

THE

NEUROLOGICAL

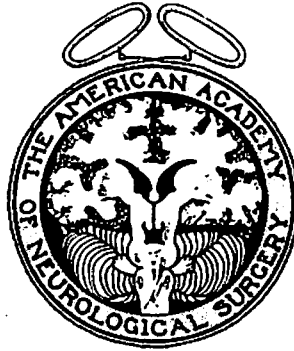
THE PERSONAL JOURNAL
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY

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THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



OFFICERS 1964-1965

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THE NEUROSURGEON

The delightfully charming setting of Key Biscayne with the "pitch and putt" course, the swimming pool and the ocean at one's doorstep, captured the hearts of everyone. As a result of the enthusiasm generated by the friendly service, and the excellent scientific and social arrangements, the Academy will return there in 1967.

Although election difficulties continue to concern us, we are pleased with the election of four new members to the distinguished American Academy of Neurological Surgery. They are George Ehni, Sidney Goldring, Byron Cone Pevehouse, and David H. Reynolds. Indeed, they are a valuable contribution to our Academy, and the Academy in turn will bring rewarding pleasure and recognition to their neurosurgical careers.

For the information of the members, as well as for historical purposes, a resume of their medical careers now follows.

George John Ehni



George J. Ehni was born in Illinois and had his premedical education at the University of Illinois from September 1932 to June 1935. He obtained his medical education at Northwestern University Medical School from September 1935 to June 1939. He served his internship at the Cincinnati General Hospital from July 1939 to June 1940, and then had his residency and graduate training at the Mayo Foundation from July 1940 to October 1943.

He served with the U. S. Navy from October 1944 to February 1946 with the rank of Lt. J. G. He was certified by the American Board of Neurological Surgery, October 13, 1946. He is Professor Division of Neurological Surgery, Baylor University College of Medicine, Houston. He is a member of the Harvey Cushing Society, the Neurosurgical Society of America, the Pilgrims, and the American College of Surgeons. He has thirty-one publications to his credit.

Sidney Goldring



Sidney Goldring was born in Kremnitz, Poland, had his pre-medical education at Washington University, St. Louis, Missouri from September 1941 to September 1943, his medical education at Washington University School of Medicine from January 1944 to June 1947, and his internship at the Jewish Hospital, St. Louis, Missouri, July 1947 to July 1948. He was assistant resident in surgery at the same hospital the following year, a fellow in neurology

at Washington University the following year, and assistant resident in neurology at Barnes Hospital, January 1951 to July 1951. He was then a fellow in neurosurgery at Washington University, July 1951 to July 1952, after which he was assistant resident in neurosurgery at Barnes Hospital, January 1955 to July 1955, and resident in neurosurgery at Barnes Hospital, July 1955 to July 1956. He was senior assistant surgeon in the U.S.P.H. (Instructor in Neurosurgery with Washington University Medical Units to Thailand), July 1952 to February 1953, and Captain U. S. Army, July 1953 to January 1955. He obtained certification in the American Board of Neurological Surgery in May of 1959.

He was Associate Professor of neurosurgery at Washington University, July 1961, and has recently been appointed Professor of Neurosurgery at the University of Pittsburgh.

He is a member of the American Physiological Society, Alpha Omega Alpha, the American College of Surgeons, Congress of Neurological Surgeons, the Harvey Cushing Society, Sigma Xi, the Pilgrims, and the Society of University Surgeons. He has some forty-three publications to his credit.



Byron C. Pevehouse

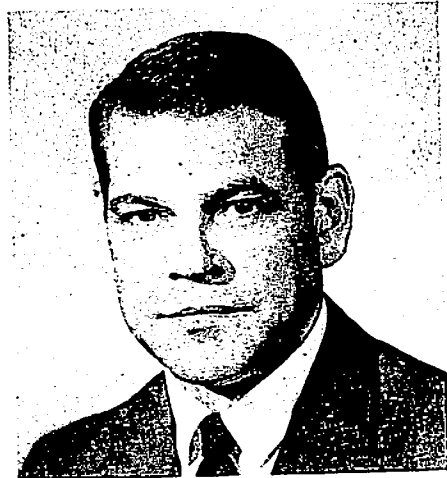
Byron C. Pevehouse was born in Lubbock, Texas and obtained his Bachelor of Science degree at Baylor University in 1949, M.D. in 1952. He interned at the University of Colorado at the Colorado General Hospital from 1952 to 1953, took his general surgery at the University of Oregon Hospitals from 1953 to 1954, and his neurological surgery at the University of California Hospitals from 1954 to 1958. He was awarded a National Science Foundation Fellowship at the Montreal Neurological Institute in 1959,

and was given a Master of Science degree in Neurology and Neurosurgery at McGill in 1960. He was certified by the American Board of Neurological Surgery in October of 1962. He served in the Hospital Corps, U. S. Naval Reserve, 1944 to 1946, in the Asiatic-Pacific Theater. He is assistant professor of neurological surgery at the University of California Medical School in San Francisco.

He belongs to the Harvey Cushing Society, the American Academy of Neurology, the San Francisco Neurological Society, and the American College of Surgeons. He has six publications to his credit.

David H. Reynolds

David H. Reynolds was born in East Liverpool, Ohio and obtained his premedical education at Ohio State University and his medical education at Duke University School of Medicine. He interned in medicine at St. Joseph's Hospital, Marshfield, Wisconsin from January 1951 to June 1951, and in surgery at the Grady Memorial Hospital, Atlanta, Georgia from July 1951 to July 1952. His residency and graduate training included neurology at the Duke Hospital from July



1952 to June 1953, assistant residency in neurosurgery at Duke Hospital from 1953 to 1954, and residency in neurosurgery at VA Hospital, Durham, North Carolina, 1953-1954. He was resident in neurosurgery, Duke Hospital, 1955-1956. He was in the U. S. Army Medical Corps with the 10th Evacuation Hospital, South Pacific Area, from 1942-1945. He was certified by the American Board of Neurological Surgery in 1959.

He was Associate Professor of Neurosurgery and Chief of the Division of Neurosurgery at the University of Miami School of Medicine from 1958-1962; Acting Chairman of the Department of Surgery, University of Miami School of Medicine, Jackson Memorial Hospital, December 1961 to March 1963; and Professor of Neurosurgery at the University of Miami School of Medicine since 1962. He has thirteen publications to his credit.

As has been our custom, we are including a Presidential Address. It is to be recalled that several have enquired about the publication of Henry Schwartz's Presidential Address delivered at the meeting of the Academy in New York in 1952. Your editorial committee managed to obtain this from our Historian, and also twisted Henry's arm enough to have his approval for its publication. This year Ted Rasmussen was reluctant to include his Presidential Address, "Some Physiological Implications in Focal Epilepsy", in The Neurosurgeon, pointing out that it is largely a scientific presentation which would no doubt be published in one of the appropriate journals. We yield, at present at least, to his desires. We know all will be interested in Henry's address, "The Virtue of Inconstancy", as well as what "time" has added to some of his thoughts.

*



THE VIRTUE OF INCONSTANCY

Dr. Henry G. Schwartz

A happy part of the president's duties is to greet the members of the Academy and extend the Academy's welcome to our guests. You are already aware of what our hosts, the Pools and the Echlins, have done to make the welcome more than a mere word. They have worked tirelessly to arrange meetings - which is, perhaps unfortunately, the official duty. They have provided entertainment - which is the official pleasure; and they have made all of us feel at home in this great city - a feat that is quite nonofficial and succeeds only out of plain goodness of heart. So, in welcoming you tonight, I speak for our colleagues in the City, and their good wives, and in turn express the Academy's gratitude to them.

My second responsibility is not so much to my liking. In fact, as I consider it, I rather feel like a psychiatrist who watches, in a patient, the balance between the manic and depressive states. We have had a cocktail party and friendly greetings and a dinner, all guaranteed to produce a rather exalted state of being. Then we throw in a speech, almost equally powerful guarantee of a fit of depression.

This group has been far more fortunate than most in having the depressive stage alleviated - in listening, after drink and dinner, to talks that were more like dessert than disaster. Indeed, as I recall the addresses of past presidents and honored guests, I feel humble before the high level of entertainment, as well as instruction, that was their most notable feature.

Just last year, we had the intellectual treat of Wally Hamby's scholarly review of the pioneer vascular surgeons. In the recent past, the personal interests and contributions to neurosurgery by individual members of this Academy were "Raaf"-ishly presented through unsurpassed cartoon and sympathetic prose. And, in speaking of contributions to the field by our own members, most of us present tonight will recall the Echols-Elvidge debate. It was a keen argument, South and North contending for the prize in neurosurgery, and a fresh war between the States imminent. And yet this Academy, loyal to its tradition that entertainment as well as truth is valuable, agreed that both North and South might share in the honors - and all this without calling in a Democratic politician to arrange a truce.

Presidential Address -- Delivered at Annual Meeting of American Academy of Neurological Surgery meeting in New York in 1952.

Any possible affronts at that meeting vanished when Glen Spurling rose to speak and offer a most acceptable piece of professional advice. You will recall how he urged us, in the interests of personal as well as professional harmony, to forsake the trephine and the electro-encephalogram for a cello and a fishing rod. The cello was one instrument that, in the interests of my own family, I could not take over. But the fishing rod - now there's a tool for any man, and any man's wife, and the Ozarks, the Rockies, or the Rogue all await our services. "And now," in the inviting words of Izaak Walton, "we are come again to the river. I will prepare for skirmish. I will draw out my tackle and try to catch a trout for supper."

So, ladies and gentlemen, we have had a pleasing and commendable variety in the addresses of this Academy - and this variety we owe, I suspect, to a single circumstance. Perhaps, when I mention it, you will consider me a traitor not only to the profession but to good sense: perhaps you may imagine that a recent fishing expedition has gone to my head and that too many trout, like the apostle's too much learning, hath made me mad. None the less, there is a reason for the amenity of our meetings, and an obvious one. Here, the wife of the physician, as well as the physician himself, had the dignity - and may I also say, the influence - of membership. In simple words, gentlemen, the ladies are present to keep us sane.

On such a topic, of course, no man would venture an opinion without evidence, unless perhaps he were a psychoanalyst. We can fall back on an older authority, a great man of letters about whom much is heard these days. I refer to John Donne - an authority, though it is often forgotten, on woman as well as on God. This famous dean of St. Paul's, who had Izaak Walton as one of his parishioners, wrote as a young man "A Defense of Women's Inconstancy".

Now, it seems strange to make of "inconstancy" a virtue in women. But let us listen to John Donne, and note how this changeableness, this love of variety, in a woman is what makes her accountable for the spice of life - and her presence accountable for the spice of a neurosurgical dinner!

"That women are inconstant", says he, "I with any man confess, but that inconstance is a bad frailty, I against any man will maintain. For everything, as it is one better than another, so it is fuller of change. The heavens themselves continually turn, the stars move, the moon changeth the face of the earth altereth her looks, time stays not In men, they that have the most reason are the most intolerable in their designs, and the darkest or most ignorant do seldomest change; therefore, women changing more than men, have also more reason."

You and I have been present at many a convention run by men "intolerable in their designs". We have sat there as dull as the earth's dull center. Here is a group wise enough to let changeable women take a part; women, as Donne says, "born to take down the pride of wit and ambition of wisdom".

The adventure of winning them which makes fools wise, is as nothing to the other adventure of keeping them won. A man is hard pressed to keep up with her many movements and her thousand and one interests. It is rather good for him to have her around. She keeps his mind supple, not permitting it to become case-hardened with the years. She opens new windows of thought and compels him to look through to follow her lead and be ready for change and always prepared to welcome a fresh horizon. Even when they complain of our stuffiness, we are mildly grateful for the warning.

Let me pay tribute, then, to this virtue of inconstancy in our wives. I am equally sure that none of them will prudishly object to a brief consideration of the place in our lives of the "other women". For all of us here have another woman - this mistress of neurosurgery. We court her avidly in the privacy of the operating theatre. We flaunt her in public places like this hall, and it is at her behest that we travel a thousand miles from home. She has all the characteristics of her sex, including inconstancy, and she is perhaps more brazen than most women, for she has kept intimate company with those of us who are older and she throws out a lure to the younger lads who follow us around. Morning after morning, she camps on the doorsteps of the mind and, in a voice more sultry than Mae West's, she seduces us to do her bidding. She calls, like Marlowe's milkmaid:

"Come live with me, and by my love
And we will all the pleasures prove"
- - - - -
- - - - -

Can any of the ladies blame us for loving the girl? Even when she sends us home at the end of the day, weary and lost, fit company for neither wife, nor child, nor guest, she keeps her clutch on a man.

And, then as suddenly, when we who are her victims, get together, she exercises her right as a female to alter and change. She turns cool and distant. She pretends to be old, and to have lost her capacity for embracing a group of admirers that has grown too numerous. And some of us who possibly ought to know better, become despondent about neurosurgery. Like the milkmaid's mother, we complain that:

that day decided to cut down on the number of young men who were permitted to work with the masters?

Fortunately, our Mistress, with her virtue of inconstancy, came sparkling out of her relapse. Her admirers multiplied rapidly, intrigued by the new jewels she wore around her neck and on her wrists and fingers. Some of these gems were new, some were old ones reset, having lain unappreciated on her table for some long time. Sympathectomy, discs, lobotomy and surgery for epilepsy and aneurysms, entered the purlieu of the neurosurgeon. With these as our gifts, those of us who are now in middle life have wooed and won our Lady, and she has been a good friend to us. Perhaps one or two of the jewels are already losing their lustre. Sympathectomy for hypertension appears less attractive, and it is to be hoped that some method other than mutilation of the brain will be found to cope with psychiatric disorders.

What is significant is that, with this widening of scope there has seemed to be enough for the three or four hundred neurosurgeons to do. Is there any compelling historical reason to believe that neurosurgery of tomorrow will be less hospitable, less open to adventure and expansion?

We are justified in being concerned about the training of neurosurgeons, but the basis for that concern should involve not their quantity but quality.

As new procedures have been added, it has become increasingly clear that, through accident or force of circumstance, there is considerable variation in the type of clinical experience our apprentices receive. I would resist any attempt to lay down a rigid system of training. The house of neurosurgery may be entered through a number of doors - anatomy, physiology, general surgery (if there is such a thing any more), internal medicine, chemistry, neurology, or pediatrics. But before a trainee leaves this house, it is our responsibility to him and the community to have given him a wide experience in the practical surgical craftsmanship of our guild. We must be aware that all services or all clinics are no longer equipped to give well-rounded clinical neurosurgical training. It is inevitable that each of us will have a special interest and thus attract special types of cases, but, from the vital point of view of training young men, we must be concerned that their experience is not such that they become over-specialized specialists. We are in danger of becoming "disc surgeons" (although the orthopedists cast increasingly rapacious looks), "traumatic surgeons", "lobotomy surgeons", or, as one of our Southern members says, even "needle surgeons", the latter specializing in stellate blocks. In some areas, tumors appear to be rare, indeed.

our young men are getting, and less to the fear of producing young men in quantity. And let us not be influenced too much by the immediate need for young assistants who will merely run our services and keep our practices going. Our responsibility to the neurosurgical house officer is paramount, and if that is discharged faithfully we will continue to earn the right of favors from Neurosurgery. In this matter of training I do not have the mystical, cure-all prescription but I submit the condition to you for cogitation and treatment. An answer may be found in continuation of informal arrangements already in effect in some places, whereby clinical house officers or fellows alternate between two clinics so as to implement the weakness of one with the strength of the other. Such a policy, while always voluntary and spontaneous, is in no way radical but is actually a revival of the old method of training when some of us and our teachers were not as old as we are now.

So far as the so-called "crowding" goes, I believe our fears are unjustified. This belief is admittedly based upon faith that, although earlier surgeons periodically expressed concern about the "crowding" in their day, a new professional responsibility developed to call forth the energies of more and more men. I have no crystal ball and I do not know where the new direction lies. At this moment in medical science, chemistry seems to be the lodestar; so much so that one of the foremost figures in surgery recently stated that, in his opinion, the impact of chemistry will reduce all of surgery to the confines of caring for trauma. Perhaps that prophecy is correct, but I find it a trifle difficult to believe. It may be possible for chemistry ultimately to conquer tumors and pain; it may well conquer epilepsy. But there remain the challenges of vascular lesions and tremors; and in hormonal and systemic conditions the diencephalon will surely attract application of neurosurgical techniques, either directly or indirectly. We may perhaps exchange the scalpel and the cautery for ultrasonic tools, but our role will still be a surgical one. Is it too fantastic, if we let our dreams run riot, to conceive of the possibility of increasing skill in handling tiny blood vessels so as to modify the course of demyelinating diseases? May we not also conceive of more vigorous and effective surgery of nerves if the work of the cytochemists should lead to a protein or lipid binder to be injected or to rub on the suture line?

Let us not take to our heels, therefore, and shout alarms. Let us accept inconstancy as a virtue. Neurosurgery as we know it today may change - it will change; but if we are alert to such change and if we continue to train young men of eager and inquiring intellect, neither neurosurgery nor neurosurgeons may be expected to vanish.

All of us agree that a stereotyped rigid training program

may be very evil. It can take us from the broad sunlit highway into narrow defiles where illumination may remain brilliant but where the space becomes too confined for anything but the one footpath. Like all specialists, we must try to know our own field profoundly, but let us constantly be aware of the limits of our knowledge and tolerant of other medical pursuits. They may for the moment be dissociated from us, but in their development may lie the hope for even more neurosurgery of tomorrow.

If we need courage in our resolve to continue training young men, let us listen to Robert Ashley, another contemporary of our good friend, Isaak Walton:

"And let us not be so simple as to attribute so much unto the ancients that we believe that they have known all and said all, without leaving anything to be said by those that should come after them. They have not been so arrogant as to look that none should meddle or deal with those matters which they had handled; but on the contrary,

--they have exhorted others to travail therein; speaking rather to stir them up and provoke them thereunto than to keep them back . . . Let us not think that nature hath given them all her good gifts that she might be barren in time to come: but that as she hath in times past brought forth certain notable personages who have manifested many of her secrets, so she can again bring forth such . . . Wisdom hath not fulfilled her work; much remaineth, and will always remain:

There never will be wanting occasion to add thereunto."

And so, ladies and gentlemen, in the firm hope that nature - and neurosurgery - still have good gifts in store, I wish you an abundance of them, and may we be granted the wisdom to enjoy them.

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"ACADEMY" MEMBERS HOLDING OFFICE IN
THE HARVEY CUSHING SOCIETY

1965 - 1966



FRANCIS MURPHEY
President



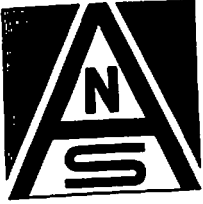
EBEN ALEXANDER, JR.
President-Elect



BENJAMIN B. WHITCOMB
Secretary



WILLIAM F. MEACHAM
Treasurer



The Letters



R. Glen Spurling
September 30, 1964

Some unusual things have happened to Marion and me in the past few months. First, I reached the magic age of seventy - and Marion is not far behind. Second, we moved to a small village in Southern California, Rancho Santa Fe, where the weather is said to be relatively mild the year around. Third, we both have found renewed excitement in doing odds and ends we never found time for before. Fourth, and finally, I'm spending two or more hours each day with my pallet, brushes and easel -- and having fun doing it. These words are written in a spirit of reassurance for those who are facing retirement; there are problems - but surmountable ones.

Cordial regards for each of the "old" Academy members and best wishes to each of the new ones.

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How delightful that Marion and Glen have selected such a beautiful spot in California.

Those of us who are looking forward to discarding the scalpel in favor of many things we've long planned to do can appreciate Glen's comments. Additionally, Wilder Penfield's, "The Second Career", can be read with interest by all.



Eben and Betty Alexander
October 1, 1964



We are hoping soon to finish a restudy of the odontoid fractures we have had in which fusions have been done. I realize that others have ideas which are contrary to our own in the sense that they feel that fusion may be avoided or that some patients may have a different confusion than the fusion of C1, C2, and C3 from the dorsal side. It is just this that stimulates us to study our own cases which have seemed so satisfactory to us. At any rate, we are continuing on with this policy and have not had reason to doubt its wisdom so far in about 35 or 40 cases.

In the last letter, I made a request that if anyone had had experience with Siamese twins joined by the head (craniopagus) that they might communicate with me and that we might further study the problem. I think data need to be collected regarding the causes of death in these patients when they are separated, since this is a formal frequent consequence to operation and survival. In fact, almost invariably, when one twin survives the other does not or when both survive, one is severely retarded. All of these are important features which would be well studied through failures more than successes.

With this in mind, I would like to suggest that at the end of THE NEUROSURGEON, a small section be included such as in the want ad columns of the newspaper which might be labeled "Questions to be Answered by Members". There might be another section for "Wanted: Opportunity for Residents" or "Wanted: Men for Training in a Certain Specific Category".

What I mean to say is that I think there might be a good deal more interchange between members of the Academy through this medium, in exchanging residents, in filling up one residency when another has a plethora of candidates, and in helping one another to answer questions.

So many people read THE NEUROSURGEON part of the

time, but when they get through, they simply forget the questions which have been asked. A reminder at the end would help us to remember to do this.

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We will follow Eben's suggestion and include the section at the end of THE NEUROSURGEON he has suggested.

Our agents managed to obtain this photograph of our stalwart Scuba Diver with Miss Orange Bowl. The hobbies these neurosurgeons follow!





