been influenced to the extent that we are treating some patients with peculiar pain syndromes with electric shock.

Finally, and from a social standpoint we are looking forward to the Harvey Cushing meeting at Colorado Springs. I hope to spend a full week there since the American Surgical Association follows immediately after our own meeting. With my best regards and I do hope that it has stopped raining on the coast by this time.

WALLACE B. HANEY: January 24 - Congratulations on your new job as Editor of the Round Robin! Perhaps I should send you sympathy, but you probably will get plenty of that from Dean, who guided the bird (the Robin, that is) over so many fortunate flights.

The most pertinent news I have is that the next meeting will be at the Mayo Clinic with George Baker as host, on September 28th, 29th and 30th, 1950. George says they will make reservations for the group at various hotels there and that around the first of June a preliminary program will be available. Hotel reservations can be made definitely about that time. You will hear from us at the proper time.

I was a little disturbed recently by a letter contrasting the writer's bill of \$100 from the Academy and \$19 from the Harvey Cushing Society, including a subscription to the Journal. The expenses are not at all comparable; the Cushing Society dues do not include convention expenses, which are paid by the members as they partake. We could do that, if you prefer and it may become necessary as we grow, but it has always been the custom for the Academy meetings to be financed in this manner. The Academy dues are \$15 yearly.

There is little other news from here. A number of us are meeting with Ver Brugger and Morris in Chicago in February for a day of professional chit-chat, perhaps we will see others from the Academy there.

STUART N. ROWE: January 31 - John Raaf and his able secretaries and associates did a fine job with the arrangements for the Portland meeting, and we certainly all owe them a vote of thanks. Of course, the weather man let them down once or twice, and a few of us played the eighteenth hole, at least once, when there was a considerable mixture of darkness and fog surrounding the landscape. As I recall it, however, when we had played one more hole our vision was improved considerably.

It occurs to me that perhaps some time in the not too distant future we might wish to change from our policy of always having the meeting at resort spots and return to our original procedure of meeting in one of the cities of the country. The added shopping facilities might appeal to the Womens Auxiliary, also.

Work goes on much as usual. We seem to have run into a series of vascular lesions and have been doing more arteriograms than usual. We discovered that if the hospital has a Blood Bank, and if the nurses in charge can be approached tactfully, such an organization furnishes a good source for really sharp needles for arteriography. Perhaps others have found the same solution to this minor problem. At any rate, with great care being spent on the selection of a good needle, our batting average of percutaneous injections has risen quite perceptibly.

I am planning to spend a day in Chicago for the Interurban Neurosurgical Society meeting and hope to run into a few of the men there.

J. LAWRENCE POOL: February 2 - Congratulations to our new Round Robin secretary and many thanks to our old.

We seem to be extremely active on the Neurological Surgery Service of the Neurological Institute of New York both as to tumor work and arteriography with one of the new Fairchild cameras, and psychosurgery.

With regard to the latter the work on topectomy has proved more and more gratifying as we have learned to select cases better. We are conducting some interesting work on mapping the frontal cortex which may some day prove of value to the concepts regarding frontal lobe surgery for the improvement of psychoses.

I fully expect to attend the Harvey Cushing meetings in April and look forward very much indeed to seeing all fellow members of the Academy whom I missed when I was unable to attend the wonderful meeting that John Raaf arranged.

THOMAS A. WEAVER: February 3 - Mary and I were more than sorry to have missed what from all reports, must have been the excellent meeting in Portland. At the same time, we are both proud to introduce Molly Elizabeth to the Academy as of November 11. Our household now includes three strapping boys and two daughters and I am learning that shoe leather wears like paper.

We almost felt that we had been at the banquet on receipt of the Authentic History of the Development of Nervous Surgery, a truly great opus from the pen of the Adamskiss.

Neurosurgery here in southern Ohio continues at a fairly rapid clip even though there has been a definite business recession around here as in most other places, I guess. There is a definite increase in service or free cases as compared with private work.

Since July, I have been favored in the association with me of David B. Roth, a product of the University of California plus residency training with Gail Crutchfield and Joe Evans plus some association with me at the Local Veteran's Center. He is proving to be a real inspiration as well as being already a highly competent surgeon.

