// NEWSLETTER
CONGRESS OF NEUROLOGICAL SURGEONS
Volume XXX December, 1979

President's Letter

By any measure, our recent meeting in Las Vegas was an unqualified success. Dr. Joseph Maroon, Dr. J. Charles Rich, and their committees did an outstanding job in organizing and running our various activities, as attested to by the record-breaking attendance.

Even so, we hope to make next year's meeting in **Houston** even better. The dates for our **30th Annual Meeting** will be **October 5 - 10, 1980**. The weather should be mild and Houston's size and central location make it easily accessible by air travel. Dr. Rich will be the Annual Meeting Chairman and Dr. Clark Watts will be the Scientific Program Chairman.

Dr. Eben Alexander, Jr. of Winston-Salem, North Carolina has graciously accepted the invitation to be our Honored Guest, and has begun the year-long chore of preparing his three formal addresses and numerous informal presentations. (I'm sure he must be having second thoughts about now).

The themes of the meeting will be Practical Pharmacology for the Neurosurgeon, Scientific Communication, and Neurosurgical Updates. The first portion of the General Scientific Session will concern the use of anticonvulsants, antibiotics, anticoagulants, blood products, and the other medicinal agents used in everyday neurosurgical practice. The second day's activities will center around effective medical writing and speaking, and the last two days will be devoted to presentations that emphasize the current

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Executive Committee Report-1979

Under the superb leadership of our Past President, Dr. David Kelly, the Executive Committee met five times between the 1978 and 1979 Annual Meetings, including a special day-long Long Range Planning Session in July and a Joint Session of the Long Range Planning Committees of both the Congress and the AANS. During this latter meeting, the Congress took the posture of attempting to aid the AANS in all of its efforts to become a more effective spokesman for neurosurgery in general. The Congress has supported the revision of the AANS nominating process and the plans to change the structure of the AANS Board of Directors. The Congress is particularly pleased to note that the very effective Joint Committee activities will continue under the proposed revision within the AANS.

The Congress Long Range Planning Committee addressed the desirability of increasing the role of the resident in the Congress. To this end, a Resident Committee has been established under the leadership of Dr. George Sypert, and plans will be made for the Houston meeting to increase significantly the involvement of neurosurgical residents in Congress activities. The Long Range Planning Session also considered a feeling on the part of the Executive Committee that the Congress should attempt to help uncertified neurosurgeons who desire assistance to achieve certification.

The basic format of the Annual Meeting was largely unchanged, however, a new feature of an audience participation workshop on medical writing has been added and the popular Cine Clinics and Audiotape Library have been continued and will be established as an ongoing Congress activity. The fifth annual Scientific Program for the Auxiliary was held during this year's meeting.

A detailed evaluation of the 1978 program has been accomplished by Dr. John Tew, based on a questionnaire filled out by those attending last year's meeting. The program was judged to be highly satisfactory and the overall

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1980 ANNUAL MEETING

New Site: Houston, Texas
Hyatt Regency Hotel

New Dates: October 5 - 10, 1980

Abstract Form in this NEWSLETTER
April 30, 1980 Deadline

Twenty-Ninth Annual Business Meeting

The meeting was called to order at 5:45 p.m. by President David L. Kelly, Jr. The minutes of the 1978 Annual Business Meeting were read by the Secretary, Dr. Edward R. Laws, Jr. Dr. Laws then read the report of the Executive Committee. The minutes and report of the Executive Committee were approved as read by the membership.

Dr. Edward Downing then presented the Treasurer's Report. A motion to accept this report was made, seconded, and approved without dissent.

Dr. Sydney Peerless then presented the report of the By-Laws Committee. A new By-Law, establishing the Publications Committee, was presented to the membership and a motion was made, seconded and approved without dissent that this By-Law Change would be implemented.

Dr. Edward Laws, in the absence of Dr. Rhoton, presented the report of the Nominating Committee. The following slate of nominees was recommended:

President-elect: J. Fletcher Lee; **Vice President:** Julian T. Hoff; **Executive Committee:** J. Charles Rich (term of three years), Christopher B. Shields (term of three years).

There being no other nominations, a motion was made, seconded, and approved without dissent that this slate be accepted.

Dr. Kelly then presented Certificates of Service for Drs. Sydney Peerless and Albert Rhoton.

Dr. Kelly called for new business. A question from a member regarding the Luncheon Discussion Groups and refund policy was answered by Dr. Kelly. There being no further business, a motion for adjournment was heard, seconded, and approved unanimously at 6:11 p.m.

Edward R. Laws, Jr., M.D.
Secretary

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Published by the Congress of Neurological Surgeons.

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Robert H. Wilkins, M.D., Durham, NC

President-Elect:
J. Fletcher Lee, M.D., San Antonio, TX

Vice-President:
Julian T. Hoff, M.D., San Francisco, CA

Secretary:
Edward R. Laws, Jr., M.D., Rochester, MN

Treasurer:
Edward F. Downing, M.D., Savannah, GA

Editor:
George A. Ojemann, M.D., Seattle, WA

Joint Socio-Economics Committee Report

Dr. Louis Finney was nominated for election to the Board of the AANS by the Southwest quadrant to replace Dr. George Ablin in April 1980 and Dr. David Storrs was appointed by Dr. Robert Wilkins to serve as the Vice-Chairman for the CNS for JSEC for the current year.

Both the Executive Committee of the CNS and the Board of the AANS were appraised of the fact that the Maine Medical Association can now by court ruling, act as a negotiating agent for physicians in the State of Maine with respect to determining fees paid by the Department of Human Services in the State of Maine. The effect of the federal court ruling regarding the suit between the Justice Department and the National Anesthesia Society was discussed and the significance of this court ruling was related to the two pending national health insurance plans in Congress now which call for physician's fees to be negotiated. It was strongly recommended that the joint officers of the CNS and AANS be in a position to constructively influence government policies as they develop regarding physician reimbursement.