Lyle and Gene French
October 1, 1964



As you know, Steve Gurdjian and I sent out 130 questionnaires relative to the Neuroradiological practice as it refers to Neurological Surgery. We have received about 112 of these back. I presume a few more will keep dwindling in in the future, but after conversing with Steve and with Don Matson, I thought we had better send this summary out to each member so they could think about it prior to the Board meeting. I am not entirely certain why there were 18 questionnaires that were not returned, be this as it may. I sent the first 98 of these questionnaires to Steve who went over them and tabulated them, and then I added the data for the remaining 14. After Steve and I had discussed this a bit, I then sent on to Don our general impressions and later on in this letter I will give them to you.

First, I thought we ought to summarize the material obtained. As stated above, there were 112 questionnaires returned. It is interesting to note that eight of the group had private, County, and University connections. Thirty-nine of the group were in private practice, thirty-five were in the University Hospitals, five were in Veterans' facilities and County hospitals, nine did private in addition to County work, fifteen did private practice with University connections, and one had County as well as University connections. Our method of selecting the individuals to whom the questionnaires were sent was reasonably at random, although in some instances we did try to select individuals who were in training programs or who, we believed, were in active practice at the present time.

The population of the cities in which the neurosurgeons practiced range from a low of 5,000 to a high of 12.5 million. Between 5,000 and 50,000 there were 14 neurosurgeons, between 50,000 and 100,000 there were 16 neurosurgeons, and in the 100,000 to 500,000 population there were 34 neurosurgeons. In cities with 500,000 to a million there were 30 neurosurgeons, and the remaining 18 practice in communities of 1.5 million to 12 million in size.

In many of the communities there were other practicing

neurosurgeons. There were only ten communities in which there was only one neurosurgeon. In 29 communities there were 10 or more other neurosurgeons practicing.

In answer to the question concerning the services of a neuro-radiologist, 48 answered by saying that such services were available in the institutions where they work and 64 stated that such a service was not available. Possibly we were not clear enough in our question so that we did not get an answer to the presence of an actual radiologist who does almost all neuroradiology and nothing else. I am sure that many people get a great deal of help from the radiologists even though they are not practicing neuroradiology as a subspecialty.

Ninety-eight of the 112 answered that they did their own technical work on the diagnostic studies, whereas 14 apparently did not do their own. In 73 institutions all of the procedures were done by the Service and in a few instances myelograms were done by other Services, that is, Neuroradiology, Orthopedics, and Medical Neurology. In a few other instances angiograms and air studies were also done by other Services. It is interesting to note that although in 98 places the neurosurgeons did their own techniques, in 41 the Neurology Services or neurologists did their own studies. Only 60 stated that medical neurologists did no studies whatsoever.

Seventy-three out of the 112 felt that neurosurgeons should do their own studies, another 26 felt that neurosurgeons and neuro-radiologists should cooperate in doing the work. The others did not comment. In four instances it was stated that neuro-radiologists should do all of the studies, very much as one orders a gallbladder dye study. In tabulating the suggestions of the private practitioners and University men, it was noted that out of 39 in private practice, 29 thought that the neurosurgeons should do all their own studies, whereas of 35 in University practice, 22 thought that the neurosurgeons should do their own studies.

As stated above, I have amalgamated Steve's and my breakdown.

In one of the letters that Steve sent to me he stated "It would appear that neurologists and neuro-radiologists will also be doing many of these studies. It is probably a good plan to have these studies done on one's own Service, unless one had an unusually well qualified Neuroradiology Service, but even then, it is my opinion that the patient should be carefully evaluated before being sent to the neuro-radiologist for these studies. In our present-day organization of Neurosurgery, it can be stated that neurosurgeons should have training in diagnostic studies. One may unofficially state that this probably would be best done in the Neurosurgery Department. Whether or not one should have this in the bylaws is questionable."

I (Lyle A. French) feel strongly, of course, that the neuro-surgical trainee should have total sophistication in these procedures. It is my opinion that we should add something like the following to our Board requirements:

"The neurosurgical trainee must receive training in the indications, performance, and interpretation of all neuroradiological procedures. He must have full knowledge for recognition of and treatment of potential complications. He must be able to prove such competence by examination."

I do not think we can make it mandatory that all neurosurgeons do all neuroradiological work, nor can we, of course, state that others cannot do neuroradiological work.

I will bring these questionnaires on to the Board meeting for the review of anyone who would desire to go through them. Many of the men sent in quite complete letters, obviously they are very interested in this problem, and it perhaps would be of some value to have the various Board members go over them, at least in part. I think that the two most outstanding features about the answers we received are (1) things are done quite differently in different areas, and (2) most all neurosurgeons feel that they should have complete charge and knowledge of what is done to any patient who has a potentially surgical lesion.

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While Lyle's letter was written largely, if not entirely, as a survey for the American Board of Neurological Surgery, it is of such interest to all, inclusion as a letter in THE NEUROSURGEON seemed logical.

A Washington bureaucrat was overheard at a bar, saying: "Well, here's to your health, education, and welfare."

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Fellow at a cocktail party asked the wife of one of the noisier guests: "What does your husband want to be when he grows up?"

*

When a customer asked about the big banners proclaiming the merits of a new and improved gasoline at a service station, the attendant explained: "They put some new adjectives in the gas."



Angeline and Larry Pool
October 2, 1964



How nice to hear from you requesting news for the Round Robin, my favorite medical journal, along with the Journal of Neurosurgery.

As to family, our oldest boy, J. L. P., Jr., 23, graduated from Hobart College and worked hard this summer on a ferry boat. For the past week, days and most of every night also, he has been fighting our constant local forest fires here in Alpine, New Jersey only twelve minutes from the 8th Avenue subway of New York City! At last, after a whole dry month, we've just had our first rain drops. He is proud as Punch though, to have just been made a member of our Volunteer Fire Department: The Reliance Hose Company of Alpine. Eugene, 21, graduated cum laude from Harvard and is now an English teacher and assistant football coach at Browne and Nichols School in Cambridge, Massachusetts. Dan, 16-1/2, is a senior at St. Paul's School, Concord, New Hampshire, where he is the Editor-in-Chief of the school newspaper, secretary of the class, and a letter-man in cross-country. He worked this summer building a ski trail at Squaw Valley and is thinking of Stanford for college. He's my last chance for another doctor in the family!

Angeline is fine and has been a marvelous and magnificent help, both as to patience and literary suggestions, in furthering the completion of my three-and-a-half-year labor of love, a book entitled, "Aneurysms and Arteriovenous Anomalies of the Brain. Diagnosis and Treatment," with Dr. Gordon Potts of our Neuro-radiology Department. Published by Hoeber-Harper, it is due January 1965 (adv.), God-willing! (Now that it's done and too late to change, I see a thousand things that need improvement, and wake up nights a-quiver with author's ague).

No other immediate news save to wish you all well, and to say we look forward every moment to our Florida meeting.

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How gratifying their sons have done so well. Insofar as forest fires are concerned, no doubt most of you know what a serious time we had in Santa Barbara before the flames were finally brought under control. For a time it seemed the fire would ravage everything from the mountains to the sea. Below is a photograph indicating its terrifying beauty.



I hope Dan goes to Stanford. It would be a nice change of scenery, and it is a good school. Our daughter, Lander, is a junior there after having spent her first year at Bryn Mawr, and is most enthusiastic about the place.

All of us are looking forward to Larry's book, "Aneurysms and Arteriovenous Anomalies of the Brain", another feather in his cap of many achievements. It was such a pleasure seeing Angeline and Larry at Key Biscayne.

As an indication again of the talents of many of our members, one of our operatives has found the following comment about Larry, which he would as usual keep under a bushel.

Having just revived my interest in squash during the past year, I have been reading a book published by the MacMillan Company, "The Art of Squash Racquets" by Harry Cowles. I had always realized that our colleague, Larry Pool, was a great athlete but did not realize the full impact of this until I read in chapter 9, on page 83, the following paragraphs:

"When Rawlins became champion (of the U. S.) it seemed that never again could there be so fine a player. His strokes were perfection, his timing flawless, his foot work immaculate, and he knew and used every shot in the game. Where was his weakness? There was none. Yet Larry Pool had enough imagination to realize that if the ball were pounded relentlessly into the back corners where the champion would be hampered in the use of his beautiful shots, his game could be shorn of its baffling variety, and lose considerably thereby. It was nip and tuck, and Pool and Rawlins shared the honors for a number of years. (Around 1930)

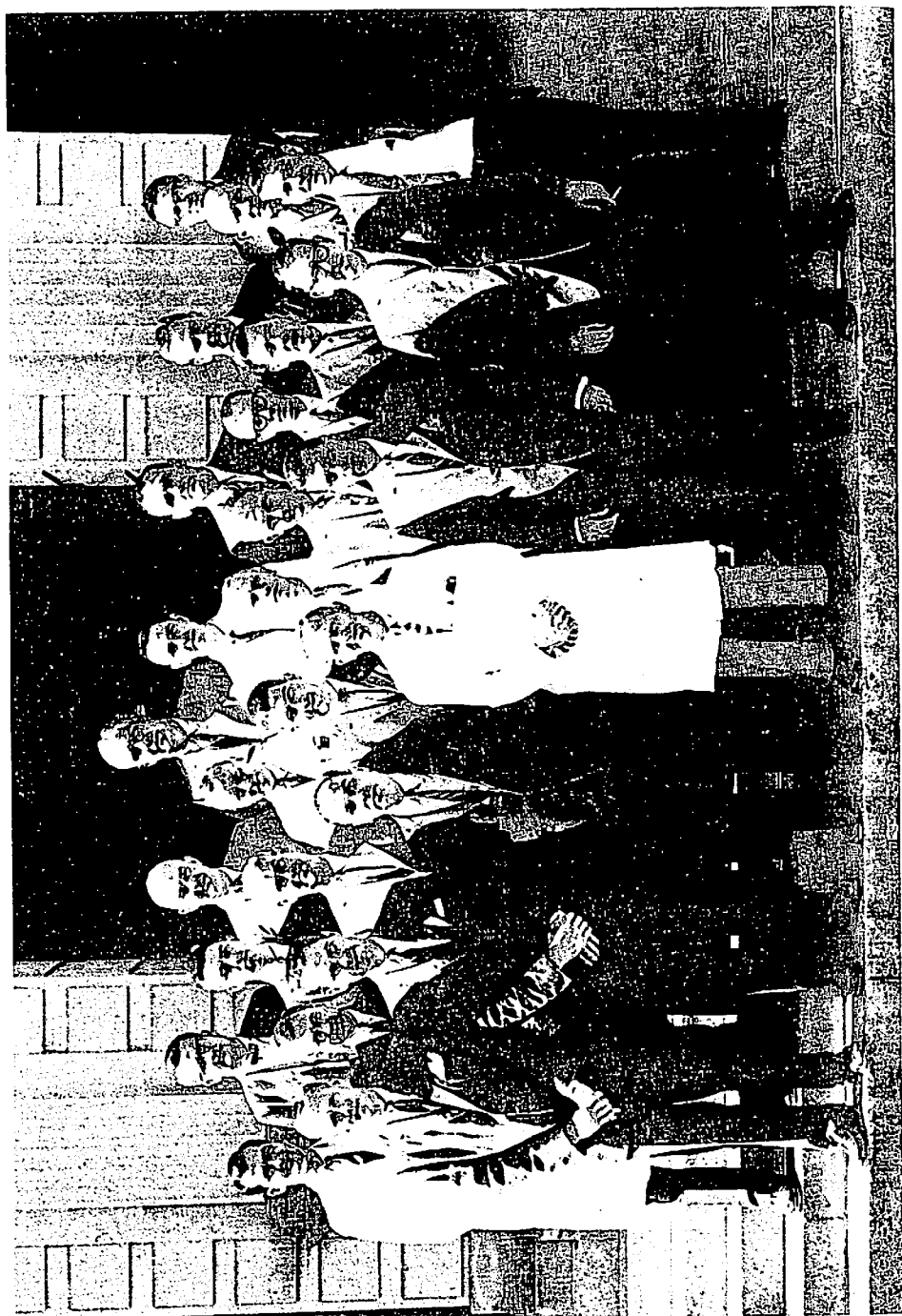
"Larry Pool at his best was as impressive if not so artful as Rawlins. He almost never made an error, he covered court so tirelessly that one could hardly hope to wear him down, and he blasted his shots cross-court and down the walls with a speed that seemed rather to increase than diminish as the match went into the fourth and fifth games. Once again it was hard to find an answer to the champion's game. - - - - -

"Larry and Beekman Pool can scarcely be imitated, for not one squash player in twenty could ever learn to hit as hard as they, and of these very few can boast the endurance necessary to such strenuous tactics. Likewise it would be folly for a small person to attempt to play tennis after the manner of the long-armed Ellsworth Vines, who with comparatively little effort can hit a drive more powerful than anything the most violent exertions of the ordinary player can hope to produce.

"If one is a David, one should not strive to become a Goliath. There is no reason why anyone should feel hopeless about his game merely because there are some things that his talent does not embrace. Everyone must know himself, and emphasize that to which his physical and mental qualities lend themselves most readily. - -

"Perhaps one day there will appear in squash racquets a player as phenomenal as Tilden in tennis, one who can rival the Pools in speed, and at the same time equal the finesse and ingenuity of the most clever stylists. Until then 'the best game' is anybody's guess."

It seems to me this might be of interest to a great many people who have known Larry fairly well but not this well, and there is a good deal of philosophy in the whole thing as well for those of us who perhaps should be "David instead of Goliath."





Barnes Woodhall
October 2, 1964

I am enclosing a photograph of our residents' meeting which took place last week end for two very exciting days, or perhaps two days and two nights would explain the situation more explicitly. All of our residents came home in honor of Dr. Guy Leary Odom, Jr. on the occasion of his twenty-second year in the Duke Medical Center and to honor him directly as Chairman of our Neurosurgical Division. You can pick up this youthful leader in American Neurosurgery on the front row in a white suit and some of his backers are standing on the other rows in white suits, including Doctor Tindall on the left and Doctor Mahaley, our chief resident at the present, on the back row with me. (See page 22)

The festivities as usual in neurosurgery started with a rising consideration of the effects of certain poisons upon oxygen tension. Since I had had a good deal of experience in this experimental model in the past, I left this meeting rather early. On the next day the residents and the past residents gave a perfectly splendid program -- really crack stuff -- and since a large number of these people now hold high academic appointments in various universities, the going was really rough for the blind and infirmed. That evening another experimental model was carried to a splendid end-point at the local country club. Perhaps the letters from many of Guy's friends all over the country represented a higher point, but Guy was firm in his refusal not to speak although a few lip readers in the group said that some of his subrosary remarks were rather pungent. This is a new word in the residents' dictionary that describes Guy's attitude toward certain minor issues such as losing x-ray films. On Saturday morning the group studied neuropathology and made a tour through our developing center and then met some hairs of dogs' at a football breakfast, and this seemed to reassure a great deal. Following this we watched one of the modern basketball games which is now called football. That evening Blaine Nashold, who was absent when the picture was being taken since he was caught in the diencephalon, entertained again. Fortunately all of the patients behaved well during this episode. It was a very warm and satisfying week end and a

tremendous tribute to my colleague.

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A fine tribute to a great neurosurgeon long associated with one of the finest of the lot.

Rare is the person who can weigh the faults of others without putting his thumb on the scales.

*

The sneakiest thing about "women drivers" is the way they turn out to be men, right after you have criticized their driving to your wife.



Margaret and Sam Snodgrass
October 3, 1964



I am feeling particularly grateful tonight as hurricane Hilda just missed us this week end after providing several days of anxiety. Hilda did come close enough to bring some gusty winds and raised the tide three or four feet. With the extensive weather information now available when storms near, there seems to be earlier preparation and a greater evacuation of residents than in the past. While much of this proves unnecessary, it certainly saves lives and lessens property damage. The prospect of a storm is always exciting and those who have never been through one or have no property to be damaged are always disappointed when one fails to arrive -- old residents, however, have only a feeling of relief.

Our oldest son, Robert, visited here a few days last week on his way to California where he will be stationed at the Marine Air Base at Santa Ana. When his military service is completed, he will return to the MGH to continue a residency in Internal Medicine. His wife and two young sons, the youngest two and one-half

months, are remaining here a few days longer for him to find a place for them to live.

John Coe, one of our most recent residents, returned in July to be here permanently. He shows promise of getting a worthwhile investigative program underway and has a better knowledge of instrumentation than anyone here in the past. He has a good many ideas which he wishes to investigate in the lab. Disregarding these things, to have him here is a great relief after having been here alone for three years. I always felt somewhat guilty when away and feared that someone connected with the school might have a serious accident uregently requiring neurosurgical intervention, but fortunately nothing like that ever happened.

Dr. Truman Blocker, a plastic surgeon and Chairman of the Department of Surgery here, has recently been appointed director of the Medical Branch. He has a better knowledge of present day medical education than anyone who has preceded him here in my time. He is a native Texan, has good support from the Regents and the administration in Austin, as well as from the Sealy and Smith Foundation here. The Foundation is rumored to have thirty to forty million dollars and is limited by charter to support and development of the Sealy Hospital. With this change in administration, the expansion which has been going on here since the war will be accelerated. Blocker is eager to better things in every way and has a good chance to do so. I hope that we will be able to get more of those two indispensables, money and space, from the budget than in the past. There seems to be a general awareness in Texas that educational support has been less than that in many parts of the country and needs to be expanded, but how much and where the money will come from is the problem for the legislature. Its biennial session will begin in January 1965.

We have not had any notable medical experiences recently. All of our family are fine and for the first time all of the children are away from home. Margaret and I are looking forward to the meeting in Key Biscayne.

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We are happy Hurricane Hilda failed to cause the damage anticipated, and we are pleased Sam's medical center may obtain much of that indispensable money and space.

"Of course, America has boundless faith in her young people. She proves it by the size of the public debt she expects them to pay off."



Wes and Jennie Gustafson
October 8, 1964



I have been somewhat remiss in writing recently. We have had a long, hot summer and just recently we have had our first cold wave with a drop in temperature which has become a bit more reasonable than it has been prior to this time. One begins to develop a policy of "Manana" and procrastinate under circumstances like this and do only the things that are an absolute necessity.

We have had a change in the family status with one son getting married this past spring and he is stationed in the Army at Ft. Leonard Wood at the present time. Other than this, it has remained status quo with the other son at Wright Aircraft in Hartford, Connecticut, and our daughter continuing her schooling here.

Of medical interest in this area, I have had one case of an avulsion of the lumbar nerve roots. This was a case of severe avulsion of the fourth and fifth lumbar nerve roots. It occurred in a boy approximately twelve years of age, riding in a truck to pick cotton, when his foot was caught in a rope at the back of the truck, and the boy dangled for a period of time, hanging by one leg. This period of time was approximately thirty minutes. The boy had some pain immediately and very little pain thereafter, and later developed a paralysis of his foot and atrophy of his leg, with anesthesia of both, corresponding to a dermatome distribution. The boy then recovered from his acute phase and continued with the anesthesia and the foot drop with very few complaints of pain. This continued for a number of years and when I first saw him, a myelogram was performed and this revealed an avulsion with a suggestion of a diastematomyelia in the lower lumbar cord. A myelogram was repeated and this same defect persisted that was suggestive of the diastematomyelia, though not entirely diagnostic. An exploration was carried out over that area and no abnormality found except the lumbar enlargement appeared to be smaller than normal and there was a moderate amount of arachnoid changes in the area which most likely accounted for the myelographic changes. The exploration had been carried out with the thought that a fixation

of the cord at this level may contribute to the avulsion of the nerve roots but no fixation was found. I therefore report that this is a case of avulsional lumbar nerve roots as a result of severe traction type of trauma and no fixation of the lumbar cord, indicating that fixation is not essential to cause the avulsion.

Other than this, the other thing that amazes me in this territory is the minimal number of brain tumors that occur in our Mexican races and Mexican groups, and wonder whether this observation has ever been made before.

.

We are pleased to hear from Gus and to learn something about things in his part of the world. We understand the Southern Neurosurgical Society met recently in his area.

How time marches on with the children of our members busily engaged in college work and military training. Then the pleasure has already arrived of the addition of many grandchildren.

The frightening fact about heredity and environment is that we parents provide both.

*

The marriage rate is still going up which seems to indicate that this country is still really the home of the brave.

*

During the football season a rather sarcastic gentleman watching a close football game was distracted by a man next to him who bragged, "when I was in college I helped Harvard beat Yale three times in succession." "Is that so! Which team were you playing on?"

*

Turning to the best player of the bridge foresome, the novice asked, "How would you have played that last hand of mine?" "Under an assumed name," was the prompt answer.

*

"Jones never completed his education, did he?" "No, he lived and died a bachelor."



Don and Ellie Coburn
October 13, 1964

Enclosed is a photo of Ellie (my wife) and me, made about the time we were married. As some of you know, we had the extreme pleasure of being married in the home of Howard and Dorothy Brown and, of course, being their usual charming selves, they had a very nice celebration at their home following the wedding and then a simply delightful dinner at the St. Francis Yacht Club. All in all, they made the whole occasion one never to be forgotten.

I now have with me Dr. Thomas Russell Hunt, who recently finished his neurosurgical training at the University of Kansas and their associated facilities. Tom used to work as a technician in surgery while going to school and I have had the occasion to know him for a long time and am most happy to have him join me.

