



THE ROUND ROBIN LETTER
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ROUND ROBIN LETTER

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

Your editor begins the Round Robin Letter with correspondence that arrived a little too late for inclusion in the Christmas edition.

J. M. Meredith (December 16): "Due to considerable emergency work during Richmond, Virginia the last few days, including an out-of-town trip to see a head injury case, I'm a little late in getting this note off to you. The meeting of the Academy at Rochester last September was most enjoyable in every way. George and Al certainly left no stone unturned; it was chiefly a matter of deciding what one wanted to do at any given time of the day, there always being a choice of two or three things to do at the moment. My hearty congratulations to Wally Hamby on his election to the Presidency; he will have, I know, a most successful year.

"Several days ago, I had an adolescent girl with a cerebellar cyst (also a considerable solid element to the tumor, an astrocytoma) which shakes somewhat my long-standing impression of the importance of the cerebellum as the chief organ or apparatus in control of equilibrium. After the cyst and the solid tumor had been removed, there was practically nothing in the posterior fossa except a very thin shell of cerebellum firmly adherent to the undersurface of the tentorium and the brain stem. Practically the whole posterior fossa is now one big dead space. Before operation, the patient, a girl of 14, could walk without ataxia and the Romberg test was normal. I imagine her brain stem must have "taken over" a large part of the cerebellar function in her case.

"We have come to look for a "triad" of symptoms in cervical disc cases and rely in our clinic less and less on pantopaque study to identify these lesions: (1) The pain preferably should extend from the cervical spine (5th-6th-7th interspaces) to the thumb and/or fingers of the affected side; (2) The examiner should be able to, without prompting on his part, reproduce the pain, even down to the involved fingers, by firm pressure with his thumb over the appropriate cervical interspace; (3) A lateral cervical spine film should show definite narrowing of the appropriate cervical interspace. If these three findings are present, we have always found a very definite protruded disc at operation, all our cases to date being at the 5th, 6th, or 7th cervical interspaces.

"I was very glad to learn of the formation of the "Southern Neurosurgical Society", which is to have its third meeting at New Orleans with Dean Echols as host in February. Neurosurgery now has a number of regional societies, as well as the well-known national groups -- certainly a healthy sign of growth. "

Editorial Comment: Those who are not already familiar with the formation of the Southern Neurosurgical Society will hear of that information with interest. I do not recall hearing the neurosurgical advances of the South reviewed in such an interesting and intelligent manner as that done by the transplanted Yankee, Dean Echols, and this new Southerner has apparently been in the forefront in establishing the Southern Neurosurgical Society, for which they can be grateful. As I see the picture, a Western neurosurgical society or association is an inevitable eventuality.

F. Keith Bradford (December 13): "Robbie and I have been communicating with the Executive Committee extending again our interest in having the meeting at the Shamrock. We have tentatively obtained reservations for September 20, 21 and 22 or for October 4, 5 and 6. The tentative plan is to have the first day of the meeting at the University of Texas in Galveston then moving to the Shamrock for the remaining sessions. Fishing arrangements can be made for those who are interested and Sam Snodgrass indicates that he would like to make arrangements out of Galveston. We are quite enthusiastic about the prospect of entertaining the Academy. The transportation facilities into Houston are in general quite good.

"On the scientific side I recently had a 12 year old girl with what we considered to have a simple ependymal cyst within the spinal cord. It contained about 2 ccs. of clotting white fluid and had produced progressive paraplegia over a period of at least 5 years. There was no increase in protein and no block but a pantopaque filling defect was present.

"I want to emphasize the pleasure it would give us if you come to Houston."

Editorial Comment: The meeting in Houston I am sure will be a very memorable one and I know that our members in that area can be relied upon to have something interesting and enjoyable for us.

John Raaf (December 14): ". . . My hat's off to Don Matson for his success with his operation for hydrocephalus. I guess I'll have to come back to the seat of all learning and find out how he does it. In my hands, it seems to work from a technical standpoint for a while, but the youngsters finally die, sometimes as long as a year after surgery. I believe I have done the procedure on nine patients, and only one is still living. Neither have I been able to run the polyethylene tube to the peritoneal cavity with success.

"Perhaps, Dave, you recall the strip of road along the Umpqua River between Drain and Reedsport when we were on our midnight ride to the Rogue.

a couple of fellows failed to negotiate one of the turns a few days ago and I still don't know whether they got them out of the river. I think it's just as well that it was dark when we made our ride."

Editorial Comment: John's suggestion for the election of new members has already been sent you and this represents the latter part of his letter.

I quite agree that it was a blessing that our ride to the Rogue River was made during the dark hours. I don't think I would have come through the exceptionally fine lesson in automobile driving with John as well as I did under other circumstances.

Exum Walter (December 13): "I would be most happy to have the next Academy Meeting here in Atlanta and I feel sure that we could arrange for a good meeting. If I had to choose some other spot, it would be the Shamrock Hotel.