Recent interesting experiences include two cases of Platybasia with Arnold-Chiari deformities, who have done extremely well, and a frontal tuberculoma, entirely unexpected.

We have seen a few demonstrable intracranial aneurysms treated variously by internal carotid ligation and by trapping procedures. So far as disc surgery is concerned, we have excellent cooperation with five of the seven local orthopedists and feel that with time may have a little to contribute to this problem gained from experience in an industrial community away from a teaching center.

E. H. BOTTRELL: February 4 - The usual run of teaching clinics is at its customary peak this time of year. We have had two aneurysms of the anterior cerebral artery who have done well following clipping proximal to the lesion though one had a most profound post-operative hemiplegia which rapidly recovered. I am not sure if this was due to the clip on the anterior cerebral or if by retraction and lumbar drainage of C.S.F. we obtained too good an exposure. However, it all ended happily.

Our Division put on the Department of Surgery staff meeting last week, and it was extremely well received by the general surgeons, hence may be of interest to some of the members upon whom a similar responsibility falls. One of our colleagues Dr. Carl Smith in the Department of Anatomy, spent three quarters of an hour discussing the pathway of pain, and we then showed fairly rapidly about seventeen patients. I don't think we missed anything except a lumbar disc, for we thought they were sufficiently familiar with this problem. Kenneth McKenzie was a splendid chairman and Aldwyn Stokes, our Professor of Psychiatry, closed the evening with an admirable summing up of pain as a biological phenomenon. We were amazed how little aware some of our general surgeons were with the activities of neurological surgeons in dealing with pain.

DOMALD V. JOEURN: February 4 - Work here seems to be pretty much the same routine which most every neurosurgeon sees and I must confess that we don't seem to find time for writing or doing problems on the side. I did have a very interesting case recently, namely that of a post-traumatic pneumatocele, right frontal, in which the posterior wall of the frontal sinus was bent backward at right angles and lay against a lacerated dura. There was a large cyst in the frontal lobe full of air, and the content of the cyst was sterile. Biopsy of the wall of the cyst and of tissue at the point of communication between the cyst and the tract thru the thinned out frontal lobe revealed a hemangioblastoma. As you can imagine, this really complicates the case from the standpoint of an insurance problem.

Max has been ill the past week with an acute virus pneumonia but has progressed satisfactorily and I think will be coming home the following week.

Am hoping to spend about a week in Canada doing a little refreshing with Bill Cone and associates and I hope to see Harry Botterell and his group in Toronto on the way back.

Max and I are hoping that anyone going to the Cushing Society who comes thru Kansas City will look us up on the way out and back if at all possible. We shall be most happy to see one and all.

J. M. MEREDITH: February 6 - I was very glad to learn of your taking over the "Round Robin" editorship; at the same time, a deep bow in the direction of New Orleans for Dean's excellent work as editor in the last few years. I was very sorry that we could not get to the Portland meeting; from all reports, it was first class in every way, engineered in John Raaf's best style, including the classic booklet illustrating the close similarity of our present colleagues with the medical worthies of antiquity.

We had an interesting case here recently of an ependymo-blastoma of the right frontal lobe, in a twenty-one year old woman that had grossly eroded through overlying dura and skull, just as the meningiomas will occasionally do. In our experience this is very unusual with a glioma. It was a highly malignant, extensive growth with many mitotic figures present microscopically.

We are having our usual run of neurosurgical cases; we are using the Hinton procedure entirely now for our thoraco-lumbar sympathectomies (hypertension cases) and find it superior to the Smithwick operation; in particular, the patients have less, or very little of the post-operative hyperesthesia in the flank that was seen rather frequently with the latter procedure.

A rather unusual subdural hematoma came in the hospital several days ago; a large, obese, middle-aged woman slipped on the steps in her home and sat down violently on her buttocks, not striking the head at all. Four hours later having had no initial period of unconsciousness, she complained of severe headache, vomiting, and right hemiparesis developed in a few hours. When admitted nine days after trauma she was operated upon immediately, and a large, tar-like subacute hematoma removed, overlying the left cerebral hemisphere; there was no right sided clot (pineal shifted to right); post-operatively, aphasia developed although the patient is completely left handed, demonstrating once again that the transposition of the speech centers to the right side in left handed individuals is by no means complete.