With my marriage, I acquired two stepdaughters - Nancy, who is a sophomore at Oklahoma State, and Susan, who is a sophomore in high school in the Johnson County System. Both are delightful and I thoroughly enjoy seeing them when they are home, which isn't too often.

Ellie and I had occasion to be in Boston for the Centennial Celebration in the Spring and saw some of our old friends and had a very fine evening with the Maltby's at dinner at Pier 4. Unfortunately, Stanley Cobb was not able to be at the dinner and I didn't have a chance to renew acquaintances with him. However, Don Munroe was there and was, as usual, self.

Please convey my best wishes to everyone in the Society, and I am hoping that all of them can see how lucky I am and meet my bride.

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It was a great pleasure for your correspondent to meet Ellie and Don at the Society of Neurological Surgeons Meeting at the Mayo Clinic last year. "It's a long road that knows no turning" -- Sophocles; and Don's traveled the long road. It's genuinely

heart-warming to see the road turn into a scene of sunshine and happiness for one's friends.

Nothing makes the average American want to get ahead as much as being in a line of traffic.

*

It's hard to know exactly when one generation ends and the next begins, but it is somewhere around 9:00 o'clock at night.



Bill Sweet
October 13, 1964

A new activity for me this year has been membership on a comprehensive advisory committee to NASA. Randy Lovelace, Stanley Bennett and I are the biomedical members of a group composed otherwise of engineers, physicists, geophysicists, astronomers and chemists. Sitting as a whole committee we are given a view of the entire NASA program, and as smaller subcommittees we seek to become conversant with the details of the problems to be solved in our special fields. It is an exciting, completely new part of my life.

My previous experiences with the high energy physicists at Brookhaven and Harvard and with the reactor physicists at M. I. T. apparently form the basis for my opportunity to participate in these to date fascinating and essentially tutorial sessions for the committee. When I know a good deal more about the program I might be able to take the members of the Academy and their wives on a hypothetical trip to the moon or to Mars.

.

All of us will be looking forward to additional information from Bill on this fascinating and complicated venture. It was

great pleasure seeing Mary and Bill at the outstanding Key Biscayne meeting.

Another thing that a bachelor misses in life is the soft touch of a woman's hand - on his pocketbook.

*

More men could live within their income if their wives didn't save so much money shopping.



Wally Hamby
October 15, 1964

Please note the new address - 13700 Fairhill Road, Shaker Heights 20. I sold the house and moved into an apartment six minutes downhill to the Clinic. Ten minutes in the other direction gets me to the Country Club where I hope the golf helps counteract the muscular softening induced by walking directly into my car and driving so far.

Trips to the Symposium Neuroradiologicum in New York and to the Congress of the American College of Surgeons in Chicago recently, brought meetings with a number of Academy people. It was good to see you looking so fit again.

The Symposium brought a large number of World neuro-radiologists to our shores airing a wide selection of innovations in that field. I presume that the specialty group will, in many large centers, progressively encroach upon a field neurosurgeons have pioneered and considered their own. This will enhance diagnosis to our advantage. It will be a long time, however, before neuroradiologic specialists spread widely enough to be of great assistance to neurosurgeons in the smaller centers. These men then will continue to be responsible for their own radiology. We in the training centers must see to it that our Residents continue to get the intensive practice in performing these tests that insures competence.

From New York I flew up into New Hampshire. My son Barney is teaching English at Kimball Union Academy at Meriden, near Dartmouth where Bob Fisher can keep an eye upon him. I saw the place at the height of its autumnal glory and it was as beautiful as only New England can be at that season.

My daughter, Marcia, Mrs. Donald R. Calavan, lives in San Francisco. She is a secretary for a busy group of orthopedists. Her husband is a young man talented in electronics and chemistry, who is enthusiastically designing and building new machinery for open heart surgery in the Presbyterian Research Center. Barney and I visited them in June and found them as happy in their work and surroundings as only San Franciscans can be.

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We enjoyed seeing Wally in Chicago at the meeting of the American College of Surgeons, and also at the delightful Academy meeting at Key Biscayne where we joined him on the "Pitch and Putt" course.



"Pitch and Putt" and swimming in the ocean at Key Biscayne



Richard and Phyllis DeSaussure
October 20, 1964



I have very little of scientific interest to report in THE NEUROSURGEON this time, but as you can see from the enclosed pictures, I have at least enjoyed life.

I would like to tell you about a party given in honor of Dr. Francis Murphey by Dr. and Mrs. Harwell Wilson. As you know, Doctor Wilson is Professor of Surgery at the University of Tennessee and Treasurer of the American College of Surgeons. They felt Doctor Murphey should be honored in recognition of the offices which he holds; namely, Chairman of the American Board of Neurological Surgery, President-Elect of the Harvey Cushing Society, and President of the Southern Neurosurgical Society.

On Saturday evening, the twenty-third of May, a cocktail supper was held at the lovely colonial home of Dr. and Mrs. Wilson in Memphis. Among the out-of-town guests attending were Doctor Murphey's brother and sister-in-law, Mr. and Mrs. Edwin M. Murphey, Jr., Macon, Mississippi, Dr. John Raaf, Dr. and Mrs. Henry G. Schwartz, Mr. and Mrs. R. Sclater Brown of Nashville, and Mr. and Mrs. John D. Eldridge, Jr., of Augusta, Arkansas. As you can see from the enclosed pictures, which Mrs. Wilson was kind enough to let me send you, a cake was prepared which was beautifully decorated with gavel, lake, and fishing pole!

The following morning Phyllis and I entertained the out-of-town guests at a brunch at the Memphis Country Club. Some of the enclosed pictures were made at that time.

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What a memorable expression of friendship and admiration for one of the deservedly prominent neurosurgeons of the country and the Academy, who also, as a small token of the thought of the Academy, was named the NEUROSURGEON AWARD WINNER OF 1964.



Francis Murphey with his daughter, Betsy

honouring

Francis Murphey, M.D.

President-elect, The Harvey Cushing Society

President, The Southern Neurosurgical Society

Chairman, The American Board of Neurological Surgery

Saturday, the twenty-third of May

521 Colonial Road

R.s.v.p.
685-6858

Eight until
ten o'clock



Francis Murphey, John Raaf,
and Phyllis DeSaussure

Mrs. John D. Eldridge,
Jr., and Henry Schwartz



Edwin M. Murphey, Jr.,
Richard DeSaussure, John
Raaf, and Harwell Wilson





Stuart and Elva Rowe
October 26, 1964



Clinical activities continue to be rather strenuous. After a gap of some months we rather rapidly had three severe epidural hemorrhages within a short period. Our major problem seems to be the serious damage which takes place in the brain stem before the pressure is released. In at least one of these patients, despite apparently adequate freeing of the temporal lobe from the incisura, the child has been extremely slow in regaining his normal level of consciousness and normal motor status after coming in a decerebrate state. However, the ultimate degree of recovery in children always continues to make me marvel, and we are still somewhat hopeful.

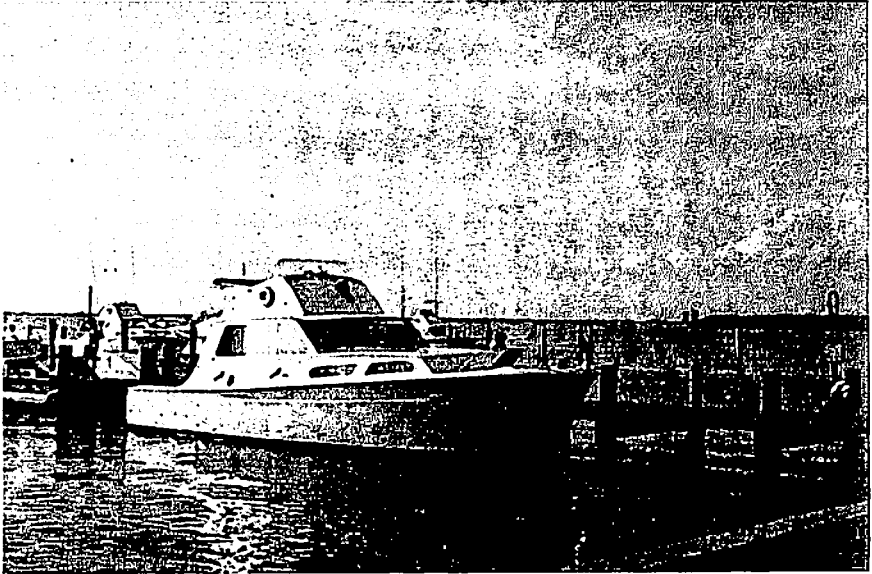
The Philadelphia Neurosurgical Society put on a program as part of the annual meeting of the Pennsylvania State Medical Society this past weekend, and it provided a good opportunity to get together with some of the confreres from Philadelphia, Washington, New York and other points on the Eastern Seaboard.

We plan to make a trip to Florida for the Biscayne Bay meeting by boat, and are in the middle of the usual turmoil of getting ready for this while trying to organize the last minute details of the distribution of patients to my associates. We are certainly looking forward to the trip.

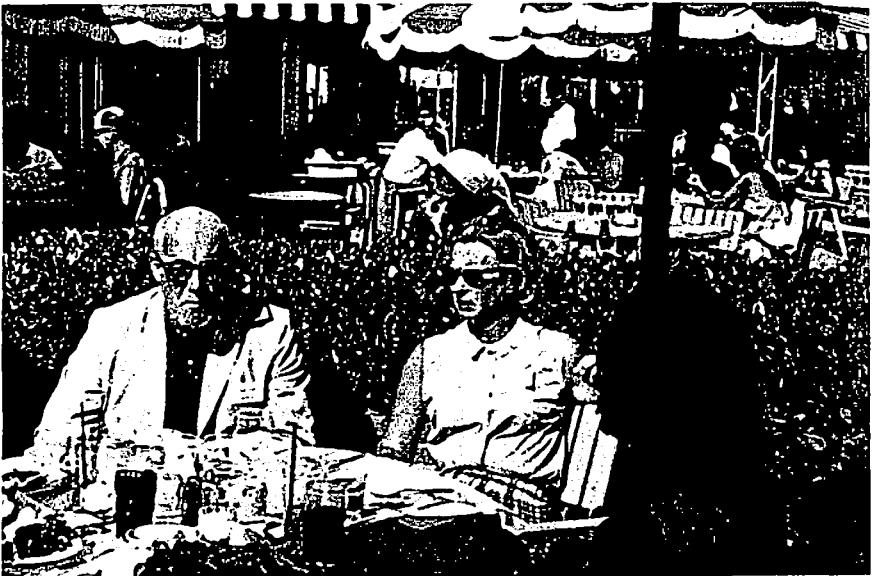
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The hobbies and avocations of the Academy members never cease to astonish one, what with flying to meetings in their own planes or cruising down the Atlantic in their boats, there never seems a commonplace activity in this dynamically intelligent group of surgeons.

" Now that cigarets are so improved you get the notion that anybody who doesn't smoke can't be much interested in his health. "



Stuart Rowe's boat at Key Biscayne



Lunch at Key Biscayne



Al and Ione Uihlein
November 2, 1964



Our Centennial year celebration was highlighted by several splendid presentations by outstanding scientists, philosophers, and humanitarians who evoked much thought and afforded us a respite from daily neurosurgical problems. The issues of the current election campaign appeared rather trivial when compared to the issues that have consumed the time and efforts of these great men in trying to make our world a better one for co-existence.

I attended the meeting of the International Neuroradiological Symposium. The papers on research and technics by representatives from overseas was somewhat disconcerting, as regard for patient welfare appeared to assume a secondary role. To keep better control of neuroradiologic technics, neurosurgical societies should include these qualified men in their organizations to foster better cooperation between radiologist and neurosurgeon. I would favor the addition of one or two outstanding qualified neuroradiologists to our membership in the not too distant future. Comments from the Academy membership might warrant further investigation and recommendations.

An unusual clinical problem of a 49 year old female patient with second division face pain on the right proved to be a diagnostic challenge. She gave a history of eighteen to twenty months of intermittent lancinating attacks of second division pain in the cheek around the infraorbital foramen area with trigger point. Diagnostic procaine blocks at home afforded temporary relief after general clinical neurologic and radiologic examinations proved negative. One alcohol injection of infraorbital nerve appeared to accentuate the pain after temporary relief. In recent months the pain became more intense and protracted. Chewing and jarring aggravated the pain. Because no apparent medication except narcotics afforded sufficient relief, this patient consulted us. Our examination failed to indicate any nasopharyngeal malignancy; skull x-rays were normal and neurologic examination was negative except slight decrease in sensation to pain and touch in skin supplied by infra-orbital nerve near nasal crease, probably post injection. A right

retrograde brachial angiogram and a carotid angiogram plus an air encephalogram were interpreted as normal, with a normal cerebrospinal fluid protein of 35. Exploration of the gasserian ganglion was advised and carried out. After ligation of the middle meningeal artery, the ganglion was exposed. The dura propria and ganglion had a granular appearance and the foramen was more fibrotic. The arcuate fibers between the second and third division were split as the ganglion appeared pushed outward. Purplish-red tissue mesial to the ganglion was exposed and biopsied. Typical cells of malignant lymphoma were seen under the microscope. The entire mass, the size of the end of one's little finger was removed decompressing the ganglion. Some second division fibers were divided during tumor removal. The postoperative course was uneventful and pain relief complete. It would interest me to know if any other members of the Academy have found such a lesion in this locale, as the literature reports few cases.

Our daughter, Judy, presented us with a baby girl several weeks ago and grandparents are surviving. Our son had to have a disk and fusion operation when conservative measures failed. Our daughter, Pamela, graduated from Rogers Hall in Lowell, Massachusetts last June and is enrolled in the American School in Switzerland at Lugano this year. Sarah is at home keeping the homestead together.

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The Centennial year at the Mayo Clinic has been a busy and important one.

The case Al presents was most interesting, and I hope others will add to this with their comments if such might have come their way. Insofar as the medical treatment for the usual tic douloureux is concerned I wonder if any of the members have had any experience or good fortune with Tegretol by Geigy which is supposed to relieve the genuine tic douloureux but not the atypical variety when taken in amounts of 400 mgs. daily. Then a chap by the name of Geoffrey Vanderfield in the Medical Journal of Australia, 1964:2:82 has used three tablets of G 32883 or Iminostilbene to relieve the pain of atypical trigeminal neuralgia. If any of this works, it should be quite helpful to us.

Al also gave an interesting report in 1963 as one of the delegates to the interim meeting of the International Federation of Neurosurgical Societies in Vienna.

"Don't let yesterday use up too much of today."



Mary and Jim Greenwood
November 16, 1964



Sorry to have taken so long to get this in, but there really has not been a great deal of news.

I finished my time in October as president of the Texas Surgical Society and Earl Walker was kind enough to come down and be our guest speaker. Jim Poppen was our speaker for the spring meeting, and we were fortunate back in April to have Joe Evans as a guest speaker at the Houston Surgical Society. On November 6, at our first Lectureship at the Houston Neurological Society, honoring F. Keith Bradford, we were privileged to have Francis Murphey as our first speaker.

Our third son, Harris, was married September 4, which now gives us three lovely new daughters.

Mary and I regret very much not being able to attend the meeting at Key Biscayne, but some problems came up at the last minute preventing it. The program seemed to be terrific and we will watch for the published material as it comes out.

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Jim had a number of excellent speakers for the Texas Surgical Society, and interestingly three of them were members of the Academy. More and more the children of our members have left the nest and the grandchildren are taking the stage and spotlight. We are sorry Mary and Jim missed one of the really good meetings.

"Wedding ring: The smallest hand cuff in the world."

"A girl's last resort is where she meets her husband."

"The fellow who spends a quiet vacation at home may not be broadened but he won't be flattened either."



George and Sim Maltby
November 19, 1964



I have just returned from the meeting in Key Biscayne and I thought that the meeting was extremely successful. The place was ideal and the program committee had done an outstanding job in producing one of the better scientific programs of the Society.

The turnout was exceptional and the meeting from, porpoise to limbo, was stimulating. I was deeply honored and surprised to be nominated and elected president-elect for 1966. It certainly is a great honor and one that I hope I can carry out in a manner that will at least partially compare with the tradition of previous presidents. I feel extremely humble in following in their footsteps.

I haven't been back long enough to know what our neuro-surgical problems are except that they have been, I gather, well covered by my associates. On the other hand, I am sure that there are many and that before long I will be back into many headaches of clinical and administrative problems. On my way home, I stopped off to visit with my second daughter, Ellen, who is at Tuft's Medical School and became completely lost in her biochemical classes with the Krebs's cycle. There were many things that I had never really heard of before.

Again let me convey to the membership how sincerely and deeply honored I am by my recent election. Sim is still in Florida enjoying the sun and the golf and I know that she had a grand time at the meeting. I am, I believe, justly proud of her administrative abilities in handling the social portion of the program.

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A wonderful meeting as George has said and much of the success was the result of the administrative talents of Sim and the members of the Auxiliary. All of us were pleased that George

was elected President, an honor justly due to a much loved and respected member. The former Yale backfield star will take these duties in his stride.

"In these days of low cut gowns it takes a lot of will power to look a woman in the eye."

"When the young complain to you about the old and the old complain to you about the young - you are middle-aged."



William F. Meacham
November 25, 1964

I was very sorry to have missed the meeting at Key Biscayne. From all reports, it was an excellent meeting and was enjoyed by everyone.

Things at Vanderbilt are essentially unchanged except for a brand new curriculum for the medical students which is off to a good start and which employs many more elective courses and virtually eliminates didactic teaching in the third and fourth years. It is gratifying to see the popularity of neurological subjects among the students. Elective courses in all the disciplines concerning the nervous system are chosen by a surprisingly large number of our students. I doubt if there will be a paucity of neurologists and neurosurgeons in the future if this popular trend continues.

Our clinical service continues to be busy with run-of-the-mill clinical problems, although we have had an unusual situation recently which I have never seen before. A young adult previously operated on for left temporal astrocytoma returned a year later with clinical evidence of recurrent neoplasm. Skull x-rays revealed, however, a hemispheric calcified intracranial mass which proved to be a tremendous extradural hematoma, calcified and encased in a "second" skull of its own. Very reminiscent of Howard Brown's memorable case, although I believe his proved to be subdural in origin, whereas this one was clearly extradural.

There was, unfortunately, recurrent glioma beneath the dura.

We are also finding false aneurysms of the middle meningeal artery by angiography after the removal of acute epidural clots; in one patient, three such aneurysms were demonstrated along the secondary branches of the artery. I am sure others are finding these lesions, but I have heard very little said about them.

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Bill's cases were interesting and most unusual. From my own recollection of medical school, neurological subjects were not stressed particularly and remained the enigma of the time.

"A chip on the shoulder indicates that there is wood higher up."

"Hypochondriac: A man with an infinite capacity for faking pains."



Charles and Ruth Drake
November 30, 1964



As usual the Academy meeting at Key Biscayne was the highlight of the year for Ruth and me. Ian Turnbull and his wife, Janice, had a wonderful time and I deeply appreciate the interest which many of the members took in them. The Apache carried us down comfortably, and on our return we stopped in north Florida near Orlando with the intention of spending a day or so at golf.

However my host there, an old friend, had been in a dreadful automobile accident in which, while alone, he had struck a culvert after sliding on slippery pavement. The vehicle rolled over several times and tossed him clear. It landed on its top, crushing it and burned, but it is interesting that he and his friends

are convinced that had he been wearing a seat belt, he could not have survived and I suppose he is right - the exception that does not prove the rule. I am afraid his golfing days are over for he has a typical Klumpke lower brachial plexus paralysis with a Horner's syndrome.

I confess that I missed the visit to the porpoise lab because I couldn't resist the temptation for the opportunity to play at the Indian Creek Golf Club. This must be very close the Paradise for golfers. I have never played on a course maintained in such fine shape. The fivesome with Ernie Mack, Eben, our President, and Everett Grantham, shot slightly erratic golf throughout a thoroughly enjoyable afternoon. Eben and I lost a little money when Ed shot a 78. The caddies told me that he really was an old pro.

During the summer I was fortunate enough to be invited fishing north of Knob Lake in Labrador. This region is utter but typical Canadian wilderness with fast flowing rivers and many falls where large trout are said to abound. Many have been caught at seven and eight pounds - speckles and ouaniche. I must admit that I didn't tie into a lunker but spent a wonderful three days on these rivers with a fly rod. I can recommend this country to the fishermen. I might add that we were held up for a day in mid-July by a severe snow storn.

John Drake, 17, told me last year that he wanted to learn to fly. I said he could if he would pay for it himself so he worked at a small airport, north of here as a scut boy, washing airplanes in the hanger floor, peeling paint and acting as a line boy, and for this the management taught him to fly and gave him ten dollars a week spending money. I am pleased to say that the youngster passed his flight test and did well in his written examination, and is now the proud holder of a Canadian Private Pilot Certificate. I have the feeling that there is a large future in flying and although he wants to go to Medical School, I didn't think it would hurt him to have a private license under his belt.

During my visit with John Raaf in Portland last winter it became known that Ruth had a "green thumb" and was most anxious to see if she couldn't grow some rhododendrons. Nothing would do but I ended up on the airplane with five plants donated by an old patient of John's. They weighed 50 lbs. and I had to take them into the passenger compartment for fear they would freeze in the baggage compartment. This was no problem to the American stewardesses, but my own Canadian airline, Air Canada, made me hold them on my lap. I was furious, but still haven't written a letter to the President of the Air Line, which I had every intention of doing at the time. I can record that all the plants are flourishing but one. Ruth has each of them in a little wire house

covered by burlap for the winter. We all have our fingers crossed that they will survive.