"Regarding the question of paying expenses for invited guests, it is my feeling that we should continue as we have holding the sponsoring member responsible for his expenses. In the event that the man is at the meeting to present a paper or for some other reason for the good of all, then his expenses might be prorated among the members and this decision could be left up to the Executive Committee.

"We have an opening for a Neurosurgical resident. If any of you know of someone who would like to spend some time with us, let us know. We have a very active service and could offer a considerable amount of experience and responsibility to the right man. "

Exum Walker (February 17): "I have read with interest John Raaf's proposed method of election of new members. I can see no objection to the proposition and feel that this would be a satisfactory method of selecting new members. I believe it would be better to have the actual election during the meeting though it might be well to circularize the members prior to the meeting listing the eligible applicants along with the committee's recommendation of the number of new members to be taken in.

"Regarding Homer Swanson's experience with total spinal anesthesia it might be well to sound a note of caution. Homer told us about this patient at the Southern Neurosurgical Society and I believe I understood him correctly to have reported that while the patient had survived that he was still quadriparetic.

"We have had a similar experience in which we used rapid arterial bleeding for the purpose of controlling hemorrhage during the course of ligation of an aneurysm of the left middle cerebral artery.

"We almost lost this patient. He was decerebrate for about a week but by the Grace of God, a tracheotomy, oxygen and superb nursing care he has survived. He is at present aphasiac, has a paralysis of the right arm though he moves the other extremities well. He understands what is said. He is still improving but I am afraid he will be permanently seriously handicapped.

"We do not feel that what we did surgically would have produced either an aphasia or paralysis of the arm since we did not ligate any vessel, only ligating the neck of the aneurysm from one of three branches of the middle cerebral artery.

"In the future, I shall consider any profound lowering of blood pressure with great caution. It is true that the technical procedure was made quite simple."

Editorial Comment: Your editor notes that Exum has a very fine electric typewriter and also that he has two associates with him. The appearances would be that he is getting up in the big time. I feel the note referable to total spinal anesthesia is an important one, as well as his comments concerning rapid arterial bleeding.

Rupert B. Raney (February 21): "I gather that the next meeting of the Academy Los Angeles is to be held in Houston. Since the meeting is held in the fall, I am wondering if it would not be a good idea to hold the meeting around the second week-end in November, let us say, November 8, 9, 10. This is suggested inasmuch as it is known to be pretty hot earlier in the fall, and further these dates are fairly well removed from Thanksgiving and the Christmas Holidays. This is merely a suggestion, I intend to go to the meeting regardless of the dates.

"A little over a year ago we encountered a patient suffering from what could be classified as a spontaneous spinal subarachnoid hemorrhage without known cause. Since this is a comparatively rare lesion, I am wondering if it might not be of interest to the Academy to accumulate other experiences. Howard Brown tells me he saw a similar case a few years ago, and I am sure other members of the Academy have encountered one or more of these lesions. It would be very easy to assemble these experiences if every member who has had a case, or cases, would submit the protocol with his comments. Last year a report of actinomyces brought out a number of additional cases in the discussion."

Editorial Comment: Rupert's idea concerning November sounds like a worthy suggestion to me. Your editor has not yet seen a case of spontaneous spinal subarachnoid hemorrhage.

Jess D. Herrmann (February 16): "Our work has been rather routine during the past several months. We had a good break last week and got away for the Southern Neurosurgical Society meeting which met at New Orleans with Dean Echols. Possibly no problems were solved, and yet at the same time, very valuable information regarding intracranial aneurysms was presented."

Editorial Comment: Your editor is sorry that he only lives in the Southwest and cannot be considered a real Southerner so that he could be invited to the Southern Neurosurgical Society meeting which seems to have all the earmarks of an attractive growing child.

Eben Alexander (February 21): "I have read the recent letter concerning proposals for elections of new members to the Academy, and I am greatly impressed by the importance of this particular aspect of the Society. Being one of the three newest members, however, it seems a little premature to enter into any discussion of this matter until I have had a chance to see a little more of how the Academy works. Needless to say, I am looking forward very much to the meeting in Houston this fall, although having had a chance on one occasion during the war to see Santa Barbara, I hope I will have the opportunity in the future to cast my vote for that as the meeting place."

"We have had a recent interesting experience with what seems to be a relatively rare tumor of the middle ear, the so-called glomus jugularis tumor, which has in general been only of otological interest in the past. Some of these tumors, however, grow to great size and invade the temporal bone, going into the posterior fossa and causing definite cranial nerve palsies. Apparently none of these cases have been previously reported in the neurosurgical literature (except for one possible case which appeared in the proceedings of the staff meetings of the Mayo Clinic this week). We believe, however, that a good many more of these cases do occur than are recognized and are usually diagnosed as hemangioblastomas or endotheliomas erroneously. It was surprising when this paper was presented at the Southern Neurosurgical Society last week how many people were able to recall cases they had recently seen in the past year of this sort, few of which had been recognized microscopically but some of which had been again erroneously called endotheliomas."

