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DEPARTMENT OF NEUROSURGERY
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AIR MAIL

September [illegible], 1954

Dr. Germán Hugo Dickman
J. E. Uriburi 1495
Buenos Aires, Argentina

Dear Dr. Dickman:

Please accept my sincere thanks for your kindness in sending me the reprint regarding neurosurgery in Parkinsonism. Naturally, I was particularly interested and pleased with your excellent remarks regarding the operation of anterior choroidal artery occlusion.

The informative facts and conclusions which you present regarding the anterior choroidal artery operation are most welcome to me, and I am sure will be useful to many neurosurgeons who are interested in the procedure. Many of the facts which you mention coincide exactly with my own experience. Particularly important, is the realization that one must master the surgical technique of the procedure, and the proper selection of cases, if one wishes to duplicate our results. You will be interested to know that during this past year, our results have surpassed those which we had originally reported, and we now have several patients in whom it is difficult to find any trace of Parkinsonism following the operation. There are a few facts which have changed slightly since my letter to Dr. Finochietto last May. I now try to operate all my cases under local anesthesia. This practically eliminates the postoperative morbidity. I think it is a very important point and will do every case I can under local. I have felt that hypotension was somewhat dangerous in this operation and have found no ill effects from using liberal drainage to enhance retraction. I also find that by placing the patient on his side, during the operation, one is able to allow the head to be lowered much easier than when the patient is in the decubitus position.

I should like to raise one question regarding the position of the anterior choroidal artery, which you have described so excellently. You state that the branch closest to the carotid bifurcation is the anterior choroidal artery. I agree that this is usually the case. However, occasionally, a striate branch arises in this position. Therefore, I usually identify the posterior communicating artery and then find that the ramus immediately superior is the anterior choroidal vessel. There are other aspects which I hope some day I shall have the opportunity of discussing with you personally. I assure you that I enjoyed this excellent and informative article very much. I hope that you shall have many more results similar to that which you described in your fifth case. We now have about 30 such results in our series of 42 operations.

I am particularly gratified that this excellent confirmation of the anterior choroidal operation should come from Argentina since David Fairman and Professor Finochietto have been so steadfast in their support and assistance during the early stages of this investigation. Please offer them my best regards.

Sincerely yours,

Irving S. Cooper, M.D.
Assistant Professor of
Neurological Surgery

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