At an informal gathering the Secretary of the Association of American Medical Colleges told me a startling thing. He said that he could see from the population trends and the rate of output of medical schools that in his lifetime there would be too many doctors in the United States!

I am trying to get the paper on the basilar aneurysms finished. We have done twelve now and it seemed worthwhile to report them. Ian Turnbull is working up four cases of aqueduct closure that have been on the Service during his tenure. They are all unique to me in that the closure was by a simple filamentous membrane at the lower end of the aqueduct. The diagnosis could be made pre-operatively with positive contrast radiography and an air study from below and the treatment was simple perforation of the membrane. I am beginning to wonder how many of these we missed before. Three of the cases were between 5 and 10 years of age and one was a girl of 19. Perhaps some of the membership have had a similar experience, although there appears to be nothing in the literature other than the beautiful description by Dorothy Russell in her monograph.

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A most interesting and informative letter which will be much enjoyed by the membership. Driving the horseless carriage is becoming so hazardous that even some of us old characters will probably take up flying. Golf is a wonderful and yet frustrating past time.

We are happy with the new photograph of Charles and hope others of the Academy will send us something better than we presently have.

Found in a fortune cookie: "You will meet a beautiful woman, you will give her money - she is a cashier."

*

A man approached an attractive blonde at a cocktail party. "May I join you?" he asked.

Looking him over coolly, the girl countered, "Am I coming apart?"

*

"When a woman dresses to kill, it's apt to be by exposure."



Howard and Dorothy Brown
December 10, 1964



I was very happy to hear that you had such a nice time in Nassau, but we regretted that you were not close at hand so that we could enjoy all the pleasant things together.

As it turned out, we finally got settled in comfortable quarters though, of course, the Balmoral is an old structure and plumbing and things are not as up-to-date as one might like. However, the food was excellent, the beach was lovely, and the general service was all one could ask for.

We did see the Nassau Beach Hotel as we were driving down town in the bus and it looked quite impressive. It might be fun to make another junket over there in 1967 and perhaps spend a little more time in looking around.

We certainly enjoyed the meeting thoroughly and it is a pleasure to know that we will have an opportunity to be in such pleasant surroundings again three years hence.

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What a delightful meeting in Key Biscayne and an additional holiday at Nassau. Dorothy and Howard have moved into a beautiful apartment overlooking the San Francisco Bay and are quite happy there. The Browns and Pevehouses have moved their offices to 2000 Van Ness Avenue as the hospital leveled the building they had occupied.

Doctor to patient: "I'll tell you what, Mrs. Jarvis, you handle the diagnosis and I'll handle the treatment."

*

Will power: The ability to eat one salted peanut.



The Ballantines - 3 generations



Tom and Elizabeth Ballantine
December 21, 1964



Yesterday, Bill Sweet and I reviewed for our service Journal Club the papers from the Key Biscayne meeting. It again became apparent that the Academy puts on the best scientific program of any neurosurgical society - bar none! It is always an intellectual privilege as well as a social pleasure to come to our meetings.

In reference to the Membership Committee: I was dismayed to have Hunt Sheldon ask to be replaced. I think we should create a new position within the hierarchy of the Academy and appoint Hunt "permanent membership whip". He has certainly accomplished a tremendous amount for the Academy in the way of the acquisition of valuable members.

I thought one of the most fascinating aspects of our recent meeting was the discussion concerning the anterior approach to the cervical disc. To turn a phrase, "If you can make any sense out of all of this confusion, you simply don't understand the situation". I think that President Morrissey might appoint an "Academy Commission" consisting of Mayfield, Murphy, and two others to collate the collective experience of our membership in reference to this problem. It would seem to me that the members of the Academy are collectively able to make more sense out of the problem of the indications, approach and results of the anterior approach to the cervical disc than any other group.

Enclosed is a photograph for the archives. It is a little unusual in that no ladies are present; but it does portray three generations of Ballantines, one of whom is still in medical school, the other two having graduated before the competition became so intense. My father is 83 years of age and still practicing medicine! In the photograph, he is at the helm of "Gemini", a cruising catamaran which is the latest addition to the Ballantine transportation pool.

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What an attractive photograph of the three generations, and what a handsome son! Among other things, Tom was elected a member of the American Association for the Surgery of Trauma.

Celebrity: A man who works all of his life to become famous enough to be recognized - then, goes around with dark glasses so no one will know who he is.

I run my home like a ship - I'm the captain. How did I know I was going to marry an admiral?

Edward W. Davis
January 26, 1965



It was indeed a pleasure to see you at Key Biscayne. I think the meeting was enjoyed thoroughly by everyone who attended. The staff at Key Biscayne were most courteous and efficient and I think this made for a smoothly running meeting. I am quite pleased that the membership decided to return there in 1967.

I should like to take this opportunity to mention a few business matters which will come up at the next meeting so that the members might be collecting their thoughts concerning them. As you will recall, at the last meeting Article III, Section 2 of the Constitution was amended to read, "Active members may request transfer to senior membership after fifteen years of active membership or upon reaching the age of sixty, whichever occurs first." Following the meeting several members have pointed out the fact that under this revision some forty-odd members are eligible to apply for senior membership. Should a large number of those eligible apply for senior membership it would, of course, leave a rather heavy financial burden on the remaining active members. I am rather doubtful that this would occur but certainly this eventuality exists and is worthy of discussion. Should the membership decide that they would wish to amend this to read, "Active members may request

transfer to senior membership after fifteen years of active membership or upon reaching the age of sixty, whichever occurs last". I am taking this means of notifying them so that we would be within the Constitution and able to vote on this amendment at the next meeting.

Hunter Shelden proposed at the last meeting that the Chairman of the Membership Advisory Committee be the President-Elect rather than the senior Past President on the Committee. This will require an amendment of Article VII, Section 2 of the Constitution and will come up for vote at the Cincinnati meeting.

Certificates have been designed and printed for all of the past winners of the Academy Award. It might be worthwhile for the future presidents of the Academy to consider the addition of a short ceremony to the program for the presentation of this certificate to the Academy Award winner at the time the paper is given.

Frank and Bob have plans well underway for the Cincinnati meeting. I am sure it is going to be an outstanding one and I will certainly look forward to seeing you there.

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Ed's comment about their being some forty-odd members eligible to apply for senior membership should have the effect of pulling a lot of people's heads out of the sand. If there are some forty eligible, whether they apply or not a good 50 per cent may be retired within five to ten years. This means a vigorous canvassing for the most eligible young neurosurgeons should be continued and some five or more elected each year. Harry Botterell and Joseph Evans have transferred to Senior Membership this year and more are sure to follow.

"Most parents don't worry about a daughter until she fails to show up for breakfast - then it's too late."

"Ten years ago the moon was an inspiration for lovers and poets. Ten years from now it will be just another airport."

"Human nature is such that distant wars, earthquakes, and typhoons seem less catastrophic than the first scratch on your new car."

"The man who dived from a pier to rescue an income tax collector prefers to remain anonymous. So does the man who pushed the tax collector in."



Letitia and Frank Echlin
February 3, 1965



It was most gratifying that the Academy accepted a larger number of young men than usual. I do hope that this practice will continue, especially in view of the advancing age of so many of the present members. When Larry Pool and I grow a few years older there will be no members of the Academy of Neurological Surgery in the New York area.

Letitia and I greatly enjoyed the meeting at Key Biscayne and look forward to the next meeting in Cincinnati.

I am enclosing a snapshot of my four beautiful bosses. Although Letitia does not look up to par in this particular one, you may put it in *The Neurosurgeon*, if you so wish.

.....

Frank has appropriately stressed the importance of taking in qualified new members, and Ed Davis' comment becomes increasingly pertinent.





George and Enid Baker
February 4, 1965



The 1965 edition of *The Neurosurgeon* finds a lot of us reaching the age of 60 years, but I'll be damned if I feel like being anything but an active member in the Academy. When we do not have this feeling we should resign. I hope others of my vintage feel the same.

Enid and I have been busy during the holidays with family, grandchildren and friends. We are planning to attend the International Congress in Copenhagen in August, and perhaps a short vacation trip to Ireland afterwards. We hope to see you and others in Tivoli Gardens or under the canopy at the D'Angleterre.

The meeting in Key Biscayne in the fall of 1964 was one of our very best, and I enjoyed every minute of it. Spent a few days with Frank and "Queenie" Mayfield in Naples playing golf and fishing, and got a good look at the vastness of the Everglades. When you find a better host and hostess than these delightful friends let me know.

Our neurosurgical work in Rochester has been increasing in volume and variety of cases, and I believe the problem is apparent to all who have been situated in one spot for thirty years. The clinical and research pattern is changing and the teaching of specialized surgeons must change accordingly. However, it is hard to give up our tried and proven methods in spite of a popular trend here and there. The future of medicine seems to be "treading water" at the present moment, but as I have always claimed in fishing for trout, when they like dry flies give them your best, but never feel ashamed of using a wet one if it is necessary.

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There should be a grand gathering of the clan at the International Congress in Copenhagen in August. I'm certain Ed Davis hopes all of the Academy members reaching the age of 60 will continue on their active membership. Nonetheless he has pointed out something of importance to the membership.



Ernie and Roberta Mack
February 10, 1965



It seems time once more to recount some experiences and to supply a little more information for that beloved chronicle which reaches us all too infrequently, **THE NEUROSURGEON**.

First, I want to say that the Academy meeting this year was most delightful to us. Not only was the professional meeting exceptionally good, the surroundings at the Key Biscayne were delightful, and the general atmosphere and reception of our organization was so splendid that it made a very delightful interlude in our somewhat routine lives. I very much enjoyed playing a couple of golf courses down there, and then had a delightful afternoon exploring the bone fishing situation with Everett Grantham. This was a new and rewarding experience for me.

Following the meeting Bobbie and I, in company with some others (including yourself), proceeded to Nassau where we had an enjoyable brief stay, soaking up a little warm sunshine and having delightful swims in that very clear water. On one occasion I played golf at Nassau and enjoyed it, although I thought it was a little bit warm for that type of activity. We returned home to find, very surprisingly, some snow and very cold weather which more or less seems to always await us when we return from some very delightful and warm place, such as Florida and Nassau were.

I'd like to say something about this year's Rogue River Neurosurgical meeting, which was the tenth meeting of this unusual and splendid group, and in this connection I hasten to add that much to our dismay as a result of this rather tremendous unusual rain-storm which occurred and which has been best described as the storm of a thousand years, the very delightful and unique Crooked Rifle Lodge has ceased to exist. I know that this news will bring forth a great deal of sadness in the minds of the many people who have had the delightful experience of enjoying John and Lorene's very superb hospitality in these wonderful surroundings. I am sure that this records an end to a very fine chapter in the Rogue River Neurosurgical's history. At this point just what the future of the Rogue River Neurosurgical Society is to be is as yet undecided.

I hope that very shortly I will have an opportunity to visit and talk with John, and that we will be able to discuss this further and make some plans in this direction.

This year's meeting really commenced in San Francisco at the termination of the Western Neurosurgical, which was held at the Fairmount Hotel and which was a rather satisfactory meeting and well attended. Following this meeting John and Lorene, who had driven down, took our very special guests with them (and this special guest was Bronson Ray) and Bobbie and I (taking along our guest, who is an architect of some renown in the general area and also a fly fisherman) followed in our car and proceeded with all of the supplies for the ensuing trip. We drove from San Francisco, leaving there early in the afternoon and driving through to Gold Beach. We arrived there that night quite late but had a satisfactory trip all in all, although we were a little tired after we had traversed the 500 miles which were necessary to reach Gold Beach. At Gold Beach we were joined by two of John's residents who brought with them the usual group of complex and relatively unsolvable problems which seem to be always present among the varied cases which make their appearance on John's service. You may be certain that in the ensuing few days many complex questions were put to our prominent guest and his discussions were thoroughly enjoyed by those present. As usual the food was superb, the fizzes passable, water conditions were very good, and a number of very fine fish were caught. We each in our turn seemed to have enjoyed rather splendid fishing so that this was one of the real great years as regards the fishing and a goodly number of fish, and some very splendid specimens, were caught. There seems always to be one regrettable remembrance and that is that while we were present at the Rogue, and while I was taking the opportunity to go back through the guest book over the years, I realized that we had had 10 years of the Rogue River Neurosurgical and I briefly reviewed the experiences of each year. I said on that occasion to Bobbie that I really ought to make some notes and perhaps put together a more complete chronicle of the 10 years' experiences. However, under the pressure of the good fishing I neglected to do this and now I regret to say that the visitors' book is no more. I suspect that we will have to have recourse to the numerous descriptions which have appeared from year to year in the NEUROSURGEON, and I am certain from these we can put together a reasonable historical review of the experience of those years and the very wonderful and delightful people who have taken part in those many trips.

Bobbie and I are very happy to report that our older daughter, Heather, is now a junior at Santa Catalina (which is a delightful girls' preparatory school in Monterey, California) and she has recently made the honor roll, which you can be certain is a great source of happiness and pride to us. Then only in the

past week have we been advised that our younger daughter, Sandy, has been admitted to this school. This, I am certain has been very much desired by Sandy, and also by Bobbie and by me. This very delightful school has been so successful for Heather I am certain that Sandy will enjoy it equally, and we will be proud and happy that they are there, although I suspect that both Bobbie and I will find this house just a little bit empty after these many years.

Since returning from the Academy meeting things have been really humming here professionally and there has been so much work that there has been little or no time to do anything else. From the standpoint of work other than routine clinical work, strangely enough we seem to have gone off into another tangent which has come to pass as things do in the affairs of men. It so happens that a very fine cardiovascular pathologist, through certain circumstances, became a part of our medical community and almost at this time there appeared on the scene a very accomplished electronics engineer. Out of this association and with the help of those of us who were present and could lend a hand a very fine piece of work has been going forward on the development of a cardiac pacemaker which is so conceived as to secure its power source from the SA node and then so augment this source of power and pace it as to discharge it properly and rhythmically into the ventricular system so as to cause a rhythmic self-contained pacemaker to exist without any outside source of energy. I am certain you are all aware of the complexities that beset us with this problem, and also realize how important it would be if this could be accomplished. To date we have been reasonably successful in that we have carried out quite a number of experimental implants using the sheep as the experimental animal. We have finally secured a functioning model which actually functioned for approximately 14 days before we had some complications as a result of the surgery and lost the sheep. It begins to look very promising and I must admit that my own interest is a little bit jealous in this in that it seems to me that if this pacemaker is successful in accomplishing what we set out to do from a cardiovascular standpoint it then might ultimately be quite adaptable to some of the neurosurgical problems which beset us with interruption of nerve conductivity, either peripheral or central. With these diffuse thoughts I have been very active in the support and in the actual performance of these projects in an endeavor to push the whole undertaking a little further down the road.

Bobbie joins me in wishing to all of our friends a very happy and prosperous new year, and we are looking forward with great expectations to being together in Cincinnati this coming fall.

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Ernie has written one of his interesting and informative

letters and such always make THE NEUROSURGEON an enjoyable addition to our lives. Seemingly while here in Santa Barbara we had a fire that almost spread from the foothills to the sea, in Portland they had rains and floods unparalleled in their history. As a result of this, the fabulous Crooked Riffle Lodge and headquarters for the renowned Rogue River Neurosurgical Society met its doom. The next letter and photographs from John Raaf tell the sad story.

We are pleased Ernie's daughters have gone to Santa Catalina and done so well. Our Lander graduated there before going to Bryn Mawr and then to Stanford where she will be in her senior year this fall.

One of Ernie's agents dug up the poetical writings concerning the Great Society which is included below.

THE GREAT SOCIETY

A Lazy Man's 23rd Psalm --
Society is my shepherd; I shall not work,
It alloweth me to lie down on a feather bed,
It leadeth me beside the still factories,
It destroyeth my ambition,
It leadeth me in the paths of a goldbrick for politics' sake.
Yea, though I walk through the valley of inflation and deficit
 spending
I will fear no evil, for the welfare agencies are with me,
Their generosity and their staff they comfort me,
They prepareth the requisitions that filleth my table
By mortgaging the earnings of my grandchildren.
My head is filled with mirth
That my cup runneth over without effort.
Surely, the taxpayers shall care for me all the days of my life
And I shall dwell in the house of a parasite forever.

--Clipping from an unidentified periodical.

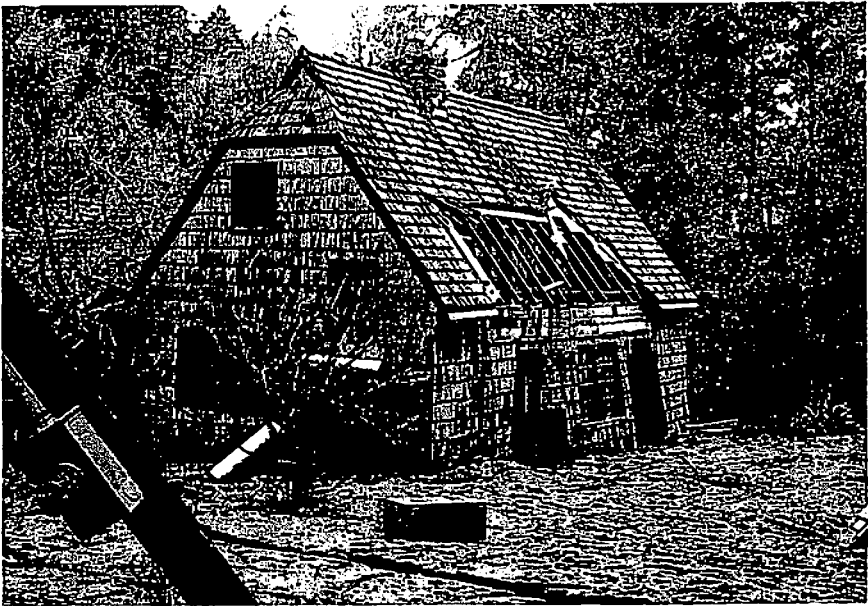
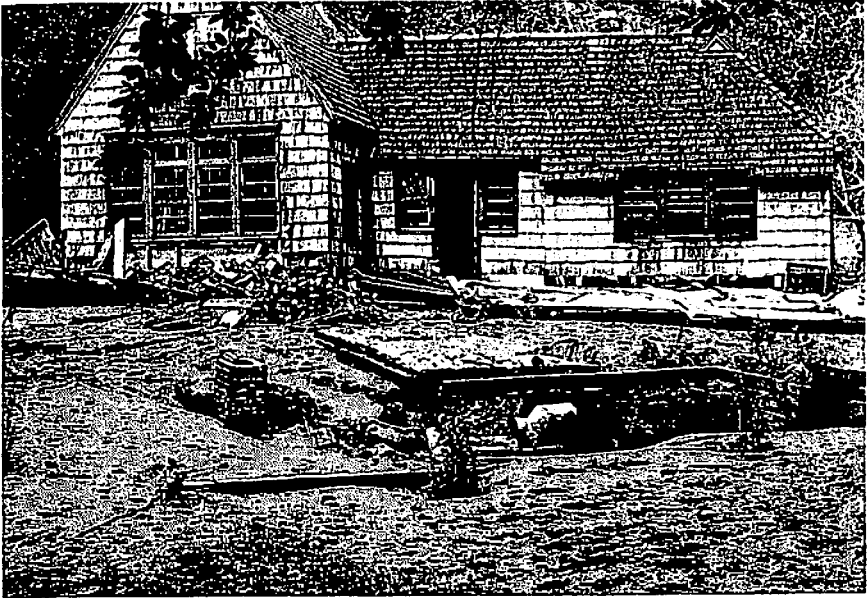


John and Lorene Raaf
February 11, 1965



In Memoriam
Crooked Rifle Lodge
Died Dec. 22, 1964

The news accounts and photographs which follow were sent to us by John Raaf and tell the sad story. The flood that hit just before Christmas took 35 homes down the river, and made total wrecks out of 61 more. This involved damage on the 52 miles of river from Paradise southwest to the Rogue mouth at Gold Beach. As a further indication of the flood situation it was stated the swinging bridge at Agness was about 80 or 90 feet above normal water and the flood put the river 10 feet above the bridge and took it out. One of the rescue workers told of "rescuing Mark and Marjorie Gray on Christmas Eve from a hill behind the Dr. John Raaf home, called Crooked Rifle Lodge, two miles down the river from Agness." Gray said the couple had left the home, where they are caretakers, on December 22. The water rose up the steep terrace, Gray said, at a rapid rate. "About 1:30 p.m. three big waves hit the house and we decided to go up the mountain. We built a fire about 30 feet up but within an hour, had to move



higher. . . . During the next four hours, we moved four times, about 25 feet higher each time. At dusk, on the 22nd, the lodge was nearly under water. The next morning it was gone." It had been completely covered and moved 50 feet off its foundation. Those of us who have trudged up the hill to the Lodge from the boat landing can hardly imagine the river rising high enough to cover this "Neurosurgical Sanctuary". May it in some way lead to the building of an even more attractive hideaway.

Wife: "I was a fool when I married you." Husband: "Yes you were, but I was so infatuated at the time I didn't seem to notice it."

*

Insurance agent: "Don't you wish your office furnishings were insured against theft?" Boss: "Yes, all except the clock. Everybody watches that."