The fact that the Joint Socio-Economic Committee voted unanimously to retain its present name rather than changing it to the Committee on Professional Practice was relayed to both executive bodies at the meeting in Chicago and as a result of that feeling and others, it has been decided that a moratorium would be called on further committee re-organization at this time.

Plans are being made to have a symposium on brain death on the Saturday prior to the AANS meeting in New York under the sponsorship of the Joint Socio-Economic Committee.

The multifaceted concerns of the Joint Socio-Economic Committee will be heard more carefully by a special meeting of the long range planning committee of the AANS to include the Chairmen of JSEC, the Chairman of the Council of State Neurosurgical Societies, and the four quadrant chairmen in January 1980.

Plans are being made to hold the Third Annual Meeting of the State Neurosurgical Society Presidents on the Wednesday afternoon of the meeting in October of 1980 in Houston.

Donald H. Stewart, Jr., M.D.
CNS Co-chairman

Joint Neurosurgical Committee on Devices and Drugs Report

The Joint Neurosurgical Committee on Devices and Drugs of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons has the responsibility of monitoring developments pertinent to devices and drugs used in neurosurgery. This committee is charged with maintaining adequate neurosurgical representation in professional, scientific, governmental, and standards writing organizations related to devices and drugs.

Many subcommittees are currently in existence and are working in a variety of areas. For example: the development of standards of performance for aneurysm clips, CSF

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1979 Presidential Address

David L. Kelly, Jr., M.D.

On a brief personal note, let me say that I am greatly indebted to the many persons who are responsible for my being here—Drs. Eben Alexander and Courtland Davis, who gave me guidance and a milieu in which to develop and mature; the late Dr. Donald Matson, with whom I was privileged to work for a brief but important part of my residency; Dr. John Shillito, a past president of the Congress; and Drs. Sidney Goldring and Henry Schwartz, who suffered through a year of trying to make a scientist of me, and who exposed me to a standard of excellence in research. In addition, I am fortunate in having a wife and children who have never been overly jealous of my time and activities, but have always been very supportive. A stable family life is one of the greatest blessings that one can have in our specialty.

At this time, I would also like to thank you, the members of the Congress of Neurological Surgeons, for the honor and the privilege of serving as your President. Particularly, I would like to thank the members of the Executive Committee for their support and commitment to ensure that the Congress maintains a true and steady course of leadership in neurosurgery.

This will not be a political address because there is no need for such at this time. The leaders of the Congress of Neurological Surgeons and the American Association of Neurological Surgeons have worked very hard—both groups showing that men of good will and purpose can resolve their problems and differences. As a result of the negotiations of the long-range planning committees of both organizations, the Congress and the AANS have made significant changes to ensure effective, representative leadership for the whole of neurosurgery. They have strengthened their joint activities and cooperation, without sacrificing the unique features of each organization. I make this statement with considerable relief and pleasure. It can only be made because the leaders of both the Congress and the AANS were willing to put in the many hours of hard work necessary to make this possible. I wish to thank them all.

Nor will this address be a message of doom and gloom. The prophets of doom and gloom are rarely listened to and are received only with disfavor. I believe that we, as much as any other professional group, have the ability and the means to control our destiny. What is even more important is that we, alone, shoulder the responsibility for making neurosurgery better for our patients and, subsequently, ourselves. We cannot hide from that responsibility, nor do I think that we will.

Instead, my message is related to maintaining excellence in our chosen field. The three points I wish to emphasize are: 1) that we must, without fail, maintain our present high standards for residency training by attracting well-qualified students into our specialty; 2) that we should endorse mandatory certification for residents finishing training; and 3) that we should make a concerted effort to attain certification for all practicing neurosurgeons.

I know that some of these points are controversial—I did not assure you that this would not be a controversial address—therefore, I will attempt to show you the ideas and ideals on which I have based them.

Neurosurgery and other medical specialties have reached their present levels of development primarily because their practitioners have observed two principles: 1) adherence to the scientific method, and 2) maintaining the ethic and ideal of doing what is best for the patient, as expressed in the Hippocratic Oath. Thus, it remains our duty as neurosurgeons to hold the interests of our patients above all else and to continue to develop the art and science of neurological surgery. The Congress of Neurological Surgeons was founded upon that principle and has maintained that goal. We must remember to keep peripheral those things that are less important.

Good patient care cannot be legislated, neurosurgeons cannot be mass-produced, and major scientific discoveries cannot be purchased. Few bureaucrats have removed a brain tumor or clipped an aneurysm. If we keep our house in order by fulfilling our moral obligation of training outstanding young men and women for neurosurgery, if we conduct ourselves individually on a day-to-day basis with the best interests of our patients at heart, and if we are left to set our own high standards and are given the freedom to control our specialty, we can ensure the further development of neurological surgery. I maintain that if we do those things, we will earn continuing respect and trust from the public.

Why is public trust necessary? The public has always had to trust the intentions more than the abilities of its healers, because the public, on the whole, does not have the knowledge that would enable it to judge competence. The public's trust is based on the ethic of the healing profession, which was not formulated by the founders of the AMA in 1847, but was already in practice when St. Luke related the tale of the Good Samaritan. That same ethic still stands and the public still wishes to believe in the good intentions of its medical profession.

As professionals, we neurosurgeons form a privileged group. We have a moral commitment and responsibility to serve the public, and it is public trust that maintains us as a privileged group.

What threatens us now is that certain government and certain special interest groups may try to pressure our profession and its institutions into abandoning the ethical principle that has been our most enobling characteristic.

Within a representative form of government, the public has the right to expect, and even to demand, accountability. But the public, as everyone knows, consists of highly variable groups. The affirmative action supporters, for example, believes that democratic associations are the remedy for all things. Some groups create guidelines and propose rules to outwit and confuse the professional organizations. Others would have us believe that society determines the professional's skills and knowledge, based on what the public believes it needs or desires; an that even the privilege of establishing the requirements of professional training, practice, and compensation belongs to society rather than to the professional associations. This philosophy, which would make civil servants of physicians, is the philosophy of too many of our citizens, both within and without the federal bureaucracy.