"We would be delighted to have any of the members going to the Cushing Society meetings in Florida in April come off the beaten path a little bit for a visit in Winston-Salem and I hereby extend a general invitation. One will find spring in full bloom by that time."

Editorial Comment: Your editor greatly appreciates the comments of the newer members and feels that if anything their comments referable to the Academy are as important as those of the older members, believing as he does that the success of the Academy ultimately will depend upon the quality and character of the younger men entering the society.

Augustus McCravey (February 24): "The Round Robin Letter and the special editorial comments are my No. 1 reading material."

"Any clinical material that I may have would seem too minor to report after reading Homer Swanson's excellent report on total spinal anesthesia. At the recent meeting of the Southern Neurosurgical Society in New Orleans Homer gave us a detailed description as to how it was done, and I must say I am still too timid to use voluntarily total spinal anesthesia, but there are undoubtedly interesting possibilities in selected cases such as reported."

"It seems that all eyes are turned towards Texas, and the meeting at the Shamrock certainly has my approval. Only big things can happen in Texas; therefore I am sure we will have a great meeting this year. I do hope that the time consumed in executive sessions can be greatly reduced."

Editorial Comment: Your editor notices that Mac also is using one of these very nice new electric typewriters.

Guy L. Odom (February 22): "I have just returned from the third Southern Neurosurgical Meeting, which was held in New Orleans this year. There were about sixty members present, including a number of men in the Academy. Dean did a swell job of taking care of the group, even though he was under the weather with the flu most of the time. I suggest that he be requested to demonstrate the new "Dean Reflex" at the next Academy meeting."

"I have purposely delayed my letter in order that I could discuss the coming program with most of the members that were at the Southern Neurosurgical, but was unable to obtain any suggestions, except that they did not want it too long."

"I think that John's suggestion in regard to the election of new members is excellent. At the last meeting, he attempted to explain it but was unable to get it over. It seems to me to be very simple, as well as being very adequate. If adopted, it should stop a lot of the wrangling and make the business sessions much shorter and more pleasant."

"We have had the usual run of neurosurgical problems with nothing outstanding. Looking forward to seeing a number of the group at the Harvey Cushing Society meeting."

George S. Baker (February 23): "It so happens that I am leaving this week for a three week trip in the South and hope to see Dean Echols in New Orleans and perhaps some of the other men who are in this vicinity."

"I am very happy that the meeting of the Academy is planned for Texas and I hope that it will not interfere with the meeting of the College of Surgeons in San Francisco which is scheduled for November 5 to 9. Perhaps it can be arranged to either precede or follow this meeting.

"I have had a very successful removal of a neurofibroma arising from the fifth nerve in the posterior fossa by going in temporally, splitting the tentorium and coming down on the tumor from above. I do not know whether other men have employed this approach for this particular type of case but it worked wonderfully well and was carried out with minimal trouble."

Wallace B. Hamby (February 23): "The Executive Committee is mulling again over the old problem of elections to membership; we will report eventually. Those who are sponsoring candidates should clear them with Ted as rapidly as possible so they may be considered."

"We are hearing little from our Texas Hosts of the fall meeting, but assume that they are working mightily."

"I recently had a most heartening experience that I shall report, but an early note may save some of you a fatality. The bug-bear of cervical laminectomies in the sitting position has been air embolism. We have lost three or four that way. The picture is typical: the patient gasps and stops breathing; blood pressure and pulse abruptly hit bottom and then they die. None of ours recovered; autopsy showed the right heart full of foam. Animal experiments indicated that if a patient was put horizontal and turned on the left side, the froth would escape into the pulmonary circulation, saving the patient's life. Recently this situation arose in the case of a young woman with a cervical disc protrusion. She had the characteristic reaction and when she was lowered into the reclining position, displayed a characteristic swishing "Mill-wheel" cardiac murmur. When she was turned on her left side, the murmur cleared, pulse and respirations returned and the blood pressure shot up to 110/80! The operation then was completed in the prone position and she made an uneventful recovery. This was one of the most dramatic things I ever saw."

Editorial Comment: This certainly represents a very interesting manner of treating a serious neurosurgical complication and I believe we are indebted to Wally for passing on this information. It is my feeling that such information as this which comes out of the Round Robin Letter makes it a worthwhile and desirable thing to continue. I couldn't help noticing at our last meeting at the Mayo Clinic how little operating was done in the upright position. This seems surprising to me coming from a place where that position had been so favored. It made me feel there was certainly some very definite disadvantage which had led most of them to work in the prone posture. I have had no trouble doing my cervical discs in the prone posture and am glad I did not see fit to try out the other method.