Olan and Wanda Hyndman
February 11, 1965



I regret that I haven't anything very glamorous to report. We continue to grind along in the even tenor here at the V. A. Hospital. Interest and activity is considerably enriched by complete affiliation with the University Hospital of Iowa City - in respect to both student teaching and resident training. One is not so aware of the years when constantly surrounded by young enthusiastic students. I am indeed happy that the volume and variety of neurosurgical cases that come to the V. A. Hospital here are quite sufficient to justify a nine-months tour of duty of a third-year level neurosurgical resident. Never a dull moment with these fine boys, and, confidentially, they've taught me much. It's a strange thing that, among the usual variety of other neurosurgical lesions, we run about 100 good lumbar disks per year. This is amazingly in contrast to the number (about 6 to 10) in the otherwise much larger service at the University Hospital. By no means am I complaining

but I haven't the faintest notion why we continue to see so many disks in a virtually all male and restricted population. If the students don't know something about this disorder then neither do I; I've taught it so much I can feel nucleus polposus running out of my ears.

I thoroughly enjoy THE NEUROSURGEON. It has many qualifications that make it the one intimately interesting and treasured publication. Those of you who have been instrumental in its birth and nurture deserve a great big hand. While I'm at it I'd much like to compliment Sam Snodgrass on his presidential address about de Vaca. Not only is it a most fascinating bit of history, but what a delightful and refreshing escape from shop talk. It's exceptionally well summarized and well written, Sam, and now that you have demonstrated your gift for that sort of thing you might reel off a whole volume of Thumbnail Sketches of Fantastic Historical Episodes.

And now, if you will indulge me a little shop talk: I have recently become quite interested in spondylolysis (or spondylolysis if you are a purist and believe the lesion to be basically developmental - as I do) and I would like to give the reasons for my interest, among other things that might be of interest to you and other members of the Academy. I'll continue to call it "spondylolysis" because, after using it in teaching so much, it's just plain hard to shake the term: (1) I've had experience with surgery on 18 good cases in the past two and one-half years and, by following the technique described in detail by Gerald Gill et al, the results have been most gratifying. (Ref.: Gill, Gerald G., Manning, John G., and White, Hugh L., Surgical Treatment of Spondylolisthesis Without Spine Fusion. (Excision of the loose lamina with decompression of the nerve roots. J. Bone and Jt. Surg. 37 A:493-520, 1955). The surgery is actually simple and consists of removal of the loose arch plus (and the "plus" is quite important) foraminotomy at the locus of the pseudo-arthritis of the pars interarticularis. This is done on one or both sides depending on whether the lesion is uni- or bilateral.

(2) This is the one lesion that can simulate herniated disk in a disturbing way if not recognized. Consequently, in all of our disk suspects we routinely get oblique roentgenograms of the lumbo-sacral spine and search for possible absence of bony union at the pars interarticularis of L5 or L4, the lesion being much more common at L5. We call this pars interarticularis the "neck of the Scotty dog" after the fashion of Watson Jones (Fractures and Joint Injuries, 4th ed. Vol. I: p. 152).

It's pertinent that the "lysis" may or may not be associated with spondylolisthesis. If the latter exists one can trust with certainty that the lysis is present. A bilateral lysis, however, can

exist without evident spondylolisthesis, as was true in most of our cases. Hence, the advisability of getting oblique views with the routine films.

(3) In relation to whether this form of pathosis is developmental or acquired I'd like to call attention to the work by Nathan who has done a beautiful job of presenting evidence favoring an acquired cause. While I believe the evidence is only that of aggravation of a pre-existing lesion, it is always good to hear the evidence on both sides of a controversy. (Ref. Nathan, Hilel, M.D. Jerusalem, Israel. Spondyloysis, Its Anatomy and Mechanism of Development, J. Bone and Jt. Surg. 41A:303-320, Jan - June 1959.

Incidentally, Nathan found the occurrence of spondylosis to be 5% in the white American male, 2.5% in the colored American, 10% in the Japanese, and 25-30% in the Eskimo.

(4) One reason for bringing up this subject is that 8 of our 18 cases (about 40%) also presented definite herniated (some ruptured) disks. These were either at the same level of the lysis or at the adjacent level. Hence, myelography is always done and both lesions treated if present. Others have not reported the incidence of herniated disk association to this striking degree. Woolsey, in a very fine paper on the subject (J. Neurosurgery, Vol. 11, p 67, 1954) stated that he has never encountered an associated disk lesion. He quotes Briggs and Keats as finding only one disk protrusion in 9 cases. Gill found 2 disks in 14 cases. The combined lesions in our cases so exceed any probability of coincidence that I take it as substantiation for an underlying developmental cause for herniated disk itself.

(5) You and other members of the Academy are no doubt well acquainted with most of what I have said here and you are well aware of the unsolved problem that spondylolisthesis and spondylosis has, in the past, presented to orthopedist and neurosurgeon alike. Judging from what I have seen at the operating table and the results thus far, I believe that there has been a distinct breakthrough in the management of this disorder. I have incorporated no bone grafts and as yet have no reason to regret it.

It would be most interesting to know of the experience and feelings of the other members.

I am enclosing a snapshot of Wanda and myself taken a year ago. For better or worse, these are our best faces forward. Being the only face I've got, I'll have to stand behind it.

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It is gratifying to receive this interesting letter from Olan,

particularly since we have not heard from him for some time.
THE NEUROSURGEON serves to bring thoughts and ideas of the
members together in an interesting and enjoyable manner.



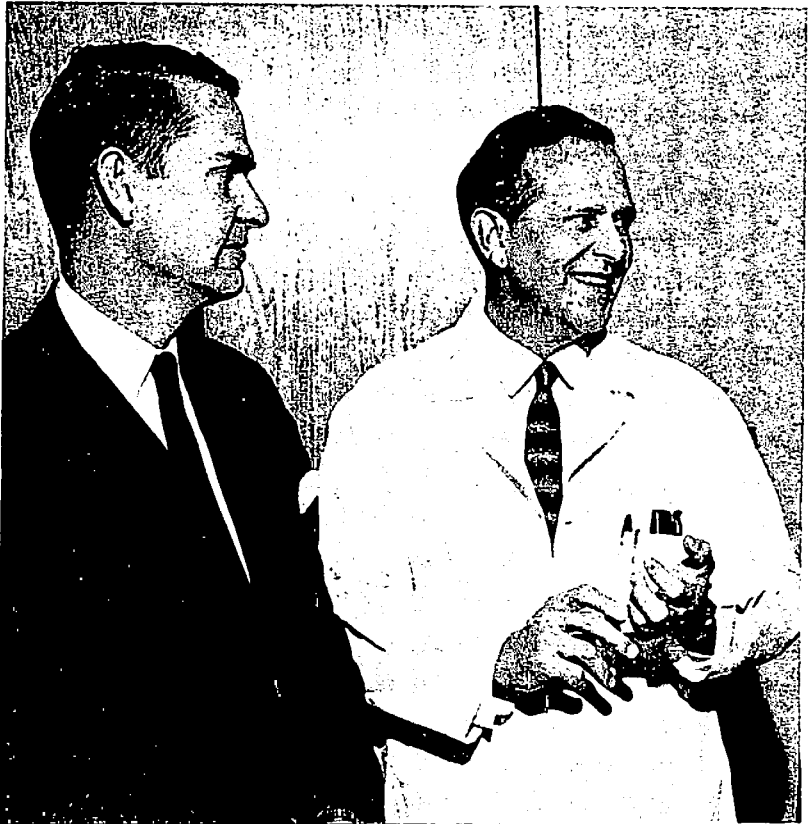
Don and Dorothy Matson
February 16, 1965



My sole contribution to the "Neurosurgeon" is a picture;
title "Secretaries of the Board of Neurosurgery, old and new".

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"One picture is worth more than ten thousand words."



Janet and I were most sorry to miss the last meeting in the sunny South. In a sense, this was more of a sacrifice for her than for me since I have had to make several trips to Florida this winter for other commitments while she has endured the gray skies of Seattle! However, we have had some excellent skiing this winter both locally and in the mountains to the east near Glacier Park. We are starting to get excited about Europe late this summer. Janet will be going with me. I have been invited to Czechoslovakia as a guest of the Czechoslovakian Academy of Sciences and the dates are such that I can go over there sufficiently early to make the Copenhagen meeting in addition. We hope to pick up a new car while we are there and see something of Europe and several laboratories. All of which should be both instructive and a lot of fun assuming that we do not get stuck behind the Curtain!

Affairs in Seattle continue at the same mad pace. To compound our problems, I am losing the services of Bud White who has been on the staff here for some time. He is taking on the obligations of an Associate Dean but will still be maintaining his appointment in Neurosurgery. However he will be effectively lost to the clinical and teaching program. All of which places an additional load on Eldon, Bill Kelly and me until I can get a replacement for him. Bud White had his neurosurgical training here and, although we have taken some pride in our products as skilled neurosurgeons and neurological scientists, I don't know that I am flattered to find that we are also training people to be medical administrators!

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Old neurosurgeons never die, they just become Deans, and now it would seem they are plucking off the young neurosurgeons.

We will be interested in having letter from Arthur concerning his findings on the European tour. No doubt he will pick up a new Jaguar in Europe.

"Sergeant, I have never heard a man talk so fast in all of my life." "Why shouldn't he? His father was a tobacco auctioneer and his mother was a woman."

*

Doctor: "I am sorry to tell you that your wife's mind is completely gone." Husband: "Well, I am not surprised. She has been giving me a piece of it for 20 years."



John and Vivian Mullan
February 23, 1965



Without question the 1964 Academy meeting in Key Biscayne was one of the best neurosurgical meetings which we have attended. An excellent but uncrowded program, pleasant company, pleasant surroundings and a quietness that allowed time for reflection are a combination very difficult to surpass. There is something, we suppose, about the seashore that is part of landfall and departure, that takes neurosurgical landfalls and departures in its stride. Ideas standing briefly in the light of the Academy's scrutiny are launched into the tradition of our art, or, stripped down and taken apart upon the discussion floor or in one of those unscheduled sessions by the pool will be reassembled to fly again some other year. The Academy is small enough to hear those ideas that would be heard, and big enough to judge them, and old enough to foster them with experience, and young enough to receive them with enthusiasm. We are certainly honored to have become a part of it.

We would like to have the opportunity to comment upon the theory advanced by one of our ex-presidents to explain neurosurgical thinking in Chicago. It is briefly this -- that we take the conventional solution to a problem, any problem, turn it exactly around and wonder if it will work. We must admit that there may be a grain of truth to this but we hasten to deny that we are either metaphysicians of the Yin-Yang variety or pragmatists with a carrot or the stick approach. Rather, we believe in the inevitability of change and in the virtual imperfectability of human achievement. Probably everything we do in neurosurgery can be done better. Sometimes a new look at an old problem requires a shift of only a few degrees. Sometimes it may take 180 degrees. Mostly we make the 360 degrees around it a few times without getting anywhere.

Percutaneous cordotomy is going along fairly smoothly. Others, using radio frequency lesions, seem to be getting better results than we have obtained by either the strontium or the d. c. anode method. Copper electric thrombosis of aneurysms remains under trial. It is now about a year since the first two

patients were treated by this technic and both, unlike those of the previous series treated by the electric current only, show persistent obliteration. Most of last year was spent upon the development of a needle inserting machine which has now performed its first thrombosis and which will, we hope, relieve the operator to the pre-coronary strain that manual insertion of the needles entailed. Our group has now embarked upon an ambitious attack on the problems of brain swelling and head injury, and once again we have shelved, for lack of time, a long time cherished ambition to accumulate a complete index of all the neurosurgical literature in English of the last 25 years. Perhaps we will wait until Joan Clare (4), John (3), and Brian (1) can lend a hand, or perhaps we should make it a 50 year project for our retirement. We are looking forward to seeing our many friends once again in Cincinnati of the seven hills which Vivian (who grew up in the Ohio Valley) declares will surpass both Palm Springs and Key Biscayne.

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We are delighted with Sean's interesting letter and to have their photographs. He has done some of the most interesting and original work and we hope he continues.

"Among the most commonly used paving materials in this country are concrete, macadem, and good intentions."



John and Georgia Green
February 23, 1965



Georgia and I enjoyed the recent meeting of the Academy in Key Biscayne, Florida and wish to add our expression of appreciation to the Program Committee who did such a fine job.

The past year has been most interesting. Our son, who is nearly thirteen, is headed for "Space Medicine" at this point. This is an intriguing thought and one which is not as "way out" as my prospective father-in-law's ideas were concerning neuro-

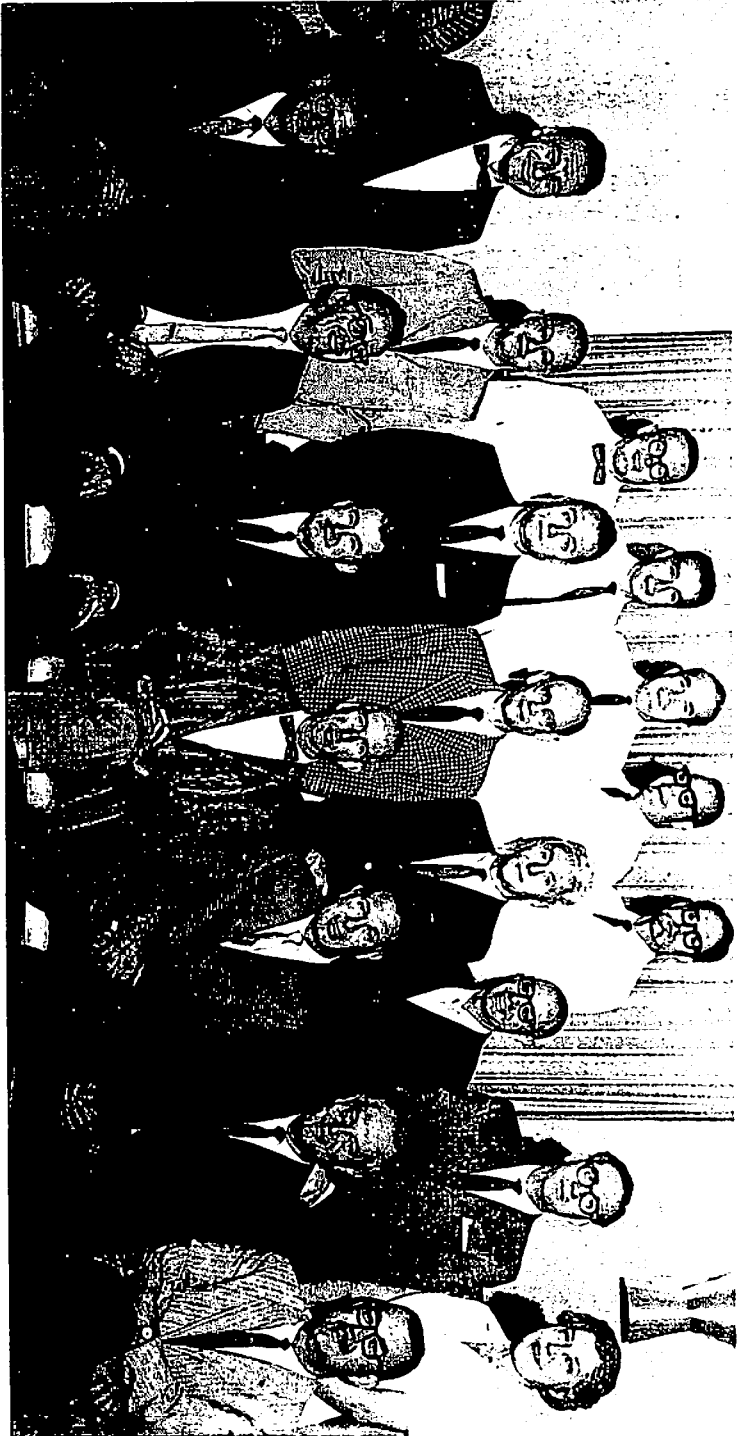
logical surgery twenty-five years ago when he was concerned about his daughter's future with me. Our daughter, Gretchen, is now eight -- a delight.

The Barrow Neurological Institute of St. Joseph's Hospital has completed its second year of operation. We have had the usual adjustments to make in relation to our Hospital, local profession, and our money-raising group (Neurological Sciences Foundation). We have unsolved problems of endowment. The chairmen of the six divisions (Neurology, Neurological Surgery, Neuropathology, Neuroradiology, Neurobiology, and Allied Sciences), two appointees from the Executive Committee of the Medical Staff of the Hospital, the President of the Medical Staff and the Administrator of the Hospital comprise the Commission, which directs the medical and scientific activities of the Institute. I serve as Chairman of the Commission. Top policy and budgetary affairs of the Institute are directed by an Administrative Committee which includes several of the senior people of the Institute, Hospital, and Foundation, including me. Each division in the Institute is then free to develop within this framework. It seems to be working out better this way for our particular organization than to have the full credit or loss fall on one man alone -- so there no longer is a Director in the usual sense of the word.

Our training programs are shaping up nicely. We now have four residents in Neurological Surgery -- two are on the wards (one is assigned to the three geographical full-time neurosurgeons) and the other to the five part-time neurosurgeons, with mutual assistance), one is in the Division of Neurology and the newest man is completing his General Surgery requirements. In July, we will have our full group for the first time with a Senior Resident, one Assistant resident with each of the two neurosurgical sections, one Assistant Resident in Neuropathology, and the other in Neurobiology.

The Staff of the Institute is still small, but had twenty-eight publications this past year. Doctor Kernohan has become Emeritus in the Division of Neuropathology. He was succeeded by Doctor John Waggener who was formerly at the University of Texas. I know how Sam must miss him. He is a great asset here, too. Doctor Robert Flynn, who is a member of the Department of Radiology of the Hospital, has just returned following an excellent year with Doctor Juan Taveras and associates in New York and is devoting his full time to neuroradiology. This has added considerable precision to this work in the Institute and will be the nucleus for future developments. Enclosed is a June 1964 photograph of the Institute Staff.

Georgia, the children and I, are spending this long week-



STAFF OF THE BARROW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S HOSPITAL

SECOND YEAR OF OPERATION, JUNE, 1964

Back Row (left to right): H. Huntington (Resident in Neuropathology), D. Urea (Resident in Neurology), D. Sheetz, R. Williams, T. McNaughton (Residents in Neurological Surgery).

Middle Row (left to right): J. Harris (Neurochemistry), A. Sidell (Pediatric Neurology), E. T. Pfeil, H. Pitman, W. Helme (Neurological Surgery), A. Schwartz (Physiological Psychology), H. Steelman (Neurological Surgery), B. Clements (Neurology).

Front Row (left to right): F. Mann (Pathology), E. Eidelberg (Neurophysiology), J. Green (Neurological Surgery), D. Daly (Neurology), J. Riordan (Radiology), J. Eisenbeiss (Neurological Surgery), P. White (Neurology).

Absent: F. Cheshire (Electronics Engineer), G. Hoffman (Neurological Surgery), J. Kernohan (Neuropathology), H. Ramsey (Electron Microscopy).

end at the Rancho de los Caballeros near Wickenburg, Arizona in celebration of my fiftieth birthday. We are looking forward to seeing you all soon in New York.

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John can well be proud of the Barrow Neurological Institute, which in large measure is the result of his continued efforts and interest. The book, "Horizons in Neurological Education and Research", which is a commemorative volume of the dedication symposium and addresses for the opening of the Barrow Neurological Institute, is an interesting one and would be enjoyed by all. This was carried out in conjunction with the meeting of the Western Neurosurgical Society when Ernest Mack was president. Many of the Academy members have served as consultants for the Barrow Neurological Institute and these include Eben Alexander, Edwin Barkley Boldrey, John D. French, Wilder Penfield, Lawrence J. Pool, Theodore Rasmussen, A. Earl Walker, and Arthur A. Ward.

"You can't make a place for yourself under the sun if you keep sitting in the shade of the family tree."

A. Earl Walker
February 24, 1965



Thanks for your reminder for THE NEUROSURGEON. While the Academy was enjoying a wonderful meeting in Florida, I was in Santiago, Chile, helping to celebrate the 25th Anniversary of Asenjo's Institute of Neurosurgery. This was a memorable occasion. A week of scientific programs had been planned with operative procedures in the morning and scientific sessions in the afternoon and evening. It was most encouraging to note the marked improvement in the quality of the scientific work in South America. Whereas 15 or 20 years ago practically all of the presentations were of a clinical nature, at the present time a great deal of investigative work is being reported at all of the meetings. The

meetings ended with a splendid banquet in honor of Professor Asenjo and attended by, not only the professional staff, but the lay members of the Institute of Neurosurgery. It was an outstanding tribute to Asenjo, who enjoyed it immensely. He seems to have pretty much recovered from his coronary of a few years ago.

I flew all night Saturday from Santiago to Mexico City in order to attend the inauguration of the neurosurgical hospital that Velasco-Suarez has built near the outskirts of Mexico City. The ceremonies for this were likewise wonderfully organized from both the scientific and social standpoints and practically every minute of the day and night was filled with some nice tidbit for the visitors. Terrye met me on Sunday and we enjoyed the week tremendously. The inaugural ceremonies of the hospital were combined with the meeting of the Mexican Surgical Society which was also very well attended. I would comment upon the excellence of the scientific presentations from the Mexican group. They have a well trained group of neurophysiologists and men interested in various aspects of the nervous system. Several of their men have had training with various people at the Brain Research Institute in Los Angeles.