HOMER S. SWANSON: February 6 - I am looking forward to the meeting in the fall as my first year as a member of the Academy which is probably my only contribution to the LETTA.

From the standpoint of surgical interest, we have had about the usual type of problems this year, the only unusual being the struggle to remove three large arteriovenous aneurysms at the Veterans Hospital on three consecutive Fridays. We have done a total of six of these lesions now and after each one, wonder whether the struggle was worth the end. On each occasion, we were finally able to eradicate the lesion but the loss of blood is alarming and the difficulties in ligating the

multiple vessels involved a feat in itself. All of these patients have survived and their neurological deficits have improved. Thus far we have confined our efforts to those in the occipital or parieto-occipital temporal region and have made no attempt to tackle those which would result in profound neurological deficits.

I would appreciate it if you would change my address from 38 1/2 Peachtree Street, N. E., Atlanta, Georgia to Emory University Hospital, Emory University, Georgia.

Looking forward to seeing you and the other members of the Academy in the fall.

AUGUSTUS MCCRAVEL: February 7 - From all reports the last meeting with John Raaf in the thick atmosphere of the Timberline Lodge must have been very successful from the administrative, scientific and social standpoint. We have regretted many times not having been able to attend this meeting. Francis Murphy showed me some very fine Kodaslides on the extra-curricular activities of him, Henry Schwartz and John Raaf. Obviously the scenery was more abundant than the steelhead.

We had a very delightful meeting with many of the fellows at Memphis during the latter part of November. Francis and Doctor Semmes did the ground work, and now we have organized a southern sectional group of neurosurgeons which has the possibility of becoming one of our largest neurosurgical societies.

Our major neurosurgical problem continues to be spontaneous hemorrhage, and we are very unhappy about the large number of cases in which we are unable to visualize the actual aneurysm or point of hemorrhage.

One of the most interesting cases that we have had during the past year was in a young boy age 8 who had a medulloblastoma of the cerebellum. We made an effort to remove a greater part of the tumor and followed by irradiation therapy. He survived about six months after surgery, and the post mortem revealed extensive metastasis to the liver, lungs, spleen and kidneys.

New Orleans has my vote as the location of the next meeting. We are looking forward to a visit with Dean in the famous city.

HARVEY CHESTNUT: February 7 - Since I am a complete novice to the ROUND ROBIN LETTERS I would like to beg for a free ride this time and confine myself to extending greetings and best wishes to all members of the Academy, and to express my sincere appreciation for the honor of election to membership.

GEORGE A. HALEY: February 8 - I honestly am ashamed of my negligence both in attending the meeting in Portland and in keeping up on the ROUND ROBIN LETTERS. It just doesn't seem possible that time slips by so rapidly and that I have gotten myself so tied up here in Maine and I can assure you that it is not that we are snowed in up here. I have very definite plans for the future to try to reorganize my work so that starting at least by the first of July, I will have another associate with me so that I cannot only get to some of the meetings and keep up on what is going on around the Country but also have some time to correlate and organize a good deal of the clinical material that has collected over the past 24 to 36 months and put in order what could be several

interesting, at least to me, clinical reports. I have really been amazed by the volume, variety and rareness of many of the neurological and neurosurgical things that I have run into here in Portland.

We have a busy Neurosurgical Service at the Maine General Hospital plus the work in other hospitals around the State. Our Service has now been certified by the Board and by the A.M.A. for a year's training in clinical neurological surgery so that a man may spend a year with us and get full credit for that year. I strongly feel that if any of the members may have a man who is either waiting between jobs or has a twelve months' period to spend before some other appointment, he could certainly profit and get an excellent year of clinical neurosurgery with a certain amount of basic neuro-pathology and some introduction to electroencephalography and so on. Moreover, we can give a man a fair amount of operative experience on his own if he has previously had adequate training to assume this responsibility. If any of the members are interested in a brochure of what our year's residency offers, I would be glad to send it to them or if they have any men that might be interested, please ask them to write me.

I am afraid that I have very little to offer from a scientific point of view although as I said before, I feel that if I can just get the time, there is a good deal of material of definite value that can be collected.

I haven't been able to get away to any meeting since the Harvey Cushing last June and it doesn't look now as if I were going to be able to get to the Cushing meeting in April. However, as I have said, I hope by July 1 to have my new setup and an associate working satisfactorily so that I can honestly get away for a period of time and turn over a new leaf for the ensuing year beginning next July.