To quote Oliver Wendell Holmes, "The truth is that

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To quote Oliver Wendell Holmes, "The truth is that

medicine, professedly founded on observations, is as sensitive to outside influences, political, religious, philosophical, imaginative, as the barometer to the change in the atmospheric density." Holmes' point has too often been ignored in the past, but it should now be obvious to even the least concerned or involved of us today.

We see ourselves confronted with increasingly frivolous malpractice suits and with accusations of fraud, mismanagement of government funds, and collusion. The times are changing and the problems are changing. We are threatened by forces that we must combat or to which we must yield. None of the learned professions are held in the awe they once were, and the medical profession has been under especially heavy criticism. Although medicine still retains its place at the top of the professional groups, too many of its practitioners have been characterized as being incompetent and profiteering. Ironically, this decline in respect has taken place during a time when many fields in medicine have made tremendous progress.

There will always be a minor struggle between the public and the professionals. We must not become paranoid about this but realize it and appropriately deal with it. Friction between opposite interests is inevitable. And, to a certain extent, such friction is beneficial, for there are always some in any profession who need to be reminded of the principles on which their profession was founded. But it is to the best interest of the professions that they keep that friction at a minimum. They can do so by performance, good works, communication, and education of the public.

We in medicine obviously do not have control over all outside pressures that may, in the long run, be quite dangerous to us. However, we must remain willing to recognize and correct those things that we can change and remain willing to unite to defend those things that are important to the freedom of our individual practices.

Historically, in all democratic societies, professional groups have had some self-control. They need to be free from outside pressure in order to assure scientific advancement and to provide incentive. For the progress of both the professions and society, such freedom is essential. As physicians, we must demand the freedom to police ourselves. We must be allowed to set our own standards, and free to maintain those standards for the benefit of all. We must be sure that we have the will to discipline ourselves without being unduly influenced by public opinion. Criticism and discipline must continue from within, or outside forces will gladly provide them. We must sincerely believe that ethical behavior is admirable and also must assure that it is widely practiced. Those within a specialty are the only ones competent to judge correctly the quality of the practice of that specialty.

How should we, as neurosurgeons, police ourselves for the betterment of neurosurgery? I would like to address two methods. The first is to ensure that the "Products" of our residency programs are carefully selected, well-trained, and appropriately examined to be certified to practice in this specialty. The second is to alter the present method of certification for neurosurgeons.

Many factors affect the quality of neurosurgeons produced—two of the most important being 1) the selection of the trainees, and 2) the training programs themselves. Program directors, supported by all neurosurgeons, have a public trust and moral obligation to set and maintain high standards for acceptance and education of neurosurgery residents.

Although there are many variables involved, I am convinced that the quality of the final product of any residency program is most closely related to the selection of the appropriate trainee to begin the process. It is my contention that, if neurosurgery maintains the highest standards for recruitment of residents, the result will be excellence in both the ethical and the technical conduct of the practice of neurosurgery. Most of our internal problems will thus be solved and we will be much better able to cope with the outside forces and pressures. I do not contend that we should all be of the same mold, nor that all training programs can or should be the same.

The selection process for residents has been adversely affected by some of our present systems. Young persons are under great economic and social stress to make their career choices early. When they made the wrong choices, the losers are the training programs, the directors, and the applicants. On occasion, insufficient time is available for either the program director or the applicant to make the proper decision. Permissive medical curricula are not conducive to proper career choices for they do not always expose medical students to a wide variety of medical fields. As neurosurgeons, we must be committed to early involvement in the medical school curricula. Our presentations, our activities and our conduct must be attractive to the best medical students. With more residents going into primary care medicine, the number of applicants showing an interest in the surgical subspecialties has decreased. This lack of competition will lessen quality. Eventually, in order to attract the best applicants, training programs will be in increasing competition with each other, which will place an even greater strain on the system. Possibly, the conclusions of manpower studies in neurosurgery are known by many of the medical students, and this will affect the number going into our specialty. Some program directors may be poor judges of applicants. These directors may be excellent leaders and educators, but cannot readily recognize potential or the lack of it in an applicant. Possibly, their candidates should be selected by a local committee of neurosurgeons.

Once in a program, the residents should be subjected to a healthy balance between educational and service-oriented experiences. They must be exposed to the best possible climate for the development of their skills. The fine characteristics and qualities expected of these residents should be exemplified by personal examples set by the program directors and their faculty. The relationship of the faculty with the residents is most important, since concern for the patients, industriousness, and proper motivation are contagious. A good program should be one in which a trainee stimulates and attracts other trainees. In a quality program, good residents beget good residents.

I would strongly encourage the development of a resident exchange program for neurosurgery. All training programs have many strengths, but certain weaknesses. A voluntary exchange program would permit residents to benefit from the additional educational experience and the exposure to different points of view. I was fortunate to have been the beneficiary of such an experience.

Training programs should concentrate on the teaching of technical skills, the development of a firm understanding of methods for acquiring knowledge, and a critical

viewpoint when confronted with new information, as well as the development of professional judgment. Last, and what I think is most important to a training program, is what Dr. Charles Bosk calls normative or moral training. Such training results in a specific medical conscience and moral constraints. The moral constraints on our profession should be at least as powerful as the legal ones that govern our behavior, and are certainly more trustworthy. We continue to be judged by what is in our hearts as well as what is in our heads.

To ensure the strong leadership role of the Congress of Neurological Surgery and to ensure its future as a progressive, educational organization, the Executive Committee has established a Resident Committee. We also have made plans to provide Resident Membership in the Congress for those in the last two years of training. These developments will enable us 1) to assist in the certification process, 2) to promote earlier involvement of residents in the activities of the Congress, and 3) to enhance the recognition of those interested in leadership roles in this organization.