The plans for the International Congress of Neurosurgery in Copenhagen are shaping up very well. I am told that some 250 papers have been submitted and that all of the available space for scientific exhibits has been taken. It would seem that this should be an exciting and memorable Congress.

I am looking forward to the meeting in Cincinnati.

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Earl has served well as one of our ambassadors to the foreign countries. His letters, always filled with interesting comments of his experiences, are enjoyed by all. Many of us will see him in Copenhagen for the International Congress of Neurosurgery.

Mother to college bound daughter: "I do hope the girl you pick for your roommate is sweet, wholesome, and much too big or small for your clothes."

"Dresses should be tight enough to show you are a girl and loose enough to show you are a lady."

"A bachelor is a man who comes to his office every morning from a different direction."



Ben and Margaret Whitcomb
March 1, 1965



I must be immature since, as I get older, I find I look forward to vacations as much as I did in school days. We certainly had a fine time at Key Biscayne with all of our Academy friends.

At the New England Neurosurgical Society meeting a week ago, I ran into George Maltby and find that we are both going through the throes of having our first daughters married in this month of March, 1965. We wondered if perhaps some of the more advanced members of the Academy could enlighten us as to how this might be done and we could still afford to go to the International Congress of Neurosurgery. My first step in this direction is to have the wedding as remote from home as possible, and it is being held on the base at Fitzsimons General Hospital in Denver, Colorado where our physical therapist, Lieutenant Katherine, is marrying a lucky young surgeon who is also stationed there. The date is March 27th, and good skiing is promised for any who can make it, and that is vacation week for most colleges.

Also, at the New England meeting, Pete Donaghy demonstrated again his microsurgical technique in the suture of vessels of the caliber of the middle cerebral. With practice, this certainly is feasible, but its practicality seems to be more in the field of prevention than in correction of cerebrovascular lesions.

Ted Rasmussen and Bill Scoville squeezed in a little skiing along with yours truly at Stowe after the meetings.

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How nice that the daughters of our Academy friends marry such attractive people. We congratulate Ben on his new and arduous position as Secretary of the Harvey Cushing Society.

"Constant use will wear away anything. Especially friends."



Aidan A. Rancy
March 1, 1965

For reasons indicated below, I have been more neglectful than usual in sending a note for THE NEUROSURGEON.

Many of you know of Dr. Bill House's interest in trans-labyrinthine removal of acoustic neuromas. Since Dr. William Hitselberger joined me eighteen months ago, he has spent much of his time with Dr. House. I have had little time or contact with this problem, but Dr. Hitselberger has become very interested in it and has joined Dr. House full time in neuro-otology.

A couple of weeks ago they presented a seminar on acoustic neuromas, with 30 or so neurosurgeons and 100 or so otologists attending. Frank Mayfield, Larry Pool and Collie MacCarty were invited guest speakers and did a brilliant job of presenting neuro-surgical views on the subject.

Dr. John McRae has joined Dr. Paul Northrop and me. Dr. McRae finished his residency in neurosurgery at Mayo Clinic several weeks ago.

This week I will be attending a meeting of the "Federation of Western Societies of Neurological Sciences" at the El Mirador in Palm Springs. I must remember to ask if they were ever able to find out whether it was Academy members of the Whirlpool Corporation group that put the big plastic cow on the springboard above the swimming pool at the time of the Academy meeting.

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Aidan has rounded out a competent neurosurgical group which should aid him in carrying out a large clinical practice. The seminar on acoustic neuromas which included our members, Frank Mayfield and Larry Pool, proved interesting and stimulating.

"Trust everybody but cut the cards."

DR. KENNETH GEORGE MCKENZIE AN APPRECIATION

Kenneth George McKenzie, Canada's first neurological surgeon and the founder of the specialty of neurological surgery in our country, died on February 11, 1964. He was a pioneer. His contributions to neurosurgery, to patients, to medical students, to the training of surgeons and to neurosurgeons were vast. The difficulties faced by an individual pioneering in neurosurgery were no less vast. Today it is unthinkable to imagine operating as he did upon a patient suffering from a brain tumour, without suction, electrocoagulation and the endotracheal tube to assist the anesthetist. Cerebral angiography had not been discovered and ventriculography and pneumoencephalography were in their infancy when Kenneth McKenzie started the Neurosurgical Division of the Department of Surgery at the Toronto General Hospital and the University of Toronto in 1923. Operations were long and mortality was high. In the face of these and many other obstacles, McKenzie created a Neurosurgical Unit in the Toronto General Hospital which won recognition on the international scene. McKenzie himself became a shrewd and wise consultant and a brilliant surgeon.

He had many great personal qualities which revealed themselves in the major decisions he made, and supported, at intervals during his life. His father was Dr. A. F. McKenzie, a fine family physician. Kenneth McKenzie graduated from the University of Toronto in 1914, standing second in his class and receiving the Silver Medal. His postgraduate training started in the Department of Pathology. Within a few months, on August 4, 1914, World War I began, and on August 5, 1914, McKenzie joined the R.A.M.C. He served in France as a regimental medical officer and with 25 Field Ambulance (R.A.M.C.). In 1916 he was granted leave, returned to Canada and married Irene Biette of Tillsonburg. His last year of service in the R.A.M.C. was in the Middle East. In 1917 he transferred to the R.C.A.M.C. and joined the staff of Davisville Military Hospital in Toronto. At the end of World War I in 1918 he bought a practice. In addition to general practice he worked at the Christie Street Hospital for veterans and served as a demonstrator in anatomy. He was, with great persistence, trying to persuade Clarence L. Starr, the Professor of Surgery, to help him to become a surgeon. He took a correspondence course from England and then went to England to try the primary examinations of the Royal College of Surgeons, passing in physiology and failing in anatomy.

In 1922 he had decided to leave Toronto and engage in general practice and surgery in a smaller community. Incidentally, the McKenzie treasury at this time was reduced to the grand total of two dollars. In 1922 also, Harvey Cushing was awarded the Charles Mickle Fellowship by the University of Toronto. This appointment was accompanied by an award of \$1000. McKenzie learned of the award from the newspapers, and of the fact that Cushing had asked Clarence Starr to send a man to Boston to train as a neurosurgeon and to whom he would contribute the \$1000 from the Mickle Fellowship.



Dr. Kenneth George McKenzie
(Portrait by Frederick H. Varley, A.R.C.A., 1952)

McKenzie sought and was given the opportunity by Clarence Starr to train with Cushing for a year. By this time, the McKenzies had three children. They rented their house in Toronto and Mrs. McKenzie and the children moved to her family home in Chatham. There were no financial reserves.

In later years and with complete frankness McKenzie indicated his belief that some young surgeon on the staff of the University of Toronto and Toronto General Hospital, which he himself was not, would have been the natural selection for training in neurosurgery. The fact was that the feeling existed that there was no obvious need for a neurological surgeon in Toronto. No young surgeon who was established in practice, or had good prospects, was willing to train in a specialty such as neurosurgery, as yet untried in Canada.

During the 1922-1923 year, Kenneth McKenzie was the Assistant Resident in Surgery and in charge of the Neurosurgical Service at the Peter Bent Brigham Hospital in Boston. His neurosurgical career had begun. Remarkable as was the opportunity to learn, by McKenzie's own account he had a bad time in his dealings with Cushing. Cushing and McKenzie both possessed so much independence of spirit, and determination, that McKenzie the resident did not handle easily Cushing the chief.

On returning to Toronto, McKenzie became the second C. L. Starr resident in general surgery. As resident he operated successfully upon his first patient with progressive paralysis of the legs due to a benign spinal cord tumour. "Localization and diagnosis of the tumour was made entirely by clinical examination without the aid of x-rays and contrast media."

At the end of his residency year with C. L. Starr, McKenzie was appointed to the general surgical staff of the Toronto General Hospital and the University of Toronto. The McKenzie Service—neurosurgery—was

born amid difficulties requiring for their solution all the wit, courage and endurance which McKenzie had shown he possessed in World War I, and after. "An [neurosurgical] operation was scheduled in any one of the general surgical operating rooms that happened to be free in the afternoon. The nurses and house surgeons were tired because they had already completed a full day's work. For the most part it was their first experience." From this beginning in 1924, there occurred steady development of neurological surgery under McKenzie's leadership until his retirement in 1953, save for one period of five years. During World War II, McKenzie judged that as soon as doctors, including embryo neurosurgeons, were qualified to serve the Armed Forces they should do so, and civilian establishments should avoid expansion. During World War II he carried again a very heavy load of neurosurgical duties, involving the care of patients, teaching and training.

McKenzie personally persuaded the University of the need for a Department of Neuropathology. In 1921 E. A. Linell became the first Professor of Neuropathology, with Mary Tom as his associate. McKenzie convinced the hospital of the need for centralized operating room facilities to be created for neurosurgery, and finally plans were developed for a complete neurosurgical unit.

From 1924 until 1963 a keen and perceptive intelligence, unflinching curiosity and enthusiasm sustained in K. G. McKenzie a distinguished and productive career in neurosurgery and teaching. He was always particularly interested in the clinical and operative aspects of neurosurgery and in the anatomy and pathology upon which must be founded the best clinical neurosurgery. McKenzie himself had special enthusiasm for the original work he started in 1932 on intracranial division of the vestibular portion of the auditory nerve for intractable vertigo. The final results, based on careful follow-up studies, were published 22 years later.

His writings covered a large part of neurosurgery. Following his retirement from the University, he carried on a meticulous clinical and operative study of the

place of psychosurgery in mental illness at the Ontario Hospital, Whitby. His last address three months before his death was delivered to a Workshop on Neurosurgical Nursing.

Neurosurgical residents and residents in all surgical specialties gave him their affectionate loyalty, trying to develop his clinical acumen and to emulate his technical virtuosity. McKenzie's ability to see and recognize the unusual was inimitable. His neurosurgical residents now serve as neurosurgical staff in universities and hospitals throughout Canada and the U.S.A. The residents in general and orthopedic surgery who had time with McKenzie have proved their neurosurgical worth in their judicious management of trauma involving the nervous system.

K. G. McKenzie was a surgeon's neurosurgeon. In 1936-37 he became president of the Harvey Cushing Society and in 1948-49, president of the Society of Neurological Surgeons. He was a member of the Canadian Neurological Society, the American Surgical Association, The Canadian Medical Association and many other societies. He was impatient concerning problems of administration and committee work. His concern was for the individual.

He was a great golfer and applied his enquiring mind to the theories and problems of golf. It was tremendous fun to fish with him.

K. G. McKenzie is survived by Mrs. McKenzie, his daughters Jean, Dorothy and Margot, and his son, Dr. Fred McKenzie. The courageous endurance that enabled K. G. McKenzie to survive the era following World War I, the residency with Cushing-at the Peter Bent Brigham, and the pioneering development of neurosurgery in the Toronto General Hospital was matched by the unwavering and unselfish faith and support of Mrs. McKenzie.

Canada will always be in debt to K. G. McKenzie, and each of us individuals who knew him, and worked with him, are left with an enduring and deep feeling of loss.

"The lyfe so short, the craft so long to lerne,
Th' assay so hard, so sharp the conquering."

E. H. BOTTERELL



Harry Botterell
March 2, 1965

(Harry sent the above reprint, beginning on page 71, of one of our deceased Honorary Members which he wrote for the Canadian Medical Association Journal, and it seemed appropriate to include it in THE NEUROSURGEON as Harry's contribution.)

CROSSING THE BAR

Sunset and evening star,
 And one clear call for me!
And may there be no moaning of the bar,
 When I put out to sea,

But such a tide as moving seems asleep,
 Too full for sound and foam,
When that which drew from out the boundless deep
 Turns again home.

Twilight and evening bell,
 And after that the dark!
And may there be no sadness of farewell,
 When I embark;

For though from out our bourne of Time and Place
 The flood may bear me far,
I hope to see my Pilot face to face
 When I have crossed the bar.

- Tennyson

A woman golfer to mate: "Now if there is anything I do wrong or if you see something you can correct for me - just keep your big mouth shut!"

A loan officer to customer: "And one of life's disappointments, sir, is discovering that the man who writes the bank's advertising is not the one who makes the loans."

Watching players at ball park, little boy to father: "When do they start shaving and smoking cigarettes and all that?"

Awakened out of deep sleep, a man answering the phone: "You have the wrong idiot, you number!"

"Times have changed. Forty years ago people worked 12 hours a day and it was called economic slavery. Now they work 14 hours a day and it is called moonlighting."

"Backward nation: One that hasn't tried to borrow money from the U. S. A."

"Blessed are the young, for they shall inherit the national debt."



Connie and Bob Fisher
March 6, 1965



We enjoyed the meeting at Key Biscayne about as much as any meeting we have ever attended. I thought the caliber of the papers was excellent. It was delightful to be able to get off and take a walk and swim whenever we wished. It was certainly so nice to see all of our friends. We are looking forward to the meeting in Cincinnati this Fall a great deal and certainly will be there.

As things stand at the present time, we are in hopes of going to Scandinavia for a period of three months this year, that is, June, July and August. This will be for several purposes: 1) To attend the International Neurosurgical Congress; 2) To do some investigative work with Dr. John Riishede and Dr. Poul Astrup in the Department of Clinical Chemistry -- actually, I will be under these two heads; 3) To see both radiologic and surgical advances in Scandinavia. We have never been there. We are taking the entire family. We hope to live in the City of Copenhagen. This will be quite an innovation for all of us.

Life is the usual hectic one here, and things are changing a great deal. No one seems to know what the new proposed program of President Johnson's means. One of the problems that immediately presents itself to us in a relatively small and rural medical center is just how this entire program will affect us. I don't believe that there is any question but what the large city medical centers will be primarily affected by Johnson's program, but none of us know exactly what is intended for the equally needed medical center such as ours. In view of the fact that we don't know what is coming, we are preparing to get our plans together for a Stroke Center regardless of how much influence we have one way or the other and the people will eventually run such a show. The economic status of our people is such that it demands a great deal of attention to this area.

This has been a perfectly horrible winter as far as snow and enjoyment are concerned. I have only been out skiing five times as contrasted to fifteen or twenty times per usual. I have done a little skating but not much. I have been out with the kids very few times this winter.

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The Fishers should have an interesting and rewarding time in Scandinavia -- and how wonderful to be taking the entire family! There will be many of us at the International Neurosurgical Congress and this should be a memorable meeting.

The large centers propounded largely by Michael Debakey will make a difference in the type of neurosurgical treatment and care, but nothing yet has replaced the able clinician and neurosurgeon, be it "Center", "Clinic", or whatnot. People will always follow the able surgeon and diagnostician.

Everyone has wondered who hit Joe Louis hardest during his ring career and when asked, Joe simply shrugged his shoulder, "That is easy - Uncle Sam!"

WILLIAM F. BESWICK - March 8, 1965

We in Western New York State are still waiting for at least one full week of skiing. Our winter has been very disappointing, affording only three or four days for our skiers.

At the Millard Fillmore Hospital we have had nothing really exciting happen until three weeks ago when we encountered a patient with Arnold-Chiari malformation. Since the second year general surgical assistant resident has been accepted for neuro-surgical training by Hunt Shelden and Bob Pudenz, I decided we should really bite into the subject. It is amazing how many interesting facts have been recorded in the literature. Everyday, we discover some new information and if this keeps on, I will try to get the story into a paper for our group.

Many contributions have been made by Academy members and this should be of interest. Valley is busy as Chief Technician in our EEG Laboratory, but every once in a while she wishes she could relive that week at Key Biscayne.

Our son, Bill, Jr., decided to re-enlist in the Special Forces and follow a military career. He spent six months in Viet Nam and is about ready to return. He is now a sergeant, wears the Combat Medic Badge and three Presidential Unit Combat Citations. He feels that Special Forces units can handle the situation, but intimates there are some political influences that are not helpful.

Phyllis and I will scrape up a photograph or two for a later Round Robin.

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We enjoyed so much meeting Valley at the meeting in Key Biscayne.

We hope Bill has returned safely from the vicious war in Viet Nam -- and congratulations for his bravery which deservedly gives much honor to his family, and his country.

A sign in a Glasgow, Scotland book store: "Buy your Christmas gift books now so you can read them before mailing."

Wife to husband drinking whisky for a cold cure: "Well if you're not breaking up your cold germs at least you are showing them a good time"

Valley Beswick



Bill Beswick, Jr.

C. HUNTER SHELDEN - March 9, 1965

In your last newsletter you requested that members of the Academy send in some pictures of their families and since we, like all parents, are proud of our sons, I am enclosing a recent snapshot of our three boys, Jim, Geoffrey, and Jay, as well as our prize Irish terrier, Bidly.



Our neurosurgical activities have been more or less routine but we are visibly expanding our neurosurgical research program and hope to orient it more toward molecular biology with what we hope will be profitable results.

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What a fine picture of three handsome sons and, not the least, an adoring Irish terrier. Such are the personal touches that make THE NEUROSURGEON of interest to the Academy. No doubt one of them will fulfill his father's footsteps as a topnotch golfer.

Hunt is the new vice-president of the American Board of Neurological Surgery -- just an additional honor for the ever increasing recognition of the qualities and abilities of the members of the Academy.

"The trouble with more leisure time is that pretty soon you are working overtime to pay for all the expensive hobbies you took up."



Ted and Catherine Rasmussen
March 22, 1965



We have now completed our first year of operation with the hospital side of the Institute incorporated separately as The Montreal Neurological Hospital, and most of the organizational pangs are, I hope, a thing of the past. Our financial relations with the Quebec Hospitalization Insurance Service are also more routine, and our experience since its onset on January 1, 1961, is giving us increasing confidence as regards the long-range financial picture of the hospitals of the Province. We were able to reduce our hospital deficit slightly at the end of each of the first two years under the new programme. We are still negotiating with regard to the final settlement for 1963, and expect to hear, within the next month or so, about our final settlement for 1964.

The need for electron microscopy in our various research programmes here has finally become overwhelming, and plans are well along to expand the Laboratory of Neuropathology to accommodate an electron microscope unit and a second neuropathologist to work with Dr. Gordon Mathieson in developing this side of neuropathology.

The EEG Laboratory has also been undergoing a steady expansion and is now titled The Laboratory of Electroencephalography and Clinical Neurophysiology. This will involve relocating the laboratory in the basement of the Institute and redoing most of the basement, to provide more efficient utilization of the space there.

The Laboratory of Experimental Neurophysiology on the 7th floor is also in the process of re-organization as result of Dr. Herbert Jasper's transferring the bulk of his operations to a Research Professorship at the University of Montreal, on the other side of the mountain. He remains on our staff as Consultant in Neurophysiology, but we have hope to have a dynamic young neurophysiologist installed on the 7th floor before many more months have passed by.

I had an excuse to make a flying trip to India in May of 1964, and had a chance to see the nearly completed Postgraduate Institute for Medical Education and Research in Chandigarh, the newly constructed capital city of the Punjab. Five and a half days from Montreal to Chandigarh and back turned out to be not the most restful type of a trip. It was interesting, however, to see a side of India quite different from that to which I was exposed during my two and a half years in the jungles of the border between Assam and Burma, during the war.

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The organizational and financial features of medical centers and hospitals continues to be a difficult and perplexing side of medicine, not easily surmounted nor without continuing difficulties.

Ted is to be congratulated in his executive master-minding one of the most delightful and valuable meetings of the Academy at Key Biscayne.

His war years in the jungles of Burma were a far cry from his findings on his recent trying trip to India.

"Nothing makes your home look so attractive as pricing the new ones."



Ed and Kate Morrissey
April 20, 1965



With quite some trepidation, I have been working on my presidential address. Certainly the meeting in Cincinnati should be quite an historic occasion, as it is a return to the site of the first meeting of the Academy years ago.

I just arrived home from the Cushing meeting in New York. It was well attended, and the papers and discussions, on the whole,

were quite good. However, I, as well as several others, felt that three and a half days is too long.

Frank Mayfield deserves great credit for the manner in which he conducted such a large meeting. The authors and discussants were held to their allotted time; otherwise we would still be there. His presidential address was excellent, and one fact emphasized was that the Cushing Society is, and should be, the recognized representative body of the neurological surgeons.

A great many of the members of the Academy were present. I enjoyed seeing them, and was delighted to learn that practically everyone plans to attend the meeting in Cincinnati. Everyone missed two former presidents - you and Howard Brown. Bill Meacham is anxious to have all members submit titles and short abstracts as soon as possible. This would permit a good selection and allow the printing of the program so that it may be distributed before the meeting. It might be worthwhile to print the pictures of the new members in the program, as is done in the Pacific Coast Surgical.

The neurosurgery has been routine -- tumors, aneurysms, head injuries, and discs. Incidentally, I am somewhat worried over the fact that we are turning out well-trained young men, yet allowing the field to be contracted. A great deal of the pioneer work in occlusive vascular disease was carried out by neurosurgeons, yet we find that, in many institutions, the vascular studies and their interpretation are being done by the radiologists, and the surgery, if outside the cranium, by vascular surgeons; sympathectomies are no longer an exclusive neurosurgical procedure; the plastic men are doing many of the peripheral nerves; and in some places, the orthopedists are doing the discs.

On the lighter side, we have acquired a ranch not too far from San Francisco, and every other weekend Kate and I are neophyte farmers. With the place we inherited over a hundred sheep, and as a result many of my friends who are cattlemen refuse to discuss the place, except during the hunting season.

.....