George L. Maltby (February 23): "Neurosurgery here goes on in about the same fashion as I am sure it does with you as far as the private practice of neurosurgery is concerned, discs, periodic brain tumors and so on. One of the outstanding things in the last month or so here in New England has been the fact that we have had the first Meeting of the New England Society of Neurological Surgery which I think may develop into a rather interesting and worthwhile organization. The plan has been to keep the Meetings quite informal, to have one main topic of discussion each time. The first time, it was on intracranial vascular surgery. Everybody has been urged to bring individual cases and x-rays and to discuss all presentations thoroughly. The organization has been started by what could be called the younger and middle-aged group of neurosurgeons in New England. I am afraid that I fall into the older portion of the so-called middle-aged group. It was amazing to us to find that we had 36 neurosurgeons present at the first Meeting and the Meeting did not include any of the so-called older men. It is planned to have these men all as honorary members invited to attend but not as active members with the idea that their presence as active members might limit free and open discussion by the younger men. Bill Scoville was elected the first President, having been the guiding light in the organization of these Meetings. Tom Ballantine was elected Secretary and Treasurer for the first year and Tom Ballantine, Don Matson and I were appointed to the executive and organizational committee of the Society. It is planned to meet about every two months during the spring, fall and winter, having no Meetings during the summer months. The next Meeting will be in Hartford and the basic neurosurgical problem for discussion will be that of cervical and lumbar discs.

"I hope that we will be able to see many of you at the Harvey Cushing Meeting in April. "

Editorial Comment: This news from George is interesting in again showing the development of local societies for neurological surgery, societies which certainly serve a very useful and enjoyable purpose. I think the Academy should feel proud that one of our members has been elected as the first president, and from my experience he will certainly serve most admirably.

As I have mentioned in previous comments a Pacific Coast neurosurgical society or a Western society of neurological surgeons is in the oven but awaits further development and synthesis representing now a combined meeting of the groups in Los Angeles, San Francisco, Portland, and Seattle.

Alfred Uihlein (February 22): "I will admit that I have been very negligent in not sending in my contribution to maintain the Round Robin Letter, but when you have to carry on in forty degree below zero temperatures you just about get the bare essentials accomplished.

"I have had some rather interesting problems from a surgical standpoint this winter and I hope to be able to collect these cases for future presentation to the Academy.

"One of these was a 71 year old lady who developed an acute otitis media and came here and proved to have an empyema of the right hemisphere. As much of the thick pus was removed as possible and then a rubber catheter placed in the subdural space via which the right cerebrum was irrigated twice daily with a solution of penicillin and aureomycin, 1000 units to a c. c. This patient made a marvelous recovery with a most gratifying result.

"After reading the last Journal of Neurosurgery, I have almost decided to send other members of the Academy our vascular headaches as I cannot boast of such nice results. As a matter of fact I have been rather discouraged.

"We have just reviewed our cases of cerebral angiography and have been very pleased with the few complications that have resulted from angiography. The results of our study are comprising a paper that we will release shortly. I am doing almost all the angiograms under local, contrary to the suggestion of Doctor Poppen, giving the patient a cervical block and a stellate block prior to angiography. I do not do a bilateral stellate block where bilateral angiography is to be carried out. I still continue to give 1/4 grain of papaverine intra-arterially and now have added one c. c. of 1 - 1000 heparin to each 15 c. c. of diodrast in the hope that we can thus reduce not only the spasm but the danger of a thrombosis following the injection. We have found no serious objection to using this technique so far and feel that our instances of hemiparesis are less frequent or if any weakness of the extremities occur they recover much more quickly after the angiography. I certainly get the impression that patients with left sided cerebral lesions in or near the sylvian vessels develop more neurologic deficit after angiography than patients whose lesions are on the right or situated elsewhere than the left cerebrum.

"I hope to see you at the Harvey Cushing meeting in April."

Editorial Comment: It would hardly be cricket for your editor to make any significant comment about temperatures running below zero.

Donald D. Matson (February 27): "I can add one more successful result (at four months) with Earl Walker's pedunculotomy for unilateral tremor; incidentally, a tremor of at least twelve years' duration.

"We have finally opened our new floor at the Children's Hospital and now have twenty-five pediatric neurosurgical patients under a unified command.

"I have renewed an old acquaintance with the major peripheral nerve trunks by operating on Korean casualties at Murphy Army Hospital about once a week.

"No golf since Rochester in this miserable climate!"

Editorial Comment: This contribution of Don's referable to pedunculotomy represents an increasing number of these cases and I believe it will be important to learn the result after two or three years' time. Certainly the Children's Hospital and Department of Pediatrics at Harvard has been responsible for more advances in neurosurgery in infancy, childhood, and adolescence than any other center with which I am familiar. The Camp Cooke Hospital some 55 miles from Santa Barbara is to be enlarged to 1,000 beds and I will no doubt do as Don and others in operating there from time to time.

Thomas A. Weaver (February 27): "Like many other Academy members I have been distressed the last few years by the last minute wrangling in official sessions not only as to who should be elected but as to procedure, number to be elected, etc. Let us get this settled once and for all this year. Certainly a group of supposedly mature men should be able to decide such matters in a more becoming fashion.