The second method for maintaining the high standards of which I speak is to alter the present method of certification. The Congress of Neurological Surgeons strongly endorses and promotes certification. For those entering neurosurgery today, I personally, advocate a stronger stand—that certification be compulsory, and that it be required before one can begin the full-time practice of neurological surgery. This is neither a new issue nor an original thought, and I am sure that it will draw criticism from many fronts. I am also sure that many in the neurosurgical community are not willing to take this position. I know that being board-certified has not yet been proved necessarily better than not being board-certified. There may be some substandard, certified neurosurgeons—but I believe that they are the exceptions rather than the rule.

The position I advocate should be adopted only after proper evaluation and study and only if certain approprite built-in safeguards are guaranteed. I believe it will show that meeting the standards for certification does indeed improve medical care.

Briefly, the procedure I would propose is that there be criterion-referenced standards that must be met by every neurosurgery resident. Those standards would be high, possibly higher than those currently in place. To be allowed to enter a neurosurgery training program, an applicant would be made to understand that he or she would have to pass both a written and oral examination before completing the program and receiving full certification and the right to practice neurosurgery. The certification process would be made mandatory, and would be incorporated into the training program. At the level of chief resident, the trainee has probably accumulated the greatest amount of factual knowledge.

Possibly, the first two years of practice, following formal training, could be a probationary period. During those two years, the new neurosurgeon's performance would be judged carefully by his or her peers, other medical staff, and a National Review Board before full certification would be granted. The probationary period could be served at parent institutions or in other preselected group practices.

By necessity, there must be a "grandfather" clause for those having finished within the present system some time ago.

The advantages of this type of system would be:

- The requirement of certification before neurosurgery could be practiced would place greater emphasis on quality control within neurosurgery training programs.
- It would also place greater responsibility on the program directors to pick applicants with full potential.
- It would allow us and the program directors to more adequately identify weak areas of training and deficiencies.
- It would do away with the present two-standard system in organized neurosurgery—that between the certified and the noncertified neurosurgeon. Some of the problems we have had in identifying noncertified neurosurgeons and speaking for them would be met.
- A uniform system would make it impossible for physicians, who have failed to be certified, to move from state to state to continue practicing.
- Working with peer groups would discourage solo practice and encourage group practice, which I believe is best by far for the patients, the neurosurgeons, and the hospitals.

This change in the certification process would require a tremendous educational program and a great effort to implement it. We would have to ensure that the certification process was fair, objective, and without prejudice. We would have to convince the public that we are placing the welfare of our patients before the "elitism" of our specialty, and that it is our right to govern ourselves.

Briefly, two possible mechanisms for implementation are:

- On a voluntary basis through the Joint Commission on Accreditation of Hospitals, requiring board certification before allowing neurosurgeons to practice in hospitals throughout the country.
- Secondly, perhaps more complicated and burdensome would be convincing our state medical societies and subsequently our legislatures that our aim is to maintain high standards rather than to influence the market place.

The present medical practice acts and physician licensure laws of the 50 states were enacted to protect the health and wefare of their citizens by ensuring that medical services would be performed only by qualified medical practitioners. To that end, the state medical boards established minimum education and training requirements and they issue a medical license to those who have met those standards. Unfortunately, this is a limited approach and does not solve the problem of how to prevent the physician with whom we are all concerned—that is, the physician poorly trained or only partially trained in neurosurgery—from practicing as a neurosurgeon.

It should be the responsibility of our specialty to set the standards for neurosurgical practice that would be binding for each state.

During this time of concern over individual freedoms, the tide is working against a change in board certification. I am as much for individual freedoms as anyone, but I still believe that we should take the lead in bringing about this particular change.

There are significant outside groups that may force us to have some form of externally imposed certification.

- If the Federal Trade Commission overwhelms the Specialty Boards, we will have mandated or federally-mediated specialty boards or programs rather than our present certification process.
- Some hospitals already require board certification for admitting privileges.
- Third-party payers may encourage certification by having different fee schedules for certified and noncertified specialists.
- Limited licensure laws
- Outcome statistics following surgery
- Mandated peer review
- PSRO
- Certificate of need for surgeons, as some states have proposed.

All are potentially important factors.

Certainly, there is no organization more suited to handle the difficult problems associated with certification than the Congress of Neurological Surgeons. No organization dedicated to education has greater strength or energy within its system. A significant number of noncertified neurosurgeons are members of this organization. In fact, their membership has been one of our strengths. The Executive Committee of the Congress has decided to make a significant contribution in time and effort to assist in the certification of both the noncertified practitioner and the resident in training. I hope that other neurosurgical organizations will endorse and support this concept.

Certification will not be compulsory for membership in the Congress, nor will continued noncertification affect one's present membership. No embarrassment should be caused by our efforts.

Fifty percent of all certified neurosurgeons obtained that certification within the last 10 years. Approximately 500 neurosurgeons are not certified; half of those are in the process of being certified. The Committee will attempt to identify the noncertified neurosurgeons. We hope that the state neurosurgical organizations will participate in this.Educational review courses will be offered, as will courses in how to take both written and oral examinations. The potential resources of the Joint Education Committee will be at the disposal of this group. For those who have special requests or problems, an attempt will be made to develop programs that will resolve them.

It is hoped, by this process, that all individual members and nonmembers who are not certified, will become certified. And if not certified, then perhaps they will be stimulated to become so in the future.

Some would argue that if all members of the Congress became certified, there would be very little difference between the AANS and the CNS. My response to this is that there are considerable inherent differences between the two organizations, and that board-certification of all members of the Congress would have no significant effect on those differences.

Finally, I ask that you not interpret this message as an indication that I am less than very proud of our specialty, or that I am not impressed by the high quality of the practice of neurosurgery. I simply want us to do better—to strive for perfection.

To quote Carl Schurz, a German immigrant, in an address given in Faneuil Hall in 1859:

"Ideals are like stars; you will not succeed in touching them with your hands. But like the seafairing man on the desert of waters, you choose them as your guides, and following them you will reach your destiny."