A delightful letter from our President and how much we enjoy the photograph at their ranch where the energetic and dynamic neurosurgeon can escape from it all -- and how most of us need such an escape.





David and Marjorie Reynolds
May 24, 1965



I finally got around to getting to the photographer. This sounds as though it is a fairly simple accomplishment. On the other hand, in this hectic area it seems to be a major chore.

We have been busily arranging an itinerary to South America for the summer. Dr. Nicholson, the Dean of the Medical School, and myself are making a good-will tour of 15 universities in South America including most of the major cities. The trip is associated with our South American educational program.

We are looking forward to the meeting in Cincinnati.

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We are appreciative of the photographs. It has not been easy to obtain such from the membership, but it is understandable, in the busy life of a neurosurgeon and his family, that the taking of photographs just isn't an easy thing to do. We are still missing those of several of our members, but hopefully will close the gap one of these fine days.

Their trip to South America sounds like a most interesting and profitable one.

"Speak well of your neighbor; he may become your tax assessor."

"Tact: 1) The ability to arrive at conclusions without expressing them; 2) The ability to turn a porcupine into a possum; 3) The ability to describe others as they see themselves; 4) The ability to shut your mouth before someone else does; 5) To lie about others as you would have them lie about you."

"Life: A predicament which precedes death."



Sid and Lois Goldring
June 2, 1965



First, may I thank everyone for electing me to membership in the Academy. It is a distinct honor for me.

As many of you know, I moved to Pittsburgh last July to assume the position of Professor and Chairman of the Division of Neurological Surgery. It was a most difficult decision to make. It meant leaving a very warm and rewarding association with Dr. Schwartz. Facilities for investigation were excellent, and the stimulus of such people as Jim O'Leary and George Bishop were invaluable. Needless to say, it meant pulling up some strong roots for Lois and the children (Jimmy, 16, and Kathy, 14). I must confess, there are many days when I wish I were back in the nest.

I might tell you a little about the program as it is developing in Pittsburgh. First let me say that Stuart Rowe has been most helpful and I am grateful to him. The residency program now functions at the Health Center Hospitals of the University of Pittsburgh School of Medicine, which include the Presbyterian-University Hospital, the Children's Hospital and the Veterans Administration Hospital. As of July 1, we will have a total of six residents. Five of the men will be on the clinical service, and one will spend the year in the laboratory. We have set up a well equipped electrophysiologic laboratory, and our experimental program has been underway since November, 1964. Dr. Karahashi, a physiologist from Keio University in Tokyo, joined me in August, 1964, and his help and collaboration have been invaluable in getting this part of the program started. At the Presbyterian-University Hospital we have centralized the neurosurgical patients in a 37 bed unit with its own intensive care area. In August, 1965 of this year, a newly constructed operating suite is scheduled to open. A spacious room has been assigned to neurosurgery. Contiguous with the operating theater, and separated from it by a large viewing window, is a recording room for housing biological amplifiers, and other monitoring devices. John Moossy joined the faculty, as Professor of Pathology (Neuropathology). This appointment, I am certain, will be a great boon to the training

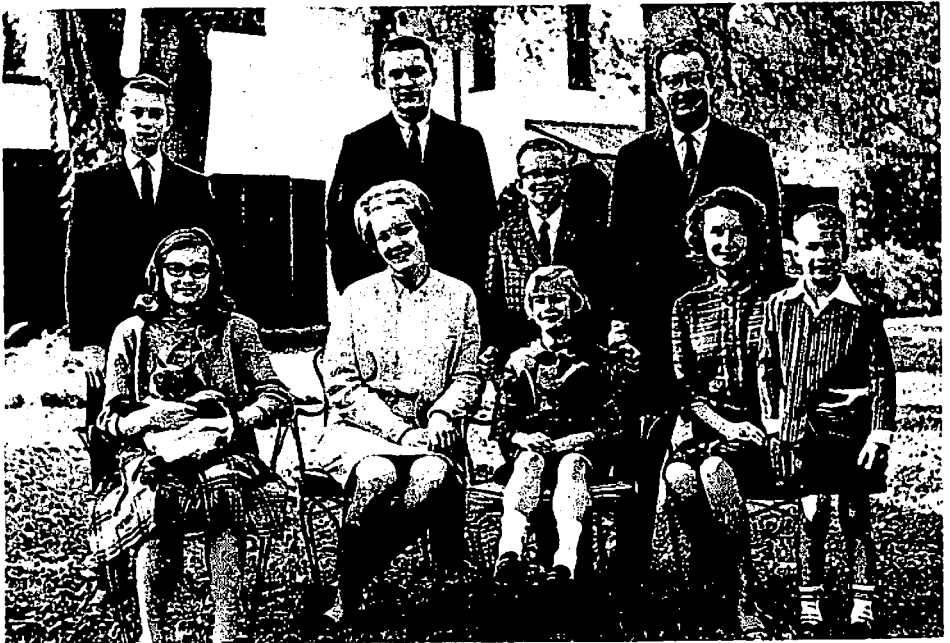
program. Also, Dr. Gerhard Werner was appointed Professor and Chairman of the Department of Pharmacology. Dr. Werner is an expert in sensory physiology, just having completed three years with Mountcastle at Johns Hopkins University. As yet we have no residency program in neurology and we need additional strength in the basic neurological sciences. I am hopeful that these deficiencies will be corrected.

All in all, I am encouraged as my first year in Pittsburgh draws to a close, but it is obvious that there is much to be done. In closing, let me say that it is with a good measure of pride and satisfaction that I can now look forward to future meetings of the Academy as a member.

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Again we are happy to have the photographs of our new members.

Sidney apparently has an excellent division of neurological surgery. This should be a great stimulus to him and his academic career.



Dr. George Ehni and family



George and Velaire Ehni
June 15, 1965



In responding to your invitation to contribute a letter to "The Neurosurgeon" I first want to tell you that becoming a member of the Academy gives me much pleasure. I think I shall postpone relating happenings to, dimensions of, and travels and activities of my family until Larry and I see you in Cincinnati, and at this time, comment upon some aspects of neurological surgery in Houston.

Presently, when the most praiseworthy endeavor is attacking problems of the thousands by large scale research, a clinician such as I, oriented toward single people and their singular problems, alternately feels exhilarated by what is going on about him and regretful about doing nothing personally that is grand, bold and costly. It is heartening, however, to reflect how substantial have been the advances in neurological science along the quieter clinical avenues where only careful and critical inquiry by logical methodology and simple investigative armamentarium into the unique problems of individuals are employed.

Spondylotic cervical myelopathy is now recognizable early and appropriate treatment has been developed to halt its progress. Clinical recognition of this ailment has all but erased from nosology primary lateral sclerosis, subacute combined system disease without pernicious anemia, and chronic spinal multiple sclerosis. Skillful use of the stethoscope for localizing bruits produced by certain maneuvers of the neck and shoulder girdle elucidates thoracic outlet or costoclavicular compression syndromes. This plus recognition of cervical root compression syndromes and median neuropathy in the carpal tunnel result nowadays in the accurate diagnosis of almost every neck, shoulder, and arm complaint formerly attended by so much fancy. Recent knowledge of cauda equina injury in lumbar spondylosis illuminates the "peculiar disease" that Elsberg thought was localized cauda equina radiculitis, "hypertrophy" of the yellow ligaments, "disk herniations" that look huge in myelograms but insignificant on surgical exploration and "intermittent claudication" of the legs with adequate circulation to these extremities. Without further multiplication of example I believe

an excellent case exists for the point of view that as much progress has been made in recent years through sharpened clinical perception as by grand scale research. Long may this happy balance of dual progress continue.

Recognition and treatment of brain ischemia due to stenotic lesions of the neck and mediastinal vessels have been exciting to witness from a vantage point at the origin of some of the newer concepts. I gather, however, that many neurological scientists are not ready to acknowledge that vascular surgeons, unschooled in the intricacies of neurological diagnosis, really know what they are doing. I have the impression that neurological specialists view with considerable skepticism, operations for restoration of arterial lumens when, according to the rules they go by, the lesions have not been proven to be ischemia producing - especially when the operations are prophylactic on lesions manifested only by bruit and angiographic defect, no ischemic attack having yet occurred. This skeptical attitude derives from our knowledge that in neurology one is almost always able to define the structures whose functions are impaired and name the specific process. We tend to regard treatment of any sort as ill-founded unless the direct action of a specific disease process is demonstrable, and when vascular surgeons operate upon lesions manifested through auscultation and angiography in the absence of any clearly derivative neurological deficit, we think them naive.

My observations persuade me that our refinement and precision in other areas of neurological appraisal prejudice us against a wisdom that the vascular surgeons are too unlettered in our ways of thinking to explain to us.

In trying to understand their logic it is helpful to consider how we and the vascular surgeons view the parallel situations of leg and brain ischemia. When they see a man complaining of intermittent claudication who has a bruit over the femoral artery and arteriographically demonstrated segmental stenosis of the vessel, they have no problem deciding what needs to be done and neither do we. That all the muscles are strong, all the reflexes intact, and all sensation acute at bed rest in the hospital doesn't weaken the diagnosis for we know from what the patient tells us, that under other circumstances at least some of these functions are impaired. We can, if we wish, reproduce these other conditions and these deficits without damage to the patient. The vascular surgeon and the neurological specialist are in agreement that the stenotic lesion is not exonerated as causative simply because at the time of examination, symptoms and functional deficits are lacking. When the vascular surgeon is confronted by a patient who has been giddy and hemiparetic and who has a carotid bruit, or by a patient who has never had symptoms but whose bruit has been discovered on routine examination prior to the conduct of some other surgical

operation, he sees things in the same light. Though the distal parts may be functioning normally at the time of examination, under other conditions and at other times, circulation may not be adequate and therefore the lesion should be corrected, he reasons.

The neurological specialist looks at the minimally symptomatic or asymptomatic individual from a point of view that is possibly more scientific, certainly more critical and doubt-ridden, but not necessarily more perceptive or closer to reality than that of his neurologically innocent colleague. We reflect that many individuals have no deficits when one carotid artery is acutely occluded. The lesion known to be at hand may be on the wrong side to best account for the complaints. Utter normality of function suggests no ischemia to exist, at least currently. We derive comfort from the "fact" (only sometimes true) that the lumen of a carotid artery has to have its cross-section area reduced 85% or more before there is much reduction in flow, disregarding the valid fact that when this is so, it is because a normal carotid artery has the capacity to carry a lot more blood (as when cut and allowed to bleed freely) than it does, because the resistance of the peripheral vascular bed is so great that it, and not carotid lumen size, determines normal flow rates. Being unable to relate the symptoms to the arterial lesion with the certainty we feel in relating symptoms in other patients to tumor or other lesions, we tend to believe that restoration of the compromised arterial lumen is meddlesome and that the patient would likely do as well without it. When the vascular surgeon restores this lumen and the transient attacks no longer occur, we may believe it is because he operates upon a population destined to do well no matter what is done.

The vascular surgeon does not operate on arteries just because he likes everyone to have arteries of normal caliber. He would decline operation if means existed to guarantee that a given stenotic lesion was harmless and would remain so. He knows, however, that no one can, at present, tell him which patient's circulation will compensate under all conditions and which will not. Being in possession of a safe technique for luminal restoration, he employs it without waiting for the terrible consequences that may follow, for all any of us know, if the repair is not made.

It seems to me that the divergent views we and the vascular surgeons hold stem in part from different conceptions of the physiologic mechanisms determining stroke; especially, the heralding or warning attacks before the one that results in permanent deficit. Neurological opinion seems to be substantial in support of the view that these herald attacks and even the major events are due to embolization from an ulcerated plaque; whereas

vascular surgeons seem to give credence to a variety of mechanisms, including postural hypotension, reduced cardiac output, increased thromboplastic activity, luminal and flow variation in neck vessels caused by torsion and other effects of different neck positions, and so forth. They reject the view of many neurological scientists that, because most people tolerate single vessel ligation and a normal arterial lumen must be greatly constricted before flow is significantly reduced, a stenotic lesion is of uncertain significance. They appreciate perhaps better than we that under certain conditions the turned neck causes a reduction of flow in one or more of the vessels, and that other physiologic variables are intermittently at work. They believe that the extra blood carrying capacity of each vessel is for the purpose of compensating for these variables, and if a stenotic lesion constantly reduces flow through one of these vessels, then increased flow through it will not be available to compensate for the transient event that may result in stroke.

It appears to me that we and the vascular surgeons, seeking to understand the same disease, need to talk less of whose domain it falls in and more of what each has to offer the other. We have the capability of defining the functional deficits as they may appear from day to day and hour to hour while the vascular surgeons have developed safe techniques for luminal restoration. At the present time, neither knows precisely when these techniques are mandatory and when they are not. Present indications are that they are more often needed than not. What we urgently need to know more about are the physiological determinants of stroke - what it is that causes brain ischemia to develop in a patient with a fixed stenotic lesion at a given moment, and why in some patients it never develops. Conceivably, more knowledge of these factors will result in a general appreciation that they are unpredictable and unmodifiable, and that anyone with a stenotic vessel supplying the brain is at greater risk of stroke than his risk of having the structural abnormality corrected. This, of course, is what the more aggressive vascular surgeons believe to be true. If this be so, we all need to recognize it and get on to other problems. In the evolution of this field, one may hope for detection of the anatomical and physiological determinants of stroke before any manifestation appears so that the major effort in this category of disease may swing toward correction of the anatomical and physiological deviations before neurological illness, in the current sense, has developed.

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George has expressed interesting thoughts relative to the vascular surgeons and the problem of vascular disease, as well as ideas concerning various types of myelopathy. Progress has been made in these fields along with many mistakes along the rocky road to appropriate evaluation and treatment. The song has not yet ended.



Cone and Maxine Pevehouse
June 30, 1965

It is with great pleasure that I offer this first contribution for the Academy's newsletter. I wish to express my great pleasure to the membership for the measure of confidence and high honor given to me by election to the Academy.

The years 1963-64 have been eventful for the firm of Brown, Pevehouse & Brown. Barton finished his residency training at the University of California in June of 1963, then he and I joined Howard in practice. As many of you know, Howard promptly took off with Dr. Jesse Carr for a month on a private island in Fiji. It is fortunate that their wives managed to go along, or I fear that neither of them would have ever returned. In January Howard and Dorothy disposed of their spacious and gracious home of some thirty years in the St. Francis Wood area and moved to a beautiful apartment in downtown San Francisco. If you want to see a view of the Bay area that rivals the Mark and the Fairmount, then drop in to the new "digs" of the senior Browns. You will have ample opportunity when the Academy meets here in 1967.

Franklin Hospital is in the midst of building a new 250-bed unit and thus we had to cough up our "little contributions". Howard was chairman of the fund-raising committee, so got some television exposure. We could probably get him elected governor if there wasn't already a Brown in the capitol seat. In addition we had to move our offices from the hospital grounds and this was an interesting but time-consuming chore. But now we are all settled in an attractive and efficient location on the fringe of the downtown area.

My wife, Maxine, and I have spent our leisure hours in planning and doing part of the building of summer/winter cabin at Donner Lake, about 14 miles from the north shore of Lake Tahoe. We are looking forward to our first sojourn there with the family this summer. If any of you have some free time for skiing, fishing, or water skiing, and would like to do it in the northern Sierra mountains, then you would be welcome to use our place.

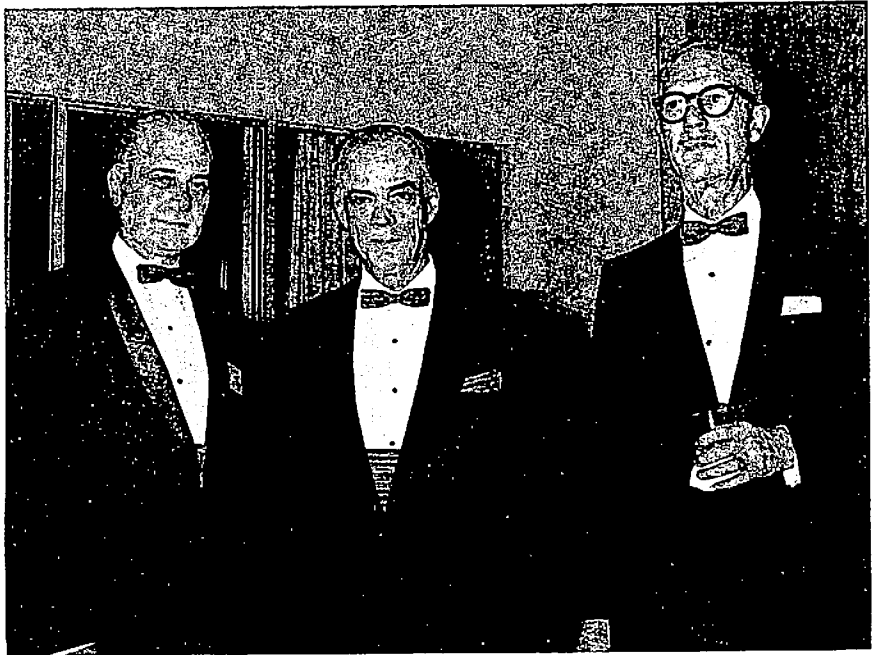
Even with the increasing density of neurosurgeons in northern California, our practice is steadily increasing in volume and with a very satisfying variety of problems.

I look forward to seeing all of you in Cincinnati and then westward to San Francisco in 1967.

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We are happy life runs along busily and interestingly, as it would for Brown, Pevehouse and Brown.

We are indebted to Cone for some excellent pictures taken at the meeting in Palm Springs. Along with the other enthusiastic and brilliant new members, the Academy will continue to sparkle in the "neurosurgical sun".



Three Southern Gentlemen

HERE AND THERE

Time marches on and the memorable meeting at Key Biscayne lingers happily in our thoughts of the past. Swiftly, the summer and now another autumn is upon us with the anticipation of again seeing our valued friends at the 27th annual meeting in Cincinnati.

As one reads over the interesting letters sent in by the membership, the places in the various parts of the world visited, the people seen and the things done, it becomes evident how dynamic and stimulating are the members of our society. Through the years the volumes of **THE NEUROSURGEON** paint a panoramic story of neurological surgery of our times, chronicled fascinatingly on this great stage of life.

From a group of enthusiastic and capable youngsters, the Academy members are now the leaders in the specialty throughout our country.

Frank Mayfield has completed his term as president of the Harvey Cushing Society and takes his place on the Board of Directors. Francis Murphey replaces Frank as president of the Harvey Cushing Society, having also completed a year as Chairman of the American Board of Neurological Surgery and President of the Southern Neurosurgical Society. Eben Alexander becomes President-Elect of the Harvey Cushing Society, an honor richly deserved after his years of valued service as treasurer and then secretary of that Society. Ben Whitcomb becomes Secretary of the Harvey Cushing Society and Bill Meacham the new Treasurer. Donald Matson is now Chairman of the American Board of Neurological Surgery, replacing Francis Murphey, and Hunt Shelden is the Vice-Chairman replacing Don Matson. Guy Odom continues with the difficult task of being secretary-treasurer. Other members of the Academy on the Board include Lyle French, Francis Murphey, Larry Pool, Dave Reeves, Henry Schwartz, and Ben Whitcomb. Members of the Editorial Board of the Journal of Neurosurgery from the Academy include Dave Reeves, Henry Schwartz, Eben Alexander, Arthur Ward, and Don Matson. More importantly, Henry Heyle has taken over the tough assignment of Managing Editor of the Journal.

Included on the Committee for the Mission and Structure of the Harvey Cushing Society are Tom Ballantine, Lyle French, Dick DeSaussure, and Charles Drake. Members of the Academy now serving on the Board of Directors of the Harvey Cushing Society include Dave Reeves, Barnes Woodhall, and Frank Mayfield.

Dick DeSaussure was appointed to the Editorial Board of **THE NEUROSURGEON**. He was president of the Congress of Neurological Surgeons in 1962.

This year Ed Boldrey is president of the Western Neurosurgical Society and John Green is the president-elect. All of these honors and many more emphasize the fact the American Academy of Neurological Surgery is the "Blue Book of Neurological Surgery" in our country. To maintain this enviable position, a continuation of the election of new members of promise, ability, and character is paramount. This is an important assignment for us in the coming years.

Again we were fortunate in having many excellent papers for the Academy Award. The winner was Dr. Earle E. Crandall with the presentation of "Stereotoxic Investigation of Hypothalamic Sexual Cycling" which was enjoyed by all.



Included is a photograph of Dorothy and Jack French with Dr. and Mrs. Charles W. Carpenter in the Crown Room of the Carpenters' Crown Towers Apartment home in the Palm Desert area.

Doctor Carpenter is Professor of Infectious Diseases at UCLA and Director of the Evelyn Castera Cancer Research Laboratory.

Several children of our members have married this year. Among them Linda Price Odom to Dr. Wesley Allen Cook, Jr., and Elizabeth Coulon Murphey to John

Richard Ranson. No doubt others have been overlooked, and others will take place in the coming months.

Shown below is a photograph of one of the correspondents of THE NEUROSURGEON with his wife, Virginia, honeymooning in the langorous beauty of the Southern Seas.



For 1964 Francis Murphey has been honored with THE NEUROSURGEON AWARD. As one of the founding members, the first secretary-treasurer, the first vice-president, and an early president, he has served the Academy with judgment, dedication, and distinction. His contributions in the field of neurological surgery are many. His qualities of leadership and ability have brought him eminence in our specialty. He is one of the admired and respected members of the Academy.