THEODORE RASLUSSSEN: February 8 - We enjoyed the Portland-Timberline meeting very much and were only sorry that we were the only ones to get the benefit of the brilliant sunshine and gorgeous scenery which came out of the fog on the following Saturday and Sunday. We got in a few hours of skiing -- just enough to really raise an appetite for a real mid-winter vacation there.

We are continuing slowly to collect data on the effects of the changing parameters of stimulation on the unanesthetized human cortex and are carrying out corollary studies on the monkey, as well as several other little problems which may be worth a report later on.

We are looking forward to seeing many of our colleagues at Colorado Springs at the Harvey Cushing meeting.

WILLIAM F. BESWICK: February 9 - I am sorry that I have delayed so long in contributing to the Round Robin Letter of the Academy. First, of course, I would like to have all the members of the Academy know that I completely appreciate becoming a member of the Academy and as such I feel honored.

You suggest that the letter contain pertinent scientific facts. Several years ago Dr. Walter Dancy in passing, made a comment that arterio-venous fistulas

involving the cavernous sinus and internal carotid artery are often difficult to cure. In the past two months, I have had the opportunity to substantiate this understatement while trying to cure one (my first experience). When subjected to the Matas test, the patient promptly became aphasic and hemiparetic, and on one occasion developed a convulsive seizure. We resorted to a gradual and partial occlusion of the common carotid which was finally completely ligated with regression of signs and symptoms. This was followed by the internal approach for the final "trapping". This was done with no apparent neurological disturbance, but three days later temporary aphasia appeared. It was noted that a less intense bruit was still audible over the sinus. A few days later, however, we noted that conjunctival edema and extra ocular eye muscle function was much better. I hope this patient won't need much more than neck vessel ligation, but I will let you know about the end result at the next meeting. At the present time at the Millard Fillmore Hospital we are collecting a fairly large series of patients in whom we have made a diagnosis of arachnoiditis and have accumulated some interesting data referable to the problem and in the next year we hope to publish these findings. Usually this diagnosis is accepted with raised eyebrows, but gradually we are getting together what we feel to be a fairly definite grouping into acute, subacute, and chronic stages and at last have what we call our missing link, in establishing trauma as the precipitating cause. In this individual, we found a large herniation of the nucleus pulposus, plus nerve roots that were matted together by a plastic exudate which was rich in polymorphonuclear leukocytes fibrin, but no bacteria.

About the most important thing that has happened to us during the past year is the sudden increase in our family. Phyllis and I have adopted two children, a girl 7 and a boy 8, who came to us from Latvia last May. They are doing well in school and are very happy. We, from Buffalo, extend our warmest greetings to the members of the Academy.

J. GARBER GALBRAITH: February 10 - It was a pleasure to see several of the members of the Academy in Memphis in November at the organizational meeting of a Southern Neurological Society. This regional group, instituted under the guidance of Dr. Eustace Semmes, plans to meet semiannually in the various southern towns to hold sessions at the clinics of the members. Jess Hermann and Keith Bradford constituted the western limits of the representation. The next gathering will be in Atlanta, about June 1st.

I have just returned from a vacation and scouting trip along the Gulf Coast in search of a suitable place to offer for a future meeting. The Grand Hotel at Point Clear, Alabama, is excellent, but is not large enough to accommodate our group with the usual number of guests. There are several other good prospects, however. I wonder how the group feels about a rotation of the annual meeting place on some regular schedule, such as the one suggested for the Harvey Cushing Society?

From a scientific standpoint we have had the usual assortment of cases. Of some interest have been 4 cases of brain abscess associated with congenital heart disease, 3 of which were recognized ante-mortem and recovered after treatment. The predilection of these patients to cerebral suppuration has elicited little comment in the neurosurgical literature. It is our impression that the incidence is higher than has been reported.

We are doing a considerable number of prefrontal operations for intractable pain and various severe and refractory neuroses. The results have been on the whole very satisfactory, so much so that whenever we are confronted with a patient having some severe and disabling complaint for which curative therapy is not available, we begin to think in terms of prefrontal lobotomy. It has been difficult to avoid over-enthusiasm and resultant abuse of this form of treatment.