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3. Cunningham, R. M., Jr. What are we doing here? Hospitals *53:* 69-71, March 1, 1979.
4. Holmes, O. W. Currents and countercurrents in medical science. *In* Medical Essays, cited by Strauss, M. B. Familiar Medical Quotations, Little, Brown and Company, Boston, p. 298, 1968.
5. Page, B. B. Socialism, health care, and medical ethics. Hastings Center Report *6*:20-23, October, 1976.

Executive Committee Report Cont.

attendance for the meeting established a record.

This year Joseph Maroon has done an outstanding job in his capacity as Annual Meeting Chairman. Special thanks and recognition should also be given to Dr. Chuck Rich and his committee for their overall planning of the Scientific Program and to the many other committee chairmen who participated on the Annual Meeting Committee. The functions and activities of the Congress continue to be carried out by a large number of members who give an extraordinary amount of time, energy, and talent to make this not only an excellent meeting, but to make the Congress a leading organization in neurosurgery.

The sixth annual Resident Award for the best original paper Session and will be published in **Neurosurgery**. The winner of the award is Dr. George R. Prioleau, of the University of California in San Francisco.

Dr. and Mrs. Franco Erculei are to be congratulated for the elaborate and successful local arrangements which have lent a unique and exciting flavor to this meeting in Las Vegas.

Registration for this year's meeting was directed by the Williams & Wilkins Company, pursuant to our agreement over the past six years. This arrangement has proved satisfactory. It will be reviewed on a year by year basis as in the past. Dr. Paul Ferguson, Congress Registration Chairman, deserves special thanks for his masterful coordination of all of the registration activities.

Residents Registration has been superbly managed by Dr. Gary VanderArk and his committee. In addition to U.S. and Canadian residents, both British Registrars and residents in approved Mexican training programs are attending this Annual Meeting. The registration figures for this meeting are as follows: Members, 917; Non-Members, 121; Residents, 144; Wives, 554; Resident Wives, 39; Press Registration, 7; Exhibitors, 295; Total, 2077.

Dr. Ned Downing reports that there has been an excellent number of commercial and scientific exhibits and that they have been very well received. The winners of the exhibit awards were announced during the Annual Meeting Session by members of the Exhibit Committee, and the award presented by the President.

The Congress is indebted to the contributors to the Residents' Fund for this year's meeting. They are listed in the Program Book and will be recognized at the Annual Banquet.

The following meeting sites and dates have been selected for future meetings:

October 5-10, 1980, Houston, TX, Hyatt Regency. (This represents a change from the previous schedule which had the Congress meeting in Miami at the Americana Hotel. Because of the deterioration of the hotel facilities in Miami, the change to Houston was approved by the Executive Committee.)

October 18-23, 1981, Los Angeles, CA, Century Plaza.

October 3-8, 1982, Toronto, Canada, Sheraton Centre.

October, 1983, Chicago, IL, Hyatt Regency

October, 1984, New York, NY, Hilton.

October, 1985, Honolulu, HI, Sheraton Waikiki.

Plans are proceeding well for the 30th Annual Meeting to be held at the Hyatt Regency Hotel in Houston. Dr. J. Charles Rich will be the Annual Meeting Chairman and Dr. Clark Watts will be the Scientific Program Chairman.

The Membership Committee, chaired by Dr. E. Fletcher Eyster recommended 171 applicants who were approved by the Executive Committee. Prior to the Annual Meeting, the membership of the Congress of Neurological Surgeons was as follows: Total Membership, 2070; Active Membership, 1945; Senior Membership, 67; Inactive Membership, 37; Honorary Membership, 21.

The following changes have occurred since last year's Annual Meeting: New Members Accepted, 171; Transferred to Senior, 15; Transferred to Inactive, 6; Members Suspended, 6; Members Resigned, 6.

During the past year the Congress of Neurological Surgeons has learned of the deaths of the following members: F. H. Ambrose, L. Schreiner, H. R. Oberhill, R. Arana-Iniguez, M. Ashkenazy, M. H. Rivers, D. H. Reynolds, F. E. Jackson, P. E. Ramirez, M. Scott, J. L. Poppen, J. Johnston.

At this point, the membership was asked to stand for a moment of silent tribute to the departed members.

The Executive Committee approved a change in the By-Laws which will be presented to the membership by Dr. Sydney Peerless, establishing the Publications Committee.

The Congress Newsletter, under the editorship of Dr. George Ojemann is being distributed to the entire neurosurgical community and continues to contain items of information concerning the activities of the various joint committees, including the Joint Socio-Economic Committee, the Washington Committee, and the Joint Committee on Drugs and Devices.

Volume 26 of **Clinical Neurosurgery** containing the proceedings of the Washington, D.C. meeting has been completed and is beginning the distribution process. This valuable written record of Congress educational activities is prepared under the editorship of Dr. Peter Carmel. All back issues of **Clinical Neurosurgery** are currently available through the Congress Bookstore maintained under the auspices of Dr. Robert Wilkins.

The official Journal of the Congress, **Neurosurgery**, continues to be well received and subscriptions and content continue to increase.

The Neurosurgical Directories both of the U.S., and Canada and of the World, continue to be extremely valuable resource publications produced by the Congress. Both Directories are currently undergoing revision and publication is expected in the very near future.

The Joint Committee on Drugs and Devices under the Congress leadership of Dr. Donald Quest has been active and productive during the past year, continuing its standard writing activities and responding to federal requests for expert information concerning neurosurgical drugs and devices.

The Joint Committee on Education continues to be active under the able Congress leadership of Dr. John Tew. The quantity and quality of continuing medical education programs in neurosurgery, sponsored by the Joint Committee, have continued to increase. Activity in the area of voluntary recertification has been maintained and the SESAP-SANS examination developed by the Joint Committee on Education is now available and is currently being taken by large numbers of neurosurgeons.

The Joint Socio-Economic Committee has continued to be extremely actove and very effective under the Congress leadership of Dr. Don Stewart. The Council of State Neurological Societies each year becomes a more representative body, and is holding its second annual meeting in conjunction with this Congres Meeting, with a number of important Socio-Economic items on the agenda.