Essentially I favor the proposal as put forth by John Raaf with an added suggestion or two. I suggest that with the presentation to the membership, prior to the meeting, of a list of candidates approved by the Executive Committee, the membership be given the opportunity to vote by mail as to whether each of these candidates would be acceptable as members of the Academy. Only those candidates receiving acceptance at this time by 2/3 of the membership would be presented later at the meeting for preferential vote as it should be obvious that if such a candidate could not receive such acceptance it would be a waste of time to present his name on the floor.

"As the Academy grows larger, is it any longer necessary in order to assure a successful, well attended meeting, to require apportionment of expenses whether or not a meeting is attended? Several members have already found it possible to attend only alternate meetings. I propose as a compromise that one totally excused absence be permitted once in three years. I feel that this might benefit both the older members as well as the younger men who may even find it financially difficult to attend a meeting with their family at a distant point every year. And I for one, feel that the Academy meeting should continue to be family affairs.

"To the program committee, I suggest that one day, both morning and afternoon sessions be set aside for symposia on two subjects of timely and current interest with a moderator and brief introductory papers covering various

aspects of each problem before opening discussion from the floor. I believe that participation of the younger members might be encouraged in this manner.

"I also feel that the Academy might add dignity to itself by the addition of carefully selected honorary members.

"We are looking forward to visiting the fabulous oil lands in the fall.

"Congratulations on a continued grand job with the Round Robin Letter."

Editorial Comment: It seems to me that the comments referable to election and the attendance of meetings, as well as the question of the expenses of meetings as outlined in Tom Weaver's letter, is well worthy of consideration by the membership at large and the various committees to which it is most pertinent.

Aidan A. Raney (February 27): "The Pacific Coast Neurosurgical Group concluded its three day meeting at Del Monte Lodge yesterday. The American Academy was well represented. Those present included Howard Brown, Ed Boldrey, John Raaf, Hunter Sheldon, Ed Davis, Rupert Raney and myself. Dave Reeves' work on the Round Robin probably explains his absence. We had a very enjoyable meeting and were sorry that more members of the Academy were not present to enjoy this annual joint meeting of the northern and southern neurosurgical groups.

"John Raaf's suggestions regarding elections sound very practical and eliminate many of the shortcomings that have been encountered in Academy elections. The method of election used at our last meeting had many good points but failed to eliminate one particular undesirable feature. The voter who favored a man farther down the list found it necessary to vote against a good candidate if he wished to save a slot for his favorite in the later ballot. How else can we explain our failure to fill our quota last year? A single ballot should be used to determine the total number to be elected and to include voting on each candidate. I am opposed to any method of election that does not include all the voting on one ballot and believe that John Raaf's Step 4 and 5 could be combined in one ballot.

"I have heard so much favorable comment about the Shamrock Hotel that I know all look forward to a good meeting there. However, in reviewing the literature I have not found the answer to one question: Is there a golf course in the Shamrock Hotel?"

Editorial Comment: Not yet being much of a golfer, I do not know about the golf course in the Shamrock Hotel though it may be large enough to have something of that sort. Our hosts from Texas can probably enlighten us on that in the next letter.

Unfortunately I was unable to attend the Pacific Coast Neurosurgical Group at Del Monte Lodge. This was the first time I had to forego that enjoyable

meeting. Influenza and vaccination for smallpox in our little girl precluded that possibility and almost kept me from attending the meeting of The Pacific Coast Surgical Association at Coronado. While there I enjoyed seeing John Raaf and Ed Morrissey, and likewise a fine surgical program throughout. Ed Morrissey gave a very interesting paper. Their oldest son is in the Navy training camp at Coronado.

The "Robin" tells us that congratulations will be in order to the younger Raney for a blessed event in June.

E. Harry Botterell (March 1): "Stimulated by the presence of Professor Jefferson at the last meeting, and strongly encouraged by Winchell Craig, it seems worth while to raise the question as to the desirability of having an Honorary Member from England. Wink was very anxious to see Jefferson made an honorary member at the last meeting, but the "promotion" came at too late a stage to bring it before the Academy. Personally I should like to learn the views of the group, and perhaps Wallace Hamby will take it up at the Houston meeting. My personal regard for Jefferson is such that I am strongly prejudiced in favour of making him an honorary member of our Society, as the representative of the British group, but would not like to push such a scheme unless the policy met with the general approval."

Editorial Comment: Your editor feels Harry Botterell's suggestion is very much in order and that it is high time our Academy had others to join Wink Craig and Glen Spurling as honorary members and both of them are feeling a little lonesome in their position. I would suggest to Harry that he look up Article VII, Section 1 of the Constitution referable to election of members which indicates that he should nominate Professor Jefferson by writing to the Secretary and this nomination should be accompanied by the necessary information outlined in Section 1. Your editor will be pleased to indorse Professor Jefferson and I am sure there are many others who would do so too. I would suggest also that somebody such as Wink Craig nominate Jason Mixter as another honorary member and send the required information to the Secretary. Again I would be pleased indeed to indorse him as an honorary member.