The days are rolling by. Soon again we will be meeting with our old and cherished friends - this time in Cincinnati of the seven hills. And these meetings bring so much of the finest scientifically and socially we appreciate more and more our good fortune and honor in being a part of it.



Francis Murphey
The Neurosurgeon Award Winner - 1964

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Robert L. McLaurin

Academy Award Committee

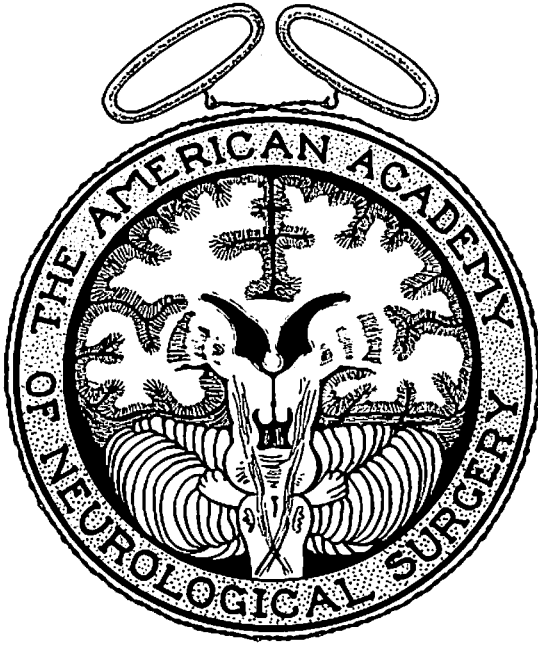
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Frank H. Mayfield, Chairman
Robert L. McLaurin

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Mrs. Robert L. McLaurin



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1964-1965

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1938	Dean Echols	1952	Henry G. Schwartz
1939	Dean Echols	1953	J. Lawrence Pool
1940	Spencer Braden	1954	Rupert B. Raney
1941	Joseph P. Evans	1955	David L. Reeves
1942	Francis Murphey	1956	Stuart N. Rowe
1943	Frank H. Mayfield	1957	Arthur R. Elvidge
1944	A. Earl Walker	1958	Jess D. Herrmann
1946	Barnes Woodhall	1959	Edwin B. Boldrey
1947	William S. Keith	1960	George S. Baker
1948	Howard Brown	1961-62	C. Hunter Shelden
1949	John Raaf	1963	Samuel R. Snodgrass
1950	E. H. Botterell	1964	Theodore B. Rasmussen
1951	Wallace B. Hamby		

PAST VICE-PRESIDENTS

1941	Francis Murphey	1953	Rupert B. Raney
1942	William S. Keith	1954	David L. Reeves
1943	John Raaf	1955	Stuart N. Rowe
1944	Rupert B. Raney	1956	Jess D. Herrmann
1946	Arthur R. Elvidge	1957	George S. Baker
1947	John Raaf	1958	Samuel R. Snodgrass
1948	Arthur R. Elvidge	1959	C. Hunter Shelden
1949	F. Keith Bradford	1960	Edmund J. Morrissey
1950	David L. Reeves	1961-62	Donald F. Coburn
1951	Henry G. Schwartz	1963	Eben Alexander, Jr.
1952	J. Lawrence Pool	1964	George L. Maltby

PAST SECRETARY-TREASURERS

Francis Murphy	1938 - 40
A. Earl Walker	1941 - 43
Theodore C. Erickson	1944 - 47
Wallace B. Hamby	1948 - 50
Theodore Rasmussen	1951 - 53
Eben Alexander, Jr.	1954 - 57
Robert L. McLaurin	1958 - 62
Edward W. Davis	1963 - 64

The American Academy of Neurological Surgery

FOUNDED OCTOBER 28, 1938

HONORARY MEMBERS — 4	ELECTED
Dr. Percival Bailey 1601 West Taylor St. Chicago 12, Illinois	1960
Dr. Wilder Penfield Montreal Neurological Institute 3801 University St. Montreal 2, Quebec, Canada	1960
Dr. R. Eustace Semmes 899 Madison Ave. Memphis 3, Tennessee	1955
Dr. R. Glen Spurling P. O. Box 881 Rancho Santa Fe, California	1942
DECEASED MEMBERS — 7	
Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Sir Geoffrey Jefferson (Honorary) 3-22-61 Manchester, England	1951
Dr. Kenneth G. McKenzie (Honorary) 2-11-64 Toronto, Ontario, Canada	1960
Dr. John M. Meredith (Active) 12-19-62 Richmond, Virginia	1946
Dr. W. Jason Mixer (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939
Dr. O. William Stewart (Corresponding) Montreal, Quebec	1948
CORRESPONDING MEMBERS — 2	
Dr. F. John Gillingham Westfield, Whitehouse Rd. Edinburgh 4, Scotland Boaston House, Ravelston (Residence) Edinburgh 4, Scotland	1962
Dr. Kristian Kristiansen Professor of Neurosurgery Oslo Kommune Ulleval Sykehus Oslo, Norway	1962

SENIOR MEMBERS — 5

ELECTED

Dr. E. Harry Botterell Queen's University Kingston, Ontario	Margaret 2 Lake Shore Blvd. Reddendale, Kingston	1938
Dr. Donald F. Coburn 6400 Prospect Ave., Rm. 204 Kansas City 32, Missouri	Ellie	1938
Dr. Joseph P. Evans University of Chicago Clinics 950 East 59th Street Chicago 37, Illinois	Hermene 1160 East 56th Street Chicago 37, Illinois	Founder
Dr. Wallace B. Hamby Cleveland Clinic 2020 East 93rd St. Cleveland 6, Ohio	13700 Fairhill Road Shaker Heights 20, Ohio	1941
Dr. Olan R. Hyndman Veterans Administration Hospital Iowa City, Iowa	Wanda 1905 Muscatine Avenue Iowa City, Iowa	1941

ACTIVE MEMBERS — 76

Dr. Eben Alexander, Jr. Bowman Gray Sch. of Medicine Winston-Salem 7, No. Carolina	Betty 1941 Georgia Ave. Winston-Salem, No. Carolina	1950
Dr. George S. Baker 200 First Street, S.W. Rochester, Minnesota	Enid Salem Road, Route 1 Rochester, Minn.	1940
Dr. H. Thomas Ballantine, Jr. Massachusetts General Hospital Boston 14, Massachusetts	Elizabeth 30 Embankment Rd. Boston 14, Massachusetts	1951
Dr. William F. Beswick 685 Delaware Avenue Buffalo 9, New York	Phyllis 59 Ashland Avenue Buffalo, New York	1949
Dr. Edwin B. Boldrey Univ. of Calif. Medical School San Francisco 22, California	Helen 924 Hayne Road Hillsborough, California	1941
Dr. Spencer Braden 1652 Hanna Building 14th & Euclid Avenues Cleveland 15, Ohio	Mary 2532 Arlington Road Cleveland Heights, Ohio	Founder
Dr. F. Keith Bradford 435 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Byra 3826 Linklea Drive Houston 25, Texas	1938
Dr. Howard A. Brown 2000 Van Ness Avenue San Francisco, California 94109	Dorothy 2240 Hyde Street San Francisco, California 94109	1939

ELECTED

Dr. Harvey Chenault 2134 Nicholasville Rd. Lexington, Kentucky	Margaret 2105 Nicholasville Road Lexington, Kentucky	1949
Dr. William F. Collins, Jr. Medical College of Virginia 1200 East Broad Street Richmond, Virginia	Gwen 5105 W. Cary St. Richmond 27, Virginia	1963
Dr. Edward W. Davis 806 S. W. Broadway Portland 5, Oregon	Barbara 1714 N.W. 32nd Avenue Portland 10, Oregon	1949
Dr. Richard L. De Saussure 20 S. Dudley, Suite 101 B Memphis 3, Tennessee	Phyllis 74 Pinehurst Memphis 17, Tennessee	1962
Dr. Charles G. Drake 450 Central Avenue, Suite 301 London, Ontario, Canada	Ruth R.R. 3, Medway Heights London, Ontario, Canada	1958
Dr. Francis A. Echlin 164 East 74th St. New York 21, New York	Letitia 164 East 74th Street New York 21, New York	1944
Dr. Dean H. Echols Ochsner Clinic 3503 Prytania Street New Orleans, Louisiana	Fran 1428 First Street New Orleans 13, Louisiana	Founder
Dr. George J. Ehni Hermann Prof. Bldg. 6410 Fannin Street Houston, Texas 77025	Velaire 16 Sunset Houston, Texas	1964
Dr. Arthur R. Elvidge Montreal Neurological Institute 3801 University Street Montreal 2, Quebec	1465 Bernard Avenue, West Outremont, Quebec, Canada	1939
Dr. Theodore C. Erickson University Hospitals 1300 University Avenue Madison 6, Wisconsin	Martha 531 N. Pinckney Madison, Wisconsin	1940
Dr. William H. Feindel Montreal Neurological Institute 3801 University St. Montreal 2, Canada	Faith 492 Argyle Avenue Westmount Province of Quebec, Canada	1959
Dr. Robert G. Fisher Hitchcock Clinic Hanover, N. H.	Constance 11 Ledyard Lane Hanover, New Hampshire	1957
Dr. Eldon L. Foltz Div. of Neurosurgery University Hospital Seattle 5, Washington	Catherine 3018 E. Laurelhurst Drive Seattle 5, Washington	1960

	ELECTED
Dr. John D. French The Medical Center University of California Los Angeles 24, California	Dorothy 1809 Via Visalia Palos Verdes Estates, California 1951
Dr. Lyle A. French Univ. of Minnesota Hospitals Minneapolis 14, Minnesota	Gene 85 Otis Lane St. Paul 4, Minnesota 1954
Dr. James G. Galbraith 909 S. 18th St. Birmingham 5, Alabama	Peggy 4227 Altamont Road Birmingham 13, Alabama 1947
Dr. Sidney Goldring Univ. of Pittsburgh Sch. of Med. 3550 Terrace Street Pittsburgh, Pennsylvania 15213	Lois 2416 Marbury Road Pittsburgh, Pennsylvania 15221 1964
Dr. Everett G. Grantham 405 Heyburn Building Louisville 2, Kentucky	Mary Carmel 410 Mockingbird Hill Road Louisville 7, Kentucky 1942
Dr. John R. Green Park Central Medical Bldg. 550 West Thomas Road Phoenix, Arizona	Georgia 88 North Country Club Drive Phoenix, Arizona 1953
Dr. James Greenwood, Jr. 1117 Hermann Prof. Bldg. 6410 Fannin Street Houston 25, Texas	Mary 3394 Chevy Chase Blvd. Houston 19, Texas 1952
Dr. Wesley A. Gustafson First National Bank Bldg. McAllen, Texas	Jennie North Ware Road R. R. No. 1, Box 296-A McAllen, Texas 1942
Dr. Hannibal Hamlin 270 Benefit Street Providence 3, Rhode Island	Margaret 270 Benefit Street Providence, Rhode Island 1948
Dr. John W. Hanbery Stanford Medical Center Palo Alto, California	Shirley 70 Mercedes Lane Atherton, California 1959
George J. Hayes, Col., M.C., USA OSC, Box 236 Walter Reed General Hospital Washington 12, D.C.	Catherine 6932 15th Street, N.W. Washington 12, D.C. 1962
Dr. Jess D. Herrmann 525 Northwest Eleventh Street Oklahoma City 3, Oklahoma	Mary Jo 1604 Glenbrook Terrace Oklahoma City 14, Oklahoma 1938
Dr. Henry L. Heyl Dartmouth Medical School Hanover, New Hampshire	Kit Norwich, Vermont 1951
Dr. William S. Keith Toronto Western Hospital 399 Bathurst Street Toronto 2B, Ontario	Eleanor 55 St. Leonardi Crescent Toronto 12, Ontario, Canada Founder

	ELECTED
Dr. Robert B. King University Hospital Upstate Medical Center Syracuse 10, New York	Molly 2 Clara Road Fayetteville, New York 1958
Dr. Raeburn C. Llewellyn Tulane Univ. School of Medicine 1430 Tulane Avenue New Orleans 12, Louisiana	Seleta 15 Colonial Club Drive New Orleans 23, Louisiana 1963
Dr. William M. Lougheed 430 Medical Arts Bldg. Toronto 5, Ontario	Grace Eleanor 67 Ridge Drive Toronto, Ontario 1962
Dr. Ernest W. Mack 505 Arlington Ave., Suite 212 Reno, Nevada	Roberta 235 Juniper Hill Road Reno, Nevada 1956
Dr. George L. Maltby 31 Bramhall Street Portland 3, Maine	Isabella (Sim) Bramhall Field Falmouth Foreside, Portland, Maine 1942
Dr. Donald D. Matson 300 Longwood Avenue Boston 15, Massachusetts	Dorothy 44 Circuit Road Chestnut Hill 67, Massachusetts 1950
Dr. Frank H. Mayfield 506 Oak Street Cincinnati 19, Ohio	Queenee 3519 Principio Ave. Cincinnati 26, Ohio Founder
Dr. Augustus McCravey 102 Interstate Bldg. 540 McCallie Avenue Chattanooga 3, Tennessee	Helen 130 North Crest Road Chattanooga, Tennessee 1944
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hospital Cincinnati 29, Ohio	Kathleen 2461 Grandin Road Cincinnati 8, Ohio 1955
Dr. William F. Meacham Vanderbilt Hospital Nashville 5, Tennessee	Alice 3513 Woodmont Blvd. Nashville 12, Tennessee 1952
Dr. Edmund J. Morrissey 450 Sutter Street, Suite 520 San Francisco 8, California	Kate 2700 Vallejo Street San Francisco 23, California 1941
Dr. John Francis Mullan 950 E. 59th Street Chicago 37, Illinois	Vivian 1963
Dr. Francis Murphey Suite 101-B, Baptist Med. Bldg. 20 South Dudley Memphis 3, Tennessee	Roder 1856 Autumn Avenue Memphis, Tennessee Founder
Dr. Frank E. Nulsen Division of Neurosurgery University Hospitals 2065 Adelbert Road Cleveland 6, Ohio	Ginny 21301 Shaker Blvd. Shaker Heights 22, Ohio 1956

	ELECTED
Dr. Guy L. Odom Duke Univ. School of Medicine Durham, North Carolina	Suzanne 2812 Chelsea Circle Durham, North Carolina 1946
Dr. Byron C. Pevehouse 2000 Van Ness Avenue San Francisco, California 94109	Maxine 135 Mountain Spring Avenue San Francisco, California 1964
Dr. J. Lawrence Pool 710 West 168th Street New York 32, New York	Angeline Closter Dock Road Alpine, New Jersey 1940
Dr. Robert W. Porter 5901 East 7th St. Long Beach 4, California	
Dr. Robert Pudenz 744 Fairmount Ave. Pasadena 1, California	Mary Ruth 3110 San Pasqual Pasadena 10, California 1943
Dr. John Raaf 1010 Medical Dental Building Portland 5, Oregon	Lorene 390 S.W. Edgecliff Road Portland 19, Oregon Founder
Dr. Aidan A. Raney 2010 Wilshire Blvd. Los Angeles 57, California	Mary 125 N. Las Palmas Los Angeles 5, California 1946
Dr. Theodore B. Rasmussen Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada	Catherine 29 Surrey Drive Montreal 16, Quebec, Canada 1947
Dr. David L. Reeves 316 West Junipero Street Santa Barbara, California	Virginia 1278 Mesa Road Santa Barbara, California 1939
Dr. David H. Reynolds Univ. of Miami Sch. of Medicine Jackson Memorial Hospital Miami, Florida 33136	Marjorie 1701 Espanola Drive Miami, Florida 1964
Dr. R. C. L. Robertson 437 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Marjorie 5472 Lynbrook Drive Houston, Texas 1946
Dr. Stuart N. Rowe 302 Iroquois Building 3600 Forbes Street Pittsburgh 13, Pennsylvania	Elva 6847 Reynolds St. Pittsburgh 8, Pennsylvania 1938
Dr. Henry G. Schwartz 600 South Kingshighway St. Louis 10, Missouri	Reedie 2 Briar Oak, Ladue St. Louis 24, Missouri 1942
Dr. William B. Scoville 85 Jefferson Street Hartford 14, Connecticut	Helene 334 North Steele Road West Hartford, Connecticut 1944
Dr. C. Hunter Shelden 744 Fairmount Ave. Pasadena 1, California	Elizabeth 1345 Bedford Road San Marino, California 1941

ELECTED

Dr. Samuel R. Snodgrass John Sealy Hospital Univ. of Texas Medical Branch Galveston, Texas	Margaret 1405 Harbor View Drive Galveston, Texas	1939
Dr. Hendrik J. Svien 200 First St. S.W. Rochester, Minnesota	Nancy 827 Eighth Street, S.W. Rochester, Minnesota	1957
Dr. Homer S. Swanson 384 Peachtree Street, N. E. Atlanta 3, Georgia	La Myra 1951 Mt. Paran Road, N.W. Atlanta, Georgia	1949
Dr. William H. Sweet Massachusetts General Hospital Boston 14, Massachusetts	Mary 35 Chestnut Place Brookline 46, Massachusetts	1950
Dr. Alfred Uihlein 200 First Street, S.W. Rochester, Minnesota	Ione 21 Skyline Drive Rochester, Minnesota	1950
Dr. A. Earl Walker Johns Hopkins Hospital Division of Neurological Surgery 601 N. Broadway Baltimore 5, Maryland	Terrye 6007 Lakehurst Drive Baltimore 10, Maryland	1938
Dr. Exum Walker Suite 423, 340 Boulevard, N.E. Atlanta 12, Georgia	Frances 1819 Greystone Road, N.W. Atlanta, Georgia	1938
Dr. Arthur A. Ward, Jr. University of Washington School of Medicine Division of Neurosurgery Seattle 5, Washington	Janet 3922 Belvoir Place Seattle, Washington	1953
Dr. Thomas A. Weaver 146 Wyoming St. Dayton, Ohio	Mary 868 W. Alexandersville-Bellbrook Rd. Dayton 59, Ohio	1943
Dr. W. Keasley Welch 4200 E. Ninth Ave. Denver 20, Colorado	Elizabeth 744 Dexter St. Denver, Colorado	1957
Dr. Benjamin B. Whitcomb 85 Jefferson Street Hartford 14, Connecticut	Margaret 38 High Farms Road West Hartford, Connecticut	1947
Dr. Barnes Woodhall Duke Hospital Durham, North Carolina	Frances 4006 Dover Road, Hope Valley Durham, North Carolina	1941

THE ACADEMY AWARD WINNERS

Paul M. Lin	1955	Robert Ojeman	1960
Hubert L. Rosomoff	1956	Lowell E. Ford	1962
Byron C. Pevehouse	1957	Charles H. Tator	1963
Normal Hill	1958	Earle E. Crandall	1964
Jack Stern	1959		

THE NEUROSURGEON AWARD WINNERS

Edwin B. Boldrey	1955	Rupert B. Raney	1960
Georgia and John Green	1956	R. Glen Spurling	1961
Dean Echols	1957	Hannibal Hamlin	1962
Arthur R. Elvidge	1958	Frank H. Mayfield	1963
John Raaf	1959	Francis Murphey	1964

PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee (Organizational Meeting)	April 22, 1938
Hotel Netherland Plaza, Cincinnati, Ohio	October 28-29, 1938
Roosevelt Hotel, New Orleans, Louisiana	October 27-29, 1939
Tudor Arms Hotel, Cleveland, Ohio	October 21-22, 1940
Ambassador Hotel, Los Angeles, California	November 11-15, 1941
The Palmer House, Chicago, Illinois	October 16-17, 1942
Percy Jones General Hospital, Battle Creek, Mich.	September 17-18, 1943
Ashford General Hospital, White Sulphur Springs, West Virginia	September 7-9, 1944
The Homestead, Hot Springs, Virginia	September 9-11, 1946
Broadmoor Hotel, Colorado Springs, Colorado	October 9-11, 1947
Windsor Hotel, Montreal, Canada	September 20-28, 1948
Benson Hotel, Portland, Oregon	October 25-27, 1949
Mayo Clinic, Rochester, Minnesota	September 28-30, 1950
Shamrock Hotel, Houston, Texas	October 4-6, 1951
Waldorf Astoria Hotel, New York City	September 29-October 1, 1952
Biltmore Hotel, Santa Barbara, California	October 12-14, 1953
Broadmoor Hotel, Colorado Springs, Colorado	October 21-23, 1954
The Homestead, Hot Springs, Virginia	October 27-29, 1955
Camelback Inn, Phoenix, Arizona	November 8-10, 1956
The Cloister, Sea Island, Georgia	November 11-13, 1957
The York, Toronto, Ontario, Canada	November 6-8, 1958
Del Monte Lodge, Pebble Beach, California	October 19-21, 1959
Sheraton-Plaza Hotel, Boston, Massachusetts	October 6-8, 1960
Larz Anderson House, Washington, D. C.	October 18, 1961
Royal Orleans Hotel, New Orleans, Louisiana	November 7-10, 1962
El Mirador Hotel, Palm Springs, California	October 23-26, 1963
Key Biscayne, Miami, Florida	November 11-14, 1964

At Eben Alexander's suggestion the following section is included:

QUESTIONS TO BE ANSWERED BY MEMBERS

The 27th Annual Meeting of the

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

will be held at

TERRACE HILTON HOTEL

CINCINNATI, OHIO

October 14, 15, 16, 1965