SPENCER BRADEN: February 9 - It has been a long time since I have contributed to the Round-Robin letter and even on this occasion I have nothing of any great importance to say. However, I do want to extend my congratulations to the newly elected members and justify my absence from what is reputed to be the best meeting to date put on by John Raaf and company.

About three weeks prior to the meeting in Portland, I reached a long contemplated decision that fowl on the table during the long cold months of the coming winter might be a rather scarce article if I didn't take myself to Hudson Bay and bring back some Canadian geese for the larder. I scrambled away without too much difficulty and arrived there in due course of time to have an excellent hunt. The catastrophe, however, occurred on the night before I was to return home the following morning, a distance of 1000 miles by car. During the wee small hours of the same night, I developed what subsequently proved to be a far advanced, bilateral, painful, distressing, incapacitating case of thrombosed hemorrhoids which, quite literally speaking, kept me on an anxious seat despite the employment of all known conservative measures, including some recommended by the tribal Indians in that territory. I arrived home, needless to say, somewhat worse for wear. Even after my arrival there was a definite tendency on the part of the medical profession here to procrastinate for what seemed to me rather obvious inadequate reasons. To make a long story short, one of my more bolder surgical friends decided to take the bull in this case by the tail and rid me of my nuisance. Little did I realize that the fun was only beginning. The seat continued to be anxious for the next two weeks. This, of course, carried me well through the time of the meeting which I had made rather extensive plans to attend.

My apologies to John Raaf for not being able to be there for the meeting, as well as to take advantage of the hunting trip which was to follow and we had planned together. This finds me back in the comfortable saddle again and looking forward to the next session.

THEODORE C. ERICKSON: February 11 - I was delighted to hear that you caught the lateral pass of the Round Robin Letter from that excellent ball carrier Dean. I started the New Year with the resolution to get my contribution in on time. This resolution was helped somewhat by the fact that during the Christmas festivities I broke a metacarpal in my right hand, but I don't find it so easy to use a rongeur with the left. I was very sorry to have missed the Portland meeting for I hear it will be difficult to have another one as good.

We have just completed a follow-up of 180 patients with hypertension who have gone 1 to 6 years following sympathectomy. The results are approximately the same as those reported by others but I have been especially gratified by the persistence of improvement in the blood pressure over a period of years. We have not found as much evidence of regeneration of the sympathetics as we had feared. This may

be due in part to the fact that we have resected the celiac plexus in addition to the usual thoraco-lumbar sympathectomy and splanchnic nerve resection.

We have almost laid to rest any hope that P32 would have a therapeutic effect on the glioblastomas, at least in the manner in which we have been giving it. Clint Woolsey and I have continued to study evoked potentials from the sensory cortex, work which he began with Earl Walker. We recently had two meningiomas of the foramen magnum which were difficult diagnostic problems. One died before operation could be undertaken, the patient having been admitted on another service. The other patient did not survive complete removal of the tumor even though there was no gross damage to the brain stem in addition to that already present.

I am hoping that the 1951 meeting of the Academy may be held in Madison. We are planning a symposium on the cerebellum in September of that year and it is possible that the two might be combined. At least I would like to propose this at the next meeting.

EDWIN B. BOLDREY: February 11 - First I think it is in order to say a word of praise for the work carried on by your predecessor, Dean Echols, for so many years. His efforts were certainly fine. Next I think all of us should welcome your volunteering to take on the task and wish you the best in your new undertaking.

After the meeting at Portland, which was so pleasant for those of us who attended, activities in the Bay Area, neurosurgically speaking, returned to a state of more or less normalcy which has continued until the recent meeting of Pacific Coast neurological and neurosurgical societies.

One or two items of clinical interest have appeared. It is my impression that we are seeing a few more brain abscesses than we did for 3 to 4 years. I have been inclined to attribute this to one of two things: inadequate chemotherapy or the development of resistant strains, which I suppose amount to the same thing.

With the currently appearing adverse reports relative to E.E.G. in subdural hematoma appearing, I think further throwing of wet blankets on enthusiasm toward the infallibility of laboratory tests may be in order and want to report complete lack of angiographic demonstration of a subdural hematoma that lay rather low in the middle fossa and which was well shown by ventriculography. It just seems one cannot trust anything these days.