Stuart N. Rowe (February 24): "I am sorry that there seems to be little of excitement around here to contribute to the present Round Robin Letter. I believe that John Raaf's suggestion in regard to methods of election is, in general, a very good one. I would also favor the suggestion of Henry Schwartz of having the candidates gone over by a smaller group than the organization as a whole, and presented to the total membership. It seems to me that this would save much time at meetings and, in general, would be preferable to mail ballots."

Editorial Comment: Your editor still believes there is a very useful purpose to be served by mail ballots but anything which will make the business meetings

meetings shorter and kept within 45 minutes, thus indicating that most of the work had been done previously, is heartily indorsed by your editor.

Joseph P. Evans (February 25): "Your last call for contributions to the Round Robin is at hand and having been remiss about the last letter I don't want to appear disinterested again because I feel the Round Robin is a very real contribution to the joint interests of the members of the Academy.

"Actually however, I seem to have very little to add in way of comment. We had the pleasure of a visit from Bob Pudenz recently and it was good to see him. We have moved into the new Mont Reid Pavillion which is a great joy because it centralizes our work to an appreciable extent and provides us with excellent laboratory space for neuropathology and neurophysiology with a shielded neurosurgical room immediately above our offices. A further advantage is that it brings neurology and neurosurgery back together again with Charlie Aring now sharing office space. He has with him a young neurologist, Sam Trufant.

"Now that we are getting squared away in our new quarters we are beginning to lose men to the armed services which poses new problems. It is obvious that one can't fuss about such complications in the face of the world situation today.

"From the work that Henry Ryder is doing in our head injury study we are getting some new ideas about the role of pressure in head injury but it is a little early yet to be sure of what it all means. Certainly tracheotomy has a very important role to play in certain severe head injuries as Dean Echols has emphasized.

"I spent a very interesting day at the Walter Reed two weeks ago where George Hayes, the chief of the neurosurgical section, seems to me to be doing a very creditable job. Robert King, one of Henry Schwartz' men is doing excellent work there also. It was gratifying to see, shall I say younger men, doing such creditable work."

Editorial Comment: The new Mont Reid Pavillion sounds like a very luxurious place to work. Those of us who are without such contributions find that neurosurgery is perhaps a little more sporting but nonetheless more difficult.

Hannibal Hamlin: "Greetings to officers and members - in appreciation of Providence, R.I. excellent meetings and the informative Round Robin Letter.

"I am learning what I missed during my war experience about spontaneous recovery in peripheral nerve lesions from Korean casualties under observation of Commander James Luce at Chelsea Naval Hospital. Evaluation of Tinel phenomena as described by Henderson and Sunderland again proves the value of simple and repeated clinical examination accurately recorded.

"Item 2: I have recently had success in liquifying an old subdural hematoma by injecting a fibrinolysing enzyme into its substance through bur holes, rendering its removal much easier. Information about this will be forthcoming after further trial.

"Membership in the Academy has become a prized achievement but we are in a stage of exclusiveness. Competition should be selective, as it is, but without too rigid limitation on the number of preferential candidates who can be selected every year. I think we should try to elect the desirable men of our decades whenever they become eligible."

Editorial Comment: These thoughts from one of our new members are believed of considerable importance.

J. Lawrence Pool (March 1): "There is no special news except to repeat an invitation to the Academy to meet in New York in 1952 if the members so desire."

Editorial Comment: In spite of my desire to see the members of the Academy in this beautiful city of Santa Barbara, I believe that many would desire a meeting on the East Coast and I also feel that New York City would be a wonderful spot.

William F. Beswick (February 23): "Here in Buffalo we gather a great deal of pleasure from the Round Robin Letter and I am sure that I am the only one in Buffalo who is so delinquent in making contributions to this epistle."

"In answer to your inquiry concerning mail balloting relative to new candidates, I would be in favor of such an innovation.

"I am happy to hear that Texas has met with general favor as the meeting place for the Society.

"Wally Hamby and I plan to be in Chicago on Saturday, February 24, for the meeting of the Inter-Urban Surgical Group. We look anxiously forward to reports on aneurisms, pituitary tumors, etc.

"At the moment I am very much interested in finding out how many members of our Society had any experience with posterior fossa and neoplasm complicating Arnold-Chiari defect. Last week I partially removed a mid-line medulloblastoma from a 21 year old boy whom I treated one and a half years ago for Arnold-Chiari defect, in which a firm fibrous band ran from the right cerebellar tonsil to attach itself to the level of the 2nd cervical vertebra. The point of attachment was brittle fibrous band a centimeter in diameter. Who has had any similar experience?

"A question that many of us would like to have answered is what do the military forces hold in store for us."

Editorial Comment: Bill Beswick's case is an additional interesting experience which I have personally never run across. Very probably, as we have found in the past, others have had similar cases. I recall giving the paper on Schistosomiasis Japonica at Hot Springs, Virginia thinking that I had had a very unique experience and in the discussion realized that several other people in the military service had run across a similar situation.

As to what the military forces hold in store for us, that in my opinion remains an enigma and depends a great deal on what Russia does during the coming year. Maybe it is just as well we do not have a glass ball to have these questions answered prematurely.