The Washington Committee, under the leadership of Drs. Don Stewart and Lou Finney with the professional assistance of Mr. Charles Plante, has also been extremely active and very effective. Numerous pieces of potential and actual legislation placed before Congress have been the subject of commentary by the Washington Committee and with its help, two meetings were arranged with the Presidents of the AANS and the CNS and key Washington officials involved in the legislation process.

The Congress continues its sponsorship of the Interurban Neurosurgical Society and many Congress members have participated in their successful Annual Meeting in Chicago in February, 1979.

The Congress continues to maintain a Residents' Registry under the leadership of Dr. Kenneth Smith, the Placement Registry, under the leadership of Dr. John Kalsbeck, and an Academic Registry under the leadership of Dr. Julian Youmans. These activities continue to prove useful to the membership.

Dr. John Thompson has served admirably as Historian of the Congress and has developed an excellent exhibit which is displayed at this meeting.

The two new Joint Committees which were developed last year; namely, the Joint Section on Spinal Surgery and the Joint Committee on Trauma both continue to develop and solidify their areas of interest, the former under the Congress leadership of Dr. Stewart Dunsker and the latter under the Congress leadership of Dr. Julian Hoff.

The Congress maintains numerous representatives to other organizations, including the American Board of Neurological Surgery, the American Association of Neurological Surgeons, the American College of Surgeons, the AMA Section on Neurosugery and the World Federation of Neurosurgical Societies. These representatives are listed in the Program Book and each of them has done an extraordinarily effective job in monitoring these activities with the interest of the Congress in mind.

Periodic meetings between the Officers of the AANS and the CNS have taken place during the past year and continue to be beneficial to both organizations. It is at these Joint Officers Meetings that actions derived from Joint Committee activities are developed and implemented. It is anticipated that the interrelationship between the Executive Committee and Officers of the Congress and the Board of Directors and Officers of the AANS will continue to become closer as we all strive for effective

representation for neurosurgeons.

I know I speak for the entire Executive Committee when I say what a privilege it has been for us to serve the membership during the past year.

Edward R. Laws, Jr., M.D.
Secretary

Presidential Letter Cont.

status (as of October 1980) of a number of topics of concern to neurosurgeons. As in recent Congress meetings, there will be special courses, workshops, luncheon discussion groups, open scientific sessions, and exhibits, as well as the international program, the annual resident award, and the videotape program.

Along with the scientific and socioeconomic activities, there will be a ~~breath-taking~~ ~~stirring~~ ~~exciting~~ ~~titillating~~ ~~frantic~~ ~~ebullient~~ stimulating social program organized by Dr. and Mrs. Charles Neblett. I'm not yet permitted to reveal the specifics of this program, but I will have something to say on this subject in the next Newletter.

During the year the Congress will continue its current activities, both those that we carry out alone and those that we conduct as joint activities with the American Association of Neurological Surgeons. Under the guidance of Dr. George Sypert, we plan to increase the involvement of neurosurgical residents in Congress affairs. Dr. Ronald Apfelbaum is developing a library of video tapes and movies that will be made available for rent or purchase. Dr. J. Fletcher Lee, our President-Elect, is organizing our efforts to involve all Congress members in committee activities and to advance those who demonstrate interest and ability in these activities into positions of greater responsibility. Dr. David Kelly, our Immediate Past President, will head a group to investigate means of increasing the percentage of neurosurgeons in the United States who are certified by the American Board of Neurological Surgery.

It should be a productive year, capped by a stimulating meeting in Houston in October. Please let me know your ideas about existing or potential Congress activities, and whether you would like to become more involved with them.

Robert H. Wilkins, M.D.

Joint Neurosurgical Committee on Devices and Drugs Cont.

shunts, intracranial pressure monitoring devices, cranial tongs, etc. and the monitoring of a double-blind study for the use of chymopapain.

These are but a few of the areas of interest of the committee and any neurosurgeon who is interested in this type of activity or would like to know more about the work the Devices and Drugs Committee is urged to contact either Dr. Clark Watts, Division of Neurosurgery, University of Missouri Medical Center, Columbia Missouri 65212 or Dr. Donald O. Quest, Department of Neurosurgery, Columbia-Presbyterian Hospital, 710 W. 168th Street, New York, New York 10032.

Donald O. Quest, M.D.
CNS Co-chairman

Self Assessment in Neurological Surgery (SANS)

The SANS program is an extension of previous efforts to provide the neurological surgeons with an opportunity to assess their clinical competence. SANS is a comprehensive program initiated by the Joint Committee on Education of the CNS-AANS in cooperation with the American College of Surgeons SESAP III program. Therefore, this is not an examination, but a home study course which covers, in an extensive fashion, neurological surgery, surgical management, the specialty areas of common interest to all surgeons and a series of patient management problems designed to stimulate patient care controversies.

This program is *not* a test of your memory, but is a home, office or group study course, in which neurological surgeons may participate. You may use references, discuss it with colleagues or other consultants. If completed prior to March 1, 1980 the participant will receive computer scoring of his effort which will enable him to rate his overall performance with others completing the scoring process. However, the program is open for registration and participation at any time during the next three years, insuring adequate time for proper review of the content of the exam.

Each participant will receive a syllabus which will include the answers and a detailed discussion of the subject matter indicating the rational for correct and incorrect answers. Appropriate references will be included.

We urge your participation in this program which is, we believe, a valuable learning experience, cost effective and timely. Your committee and society have invested heavily in time and finances to plan and develop this project. Will you help to make it successful by giving us your support?

For enrollment, please write: **The Joint Committee on Education,** 625 N. Michigan Ave., Suite 1519, Chicago, Illinois 60611. This program is co-sponsored for Category I credit (30 hrs. for SANS and 155 hrs. for SESAPIII).

John M. Tew, Jr., M.D.
M. Stephen Mahaley, M.D., Ph.D.
Joint Committee on Education
CNS-AANS

Sample SANS Question

Nerve grafts are successful

(a) generally as a method bridging areas of nerve loss to restore function.