It was fun seeing the members from this area who attended the Pacific Coast meeting at Carmel. This seems to be developing along promising lines, and I am sure any one from a distance who happens to be in the area next year at the time of the meeting will be welcome and will have a profitable and a pleasurable time.

FRANCIS MURPHY: February 13 - Your request for a description of what happened on our trip to the Rogue River arrived many weeks ago. To be perfectly frank, it is impossible to tell just what happened, but I will give you a few of my recollections during my more conscious moments along the way. I will leave a more accurate description to Henry Schwartz.

It would seem that after such a perfect meeting and a presidential address that will surely stand for all time as a classic of medical history, the trip to the Rogue was bound to be an anticlimax. Actually nothing could have been farther from the truth.

With John's characteristic disregard for sleep and rest, we took off for the Rogue shortly after we left you at the University Club in Portland on Thursday evening. The trip down the Oregon coast might be compared to negotiating a roller coaster track on a tricycle blindfolded. It made the trip up Cheyenne Mountain at Colorado Springs two years ago seem like a Sunday afternoon drive in the park. We arrived at Gold Beach about 6:00 o'clock in the morning, and after a hearty breakfast, we went up the Rogue on one of the famous Rogue River boats, the only mode of travel into the Rogue River country. These boats and their pilots have to be seen to be believed. I had never known before that it was possible to go right up a small waterfall in a boat, but this is roughly what happened every ten or fifteen minutes. Much to my amazement, we arrived at our destination without a mishap.

You would think that after Sun Valley and Timberline Lodge Henry and I would have been hard to impress, but that is because you have not seen the Raafinski's "Crooked Riffle Lodge". It is a beautiful place situated in a small clearing 100 feet or so on the side of the Rogue River Canyon. The lodge itself was surrounded by a beautiful lawn which was covered with huge Oregon apples which had fallen from the trees. I was surprised to find some of the largest camellia bushes that I had ever seen literally loaded with buds. The lodge itself was a big place with all the modern conveniences, ample larder and a magnificent cellar. Needless to say, Henry's fears that we might have to rough it were quickly dissipated.

We began to fish immediately on our arrival, but we soon found that the steelheads were pretty well educated. It was well established during the ensuing twenty-four hours that they would only strike the baits of amateurs and stay strictly away from the more expert anglers. As a result, I didn't get a nibble, while my companions had their tackle mangled on two occasions.

After twenty-four hours, we again took off down the river for Gold Beach shooting the rapids at about 45 miles an hour, and after another hair-raising ride along the Oregon Coast in a fog, we arrived back in Portland about 3:00 o'clock Sunday morning.

After a few hours sleep and a delicious pheasant dinner, the long-suffering Raafs and Henry and me on the Empire Builder, and John with apparently plenty of time to burn left that afternoon for relaxation in Eastern Oregon hunting elk and pheasant.

Although the trip was somewhat strenuous for the less hearty members from the West and South, I have never enjoyed anything so much. The Rogue is everything it is supposed to be, and if you ever get a chance to go there, don't miss it.

P.S. You can really see Mt. Hood from the Raaf's living room window; I have a picture to prove it.

JOHN RAAF: February 14 - Is there any room in Santa Barbara for another neurosurgeon? The winter weather we had here in Portland during January made me feel like I would like to move to California. Maybe I'm just getting old for, of course, it couldn't compare with a Minnesota winter; but Portlanders felt terribly abused because of the snow and freezing temperatures. I was sorry I missed seeing the California delegation at Del Monte last week. I had planned to come down, but the Pacific Coast Surgical meets in Portland next week; and I found myself involved with arrangements for that meeting.

I should like to take this opportunity to thank the members of the Academy for their many kind letters which were sent to Lorene and me after the meeting last fall. I should have answered them all personally, but the Christmas rush caught me before I got around to doing so. It was a real pleasure to have the Academy meet here in Portland, and no one had as much fun as Lorene and I.