Dean H. Echols (February 27): "Although Houston claims to have outgrown New Orleans, the population of the Queen City of the South isn't standing still. This also applies to the neurosurgical population, which now stands at seven. Two others are coming later this year to join two of those who are already established. I estimate that we could support about twelve.

"Earlier in February, the Southern Neurosurgical Society held its third annual meeting in New Orleans. The organization, which was started by Dr. Semmes, has already met in Memphis and Atlanta. As all of the members are polished Southern gentlemen, it makes a very amiable group of about fifty. There is a rumor that Francis Murphey and Henry Schwartz are still down in the French Quarter, but I suspect that they are really back at home and at work.

"At the above mentioned meeting I showed a patient who had had a pearly tumor removed from the cerebellopontile angle. Preoperatively, there was complete deafness and a dead labyrinth on the side of the lesion. Both labyrinthine and auditory function are now returning.

"If any of you have seen recovery of eighth nerve function following tumor removal, please send me a memorandum for inclusion in the brief communication which I will soon be publishing."

Editorial Comment: Your editor is particularly pleased to have this very nice news note from Dean, the father of the Round Robin Letter. I have personally had no recovery of eighth nerve function following tumor removal but have had one instance of facial nerve recovery.

As far as cases from this part of the world are concerned, I recently had my second encephalographic picture of absence of the septum pellucidum and have also had another instance of agenesis of the corpus callosum. Not long

ago I saw two cases of tetanus antitoxin peripheral neuritis which followed the course of the two cases recently reported at the Mayo Clinic.

Spencer Braden (March 6): "Thanks for replying to my wire. I hate to be guilty of holding up publication of your worthy contributions but what I am really interested in is entirely personal.

Cleveland, Ohio

From a scientific standpoint I am trying to work out ways and means of doing some intracarotid arterial lesions in order to prove something one way or another relative to the efficacy of carotid ligation. What I mainly want to circularize is a one years residential opening and possibility at St. Vincents Charity Hospital. This is a Catholic institution of approximately 300 beds. I'm asking approval for a one years residency which I hope to have in the near future. In case anyone in the group knows of anyone who might be interested in augmenting his training from a residential standpoint I would be glad to hear from him or talk to any prospects.

"I have just totalled up in a general way the work done at this hospital in a five months period from October 1, 1950 to March 1, 1951. The total number of personal admissions was 119 cases. In addition to this there were 57 consultations seen within the hospital. I personally had 45 major operations, including cord tumors, sympathectomies, intervertebral discs, brain tumors, aneurysms and traumatic lesions. There were in addition, 31 major cases which were done either by or in association with the resident, making a total of 76 major operative cases, the resident doing approximately half. There were also 27 minor operations, including arteriograms, ventriculograms, encephalograms, etc. These were all done by the resident. A fairly active outpatient service has been developed with a total of 165 cases recorded for this time interval. This hospital is a centrally located downtown institution and consequently has a large and varied emergency room service. A total of 1600 cases were seen in this period of five months of all descriptions. This, of course, includes general surgery and otherwise. It is my hope that this will give some possible interested party an idea of what a year in such an organization might offer him. Board and lodging, of course, will be furnished by the hospital and a monthly stipend is worked out according to the amount of previous training the applicant has had.

"I learned quite to my surprise in the last Round Robin Letter that I was Chairman of the Committee to make suggestions for the rather perennial subject of membership in the Academy. I hope to be able to contact my cohorts Frank Mayfield and Alfred Uihlein in the future so that an initial start can be made. I am looking forward to the meeting in Houston and trusting the scientific program will not be too long and the business meeting short."

Editorial Comment: Spencer will probably be pleased to read the comments referable to John Raaf's membership plan.

The "Robin" wishes to toss off the following summary of things mentioned in the present letter.

First of all he notices a continuation of regional neurosurgical societies. These appear to be reaching some maturity and permanence and he feels that they in a word take the heat off any necessity for increasing our membership for purposes of admission alone. He notices a unanimity of approval for Houston as the next place of meeting with suggestions that the meetings be late in the year.

He also observes that many of the members continue having interesting neurosurgical cases and experiences. He believes these experiences, often unpublished, are of value to the membership at large.

He notices a general agreement in John Raaf's suggestion concerning membership in the Academy and believes that Spencer Braden's committee will appreciate this expression of opinion.

He also observes agreement in the desire to have additional honorary members and he feels a little action would be desirable in this respect.

He has also found a demand to eliminate as much business routine during the meetings as is consistent with necessity.

Again he wishes to suggest mail balloting and expressions of opinion on subjects taking place before the meetings, and he wonders if the Secretary will soon send out a list of those coming up for membership next year. He believes action on this subject is most important and essential for our welfare.

He hopes you will like the new cover and believes the Round Robin Letter coming out in June will be printed in a new and attractive manner.

He closes with words of appreciation for the contributions sent to him.