(b) by bridging gaps of the VII cranial nerve for the partial restoration of muscle tone and mass movement;

(c) for recovery of normal sensory and motor function after bridging of mixed nerve gaps;

(d) as a replacement for extensive neurorrhaphy procedures, to close 8-cm to 10-cm gaps in peripheral nerves;

(e) in restoring nerve function when the grafts are encased in a millipore cuff.

Turn to page 10 for answer and critique.

Announcements

International Committee Proposes China Trip

Dr. Perry Black, Chairman of the International Committee of the Congress of Neurosurgeons, reports that the International Committee is in the process of organizing a visit to the People's Republic of China for CNS members and spouses. The Chinese government has *not* yet responded to the request for such a visit but tentative plans are being made in the hope that the trip will be approved. The visit is proposed for the three-week period beginning **August 10 to August 31, 1980;** the itinerary is to include Peking, Shanghai, Tsingtau, Wuhan and Canton. The stay in each of these cities would involve a visit to the main neurosurgical clinic, possibly to observe neurosurgical procedures, discussions with Chinese neurosurgeons for informal technical exchange, and sight-seeing. The number of visitors will be limited to 50 people. Lots will be drawn if the number of registrants exceeds the number of available places; the number of individuals from a family will be limited to two.

The organizing committee consists of Dr. Franz Glauser, Dr. Werner Langheim, Dr. William Lee, Dr. David Ostrow, Dr. Philip Weinstein and Dr. Wiliam Wu. Although the proposed trip remains uncertain, the organizers suggest that any CNS members who might be interested indicate their interest so that they may be kept informed of developments. Interested members may contact the Chairman of the China Trip Organizing Committee, **Dr. William Wu,** 6700 Troust Ave., Kansas City, MO 64131, Telephone (816) 333-6650.

Society of British Neurological Surgeons 1980 Meeting

The Advisory Council of the Society of British Neurological Surgeons has been further considering our invitation to your trainees to attend our meeting in Cardiff on 18 and 19 September 1980 and we would like to offer free registration to up to ten trainees in their last two years of training. The registration fees would cover lunches and teas and general expenses of the meeting, but would not include any entertainment on the evening of 18. September or the dinner on the evening of 19 September. In addition, the cost of accommodation would have to be paid but, as indicated earlier, we shall be having University Hall of Residence accommodation and that is very inexpensive. Although prices are rising all the time now I would imagine that three nights, bed and breakfast in a University Hall of Residence would not be more than 20 pounds.

P.R.R. Clarke,
Hon. Secretary SBNS

Cerebrovascular Section, AANS

The Cerebrovascular Section of the American Association of Neurological Surgeons is planning a Section Meeting for February 23, 1980. This half-day session will be an open meeting following the three-day Fifth International Joint Conference on Stroke and Cerebral Circulation, February 21 through 23, 1980, at the Dutch Inn Resort Hotel, Lake Buena Vista, Florida.

The topic of the meeting will be "Intravascular Therapy of Cerebrovascular Disease". Presenting new material will be a group of distinguished neuroradiologists and neurosurgeons who have pioneered in developing techniques for the intravascular management of carotid cavernous fistulas, arteriovenous malformations, aneurysms, as well as intravascular techniques for the management of brain tumors. Methods of occlusion and emolization using balloons, plastics, and other embolis agents will be discussed, as well as the role of these methods as an adjunct to surgical therapy. The panel discussion will be led by Dr. Irwin Kricheff, and there will be ample time for questions.

The combination of Florida in February, the Stroke Meeting, and the Section Meeting should make for a stimulating few days. For further details concerning the program and registration, please contact Dr. Eugene S. Flamm, c/o The American Association of Neurological Surgeons, 625 North Michigan Avenue, Suite 1519, Chicago, Illinois 60611.

New England Neurosurgical Society

The future meetings of the New England Neurosurgical Society are: January 11, 1980 in Hanover, New Hampshire; June 6, 1980 at the Endicott House in Dedham, Massachusetts; October 31, 1980 with the New York Neurosurgical Society at the Goat Island-Sheraton Islander Inn in Newport, Rhode Island.

Contact Stephen R. Freidberg, M.D., Secretary-Treasurer, Lahey Clinic Foundation, 605 Commonwealth Ave., Boston, MA 02215 for additional information.

Interurban Neusurgical Society

The next meeting of the Interurban Neurosurgical Society will be held on the last Saturday-February 23, 1980 at the University Club in Chicago, Illinois.

The following topics will be discussed in the usual format:

Cervical Laminectomy.................Dr. Fager
Intracerebral Hematomas............Dr. Piepgras
Intracranial Pressure
Monitor and Treatment of
Increased Pressure....................Dr. Becker
Lumbar Stenosis..................Dr. Rosomoff

Candidate for AMA President Dr. H. Thomas Ballantine

H. Thomas Ballantine, Secretary-Treasurer of the Board of Trustees of the AMA is a candidate for the office of President-Elect of the AMA in 1980.

Dr. Ballantine, Clinical Professor of Surgery, (Neurosurgery), Harvard Medical School, Attending neurosurgeon, Massachusetts General Hospital and former of the Massachusetts Medical Society needs the support of all neurosurgery in his quest for this important office.

Neurosurgical Manpower Report

The Neurosurgical Manpower Report may be obtained from the following address at the price of $9.00:
National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, (703) 557-4650

Volunteer Neurosurgeons Needed Abroad

MEDICO, A Service of CARE, requires volunteer neurosurgeons for limited tours of duty in conjunction with the teaching and service programs in Peru and Uganda. Volunteers pay their own travel and maintenance expenses which may be tax deductible. Wives are welcome in Peru but not as yet in Uganda.