Some of the members might be interested in the subsequent history of the youngsters with hydrocephalus whom we have treated by implanting polyethylene tubes from the lumbar subarachnoid space into a ureter. Three of these children have left the hospital looking perfectly well and then have suddenly, for no apparent reason, expired some weeks or months later. One of the three was from Boise and another from over in Eastern Oregon. I have not, as yet, been able to find out very much regarding the terminal illness and death, except that I have been informed that the children suddenly expired. The third was from here in Portland. This one also died rather suddenly. I did not see the child at the time of death because it occurred during a ten-day interval when I was out of the city. Postmortem examination showed no evidence of infection, so ascending meningitis must not have been the cause. I assume that a fluid imbalance is the factor which produced death. If one could only drain that fluid into a space where it could be absorbed, I think the story might be different. Our two attempts to drain the fluid into the lumbar epidural space have resulted in failure because of adhesions. The same has been true when we have tried to drain the fluid into the abdominal cavity.

I wish to congratulate you and wish you much success as new editor of the Round Robin Letter.

HANNIBAL HAMLIN: February 14 - Thank you for your cheerful requests for contribution to the Round Robin letter. You must countenance my reluctance as a new member to think of anything about myself that might be of interest to the group.

I am most happy to have gained membership in the society. I am currently engaged principally in the effort to survive in a rather difficult medical environment. My chief clinical interest is the treatment of pituitary tumors of which I see very few. In the investigative field I am working with a group from the Massachusetts General Hospital on further efforts to elicit physiologic response to electrical stimulation of cortex possibly accessible during lobotomy operations. My assignment seems to be the Insula.

DAVID L. REEVES: February 17 - The responsibility for the continued publication of the Round Robin Letter was lateral passed to me at the Portland meeting when I objected to any consideration of discontinuing it, feeling as I have always done, that it serves a very necessary purpose in the Academy, and keeping us informed of things between yearly meetings. It may very well be that some day it will become a news letter sent out by the Secretary of the Academy rather than a collection of letters from the members. At all events, it seems to me a necessary and desirable thing for us to have. As soon as I had defended this brain child of Dean Echols, it was immediately tossed in my lap with the statement that Dean had desired to relinquish his responsibility after these many years.

The numerous interesting letters that have come in tell the Portland story well and its success has been obvious to all who have attended. Within the past week I have returned from a combined meeting of the Southern California Neurosurgical Association and the San Francisco Neurological Society held at the Del Monte Lodge at Pebble Beach, California. There a number of our members were present and all of us had a pleasant and interesting meeting. Those who have been to Del Monte can well appreciate its scenic beauty and its attractiveness. I have no doubt that in the future this meeting will become that of the Western Neurological Society or Western Neurosurgical Society comparable to the Southern Neurological Society and other similar organizations mentioned in this news letter.

The membership applications for Dr. Sweet, French, Schultz, Grunnagle and Eisenbeiss have been received by Wally Hamby, according to the letter from him. Certainly, if membership applications for Arthur Ward, Eban Alexander and Donald Mattson are not filled out by their sponsors, in my opinion we are missing the boat on three most desirable applicants.

As has been indicated in the news letter, the next meeting will be at the Mayo Clinic during the latter part of September. The plans have been going along accordingly. It is my feeling that in our news letter we should ask for opinions about the location for the meeting in 1951 so that this can be worked out ahead of time. It is my feeling that expressions of opinion concerning the program for the meeting are desirable and whether or not limitation of the papers to a period of 20 to 30 minutes is not a desirable feature.

Concerning interesting cases, I have experienced two which might be worth bringing to your attention. The first, a case of paraffine granuloma of the scalp for the treatment of baldness, unsuccessfully, I might add, and associated with a scalp tumor and headaches. These were relieved following excision. I have been reliably informed that the osteopathic physician who gave these treatments in Hollywood has left for parts unknown. The other case was that of a young woman in coma with left sided convulsions which had occurred during the sixth month of her pregnancy. She had had three other children and no particular symptoms except an occasional headache prior to the development of the coma some two days before I saw her. Ventriculography confirmed an expanding lesion located in the right frontal area, but much to my surprise at operation, a global meningioma about the size of a tennis ball was removed parasagittally with recovery from her coma in two days and complete recovery within two weeks and subsequent delivery of a normal child, a baby girl, three months later. Both mother and daughter are well at this time at the daughter's age of three months.

It is hoped that subsequent Round Robin Letters will help to clarify the many interesting problems of our profession as well as our Academy to which we are justifiably devoted.

The next issue of the Round Robin Letter will go to press about May 15th.