Your correspondent is pleased to include these additional letters which just arrived.

T. C. Erickson (March 14): "Your call for the round robin letter arrived some time ago so that I suppose that any notes I may make are too late for inclusion. I am wondering whether you are still in this country for I heard a wild rumor that you had been sent to Korea.

While in Chicago for the Interurban Neurosurgical Meeting at the end of February I had the pleasure of seeing a number of Academy members. I particularly enjoyed hearing Francis Murphey speak on the treatment of intracranial aneurysms by means of ligation of the carotid artery in the neck. My own observations would certainly confirm his thesis, although I shall continue to use the intracranial approach for selected cases.

I just recently had a patient who exhibited a severe cortico-sensory loss on the right side due to a discrete lesion, hemorrhagic cyst and angioma of the left supra-marginal gyrus. I had never seen a more clear cut confirmation of the conclusion that Joe Evans came to in his classical paper on the cortico-sensory areas.

Here is hoping that you are not in Korea and that I will see you at the Cushing meeting."

William Beecher Scoville (March 19): "I write belatedly for the Round Robin Letter to first congratulate you and the committee on the suggested methods of election of new members. Personally, I am in total agreement with John Raaf's recommendations. I am against any appreciable number of honorary members and do not see any reason to elect to honorary membership every guest speaker. My Yankee blood still objects rather violently to the need for paying for the cost of a meeting when I am unable to attend through no fault of my own, i. e. Ben Whitcomb and I have to alternate by hospital decree and this probably applies to several other members.

We have been greatly interested in selective ligations of intracranial aneurysms with several unfortunate experiences, and our tentative conclusions at present are (1) that aneurysms and angiomas distal to the circle of Willis can be handled by proximal clipping through a 1-1/2" trephine bone button well away from the lesion itself, (2) all aneurysms arising from the circle of Willis, including the posterior communicating artery, can be visualized from a supra-orbital 1-1/2" trephine, and (3) we have resolved never again to clip or ligate a circle of Willis aneurysm without first temporarily trapping it with lead clips proximal and distal to the aneurysm so that, if it is torn or bursts, we can

control it in a precise manner without doing irremediable adjacent damage. (4) The majority of cases of spontaneous subarachnoid hemorrhage in our hospital continue to show negative bilateral carotid angiograms, and a few of them have shown negative vertebral angiograms as well; three of them have shown completely normal angiograms and at post have shown an aneurysm in the circle of Willis or in the proximal middle cerebral artery.

"We continue to have an appreciable number of mishaps, especially hemipareses, following angiography and have had one which was massive in spite of prophylactic stellate novocain blocks. This last precaution appears to us an important safeguard. All of our angiograms have been done under local by either the open or percutaneous route. Walker reports having practically no mishaps. I would be interested in comments.

"We are using tracheotomies more and more in the deeply comatose head injuries, especially those with decerebrate rigidity, laryngeal stridor and Cheyne-Stokes breathing and have had a few miraculous changes for the better, especially in two cases with accompanying chest injuries.

"I continue much interested in selective undercutting of either the superior surface or the orbital surface of the frontal lobes for psychoses and psychoneuroses. Orbital undercutting appears to this writer an ideal procedure for intractable obsessive compulsive neuroses and life-long anxiety tension states, giving no appreciable personality deficit and making life definitely more bearable for the patient. Personally, I think it is preferable to electric shock for such patients. It probably will help those psychoneurotics obsessed with visceral complaints, and we have had rather marked improvement in the one case of ulcerative colitis on which it has been done.

"Liberson and Henry and the writer have continued to be interested in cortical stimulation and direct electricocortigrams from the posterior orbital surface and from the uncus and find extraordinary sensitivity in the uncus region and very little sensitivity in the posterior orbital surface. We have done nine cases of uncotomies on severely deteriorated schizophrenics, in four of them excising the cortex of the medial surface of the temporal lobes, beginning at the tips and back to the hippocampus and find very few gross physiologic changes, which is surprising when one notes the extreme sensitivity of this area to stimulation. I believe Earle Walker has made the same observations. Mentally, there has been temporary regression and no other startling changes.

"We have started a sectional New England Neurosurgical Society, meeting the first Friday of alternate months, modeled after the New York Neurosurgical Society, and will welcome as guest speakers any members in transit. The next meetings will be held April 6th in Hartford and June 1st, location not yet determined.

"I am sadly disappointed that I will be unable to attend the Houston meeting but I hope Ben will be there with bells on. "

"P.S. I have been in correspondence with Prof. Paglioli, secretary for the South American Neurosurgical Congress, which has altered the date of its four-day meeting to start May 6th in order to immediately follow the Cushing meetings. The South American contingent is in hopes that some U. S. neurosurgeons will attend, and all hotel expenses will be paid by the Congress. A pleasant jaunt can be made from Miami to Porto Alegre, Brazil, and the plane fare is approximately \$900. - round trip from Florida. Prof. Paglioli asked me to notify the members of the Cushing Society and other neurosurgical societies of this change in date. "