Any interested candidate may obtain information on voluntary tours from: **MEDICO,** 2007 Eye Street, N.W., Washington, D.C. 20006, (202) 223-2277

Membership Committee

The following applicants have been approved by the Executive Committee: Albright, Leland; Clancy, Thomas; Cox, Edward; Crowley, James; Curfman, David; Dennis, Michael; Diaz, Fernando; Feldman, Robert; Fleming, Michael; Forte, Enrique; Guerra, Benjamin; Guthkelch, Norman; Hantman, Ronald; Hodosh, Richard; Hubbard, Richard; Kalko, Charles; Marlin, Arthur; Martinez-Rivera, Danilo; McGauley, James; McLennan, James; Michelsen, W. Jost; Moody, James; Murray, Kenneth James; Neely, Byron; Oakes, Walter Jerry; Olsen, Earl; Ordonez, Jorge Rene; Patton, John; Shetter, Andrew; Sundaresan, Narayan; Tahmouresis, Ali; Waltz, Joseph; Welch, Franklin Tod; Winn, H. Richard; Zimmerman, John.

Congress members who have comments on any of the above should contact E. Fletcher Eyster, M.D. P.O. Box 151, Pensacola, Fla. 32591.

Answer to SANS Question

Answer: B

Critique: Nerve grafts generally do not assure return of function when used to bridge large nerve gaps. Facial nerve grafts have successfully returned partial tone and mass movement. Grafts in mixed nerves may restore partial sensory function and slight muscle contraction. The high rate of functional failures is due to the long delay required for regenerating axons to cross two suture lines, the mixing and loss of fibers at each suture line, and tissue damage associated with grafting. No method of wrapping the suture sites in millipore or other substances has improved function after grafting. Although primary neurorrhaphy may require extensive proximal and distal dissection to release the nerve from surrounding tissue, as well as positioning of the nerve in a new route in the limb, it is the most effective surgical procedure for restoring nerve function.

References:

Schwartz, S. I. et al. *Principles of Surgery*. N.Y.: McGraw-Hill Book Co., 3 ed., 1979, Vol. 2, pp. 1039-1079.

Washington Committee Report

This initial report is designed to provide you with an idea of the scope of issues at the Federal level of interest to neurosurgery rather than a detailed analysis. We have been or are involved in the items covered in the update and others. It is important that you realize that the information was current at the time of submission, November 16, 1979, but will have in some instances changed by publication.

Emergency Medical Services

The EMS (Emergency Medical Services) program was originally enacted in 1973 and established a program of grants and contracts "to support the development of a nation-wide network of self-supporting regional emergency medical systems". The grants and contracts awarded to state and local governments, non-profit organizations etc. are basically for 3 types of EMSS;

1) the conduct of feasibility studies and planning
2) establishment and initial operations and,
3) expansion and improvement.

The program since 1976 has also included authorities for grants for research in special technique, methods and devices, in the delivery of emergency medical services.

Both the house and the Senate have passed legislation which revises and extends authorizations for the EMS program for 3 years. (S. 497 and H.R. 3647). No conference has been, as of yet, scheduled to work out differences in the legislation. It is expected at this point, that this will be the last 3 years of federal assistance.

Health Planning and Resources Development

Since the last update in August, both the House and Senate passed the Conference report to S. 544, extending programs under Title XV and VXI of the Public Health Services Act. The legislation was signed into law on 10/4/79 as P.L. 96-79. Of particular interest in the approved legislation was a provision to be included in section 1513 concerning HSA's review of research and training proposals. As the conference report noted, "research and training under the PHS Act should not be reviewed unless the grants are to be made, entered into or used, for the development, expansion or support of health resources, which in the case of training would make a significant change in the health service available in the health service area, or which in the case of research (grants or contracts) would change the delivery of health services, or the disribution or extent of health resources available to persons in the health service area other than those participating in the research."

The Conferees made it clear in their report that research to be excluded from HSA review is to include clinical trials which in turn might "include demonstration projects designed to answer questions about the general applicability of procedures, drugs or devices with potential usefulness".

A good example of research funding to be excluded from HSA review would be NIH.

Charles Plante
Washington Liaison,
Washington Committee for Neurosurgery,
AANS and CNS

ABSTRACT FORM
CONGRESS OF NEUROLOGICAL SURGEONS
HOUSTON, TEXAS
OCTOBER 5-10, 1980

A. For abstract of paper .... (   )
B. For scientific exhibit .... (   )
C. For Video Tape Library .... (   )

Title: ____

Senior Author ____________________ Address ____________________

Authors who are residents should be so indicated. ____________________

Telephone No. ____________________

Co-Authors: ____________________ ____________________

____________________ ____________________

Who will present paper or movie or attend exhibit? ____________________

Paper—Visual aids needed: Exhibit—Back wall length needed:

____

USE THE REVERSE SIDE OF THIS PAPER FOR THE ABSTRACT OF YOUR PAPER. VIDEO TAPES SHOULD BE SENT TO DR. WIRTH. SCIENTIFIC EXHIBIT ABSTRACTS SHOULD BE SENT TO DR. NORTHRUP.

NOTE: Submitted video tapes should be mailed to Dr. Wirth for review. Accepted video tapes will be made available to CNS participants in a self-teaching Video Tape Library during the meeting. The tapes will be returned to their authors after the meeting.

Please check if you wish your paper to be considered for the Resident Award Paper. To be considered for a Resident Award Paper, the resident must have been primarily responsible for the work and be the first author.

☐ RESIDENT AWARD PAPER

DEADLINE: APRIL 30, 1980. ABSTRACTS: George W. Sypert, M.D., University of Florida Health Center, Box J-265, Gainesville, FL 32610; **VIDEO TAPES: Fremont Wirth,** 4 Jackson Blvd., Savannah, Georgia 31405; **EXHIBITS: Bruce Northrup, M.D.,** 1011 Hampsted Rd., Philadelphia, PA 19151.

(DETACH AT DOTTED LINE AND MAIL IN IMMEDIATELY)

CONGRESS OF NEUROLOGICAL SURGEONS NEWSLETTER

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Department of Neurological Surgery RI-20
University of Washington
Seattle, WA 98195