

# NEWSLETTER

## CONGRESS OF NEUROLOGICAL SURGEONS

Volume XXIX

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Number 1

### President's Letter



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

Dear Colleagues:

I am sure that all who attended the 1978 Annual Meeting of the Congress of Neurological Surgeons in Washington, D.C., will agree that it was an outstanding meeting.

Plans for the meeting in Las Vegas, Nevada, October 7-12, 1979, are well under way. The location is a bit different from where we have had our past meetings, but Las Vegas does offer some advantages. Tennis, golf, swimming, and other outdoor and indoor entertainment will be available which we have not had ready access to previously. We anticipate a large turnout and are proceeding with appropriate arrangements.

Dr. Joe Maroon will be General Meeting Chairman and Dr. Chuck Rich will be responsible for the Scientific Program. There will be a double theme—Neuroendocrinology and The Spine.

I am pleased to announce that Dr. Frank Mayfield will be the Honored Guest of the Congress. He is most deserving of this honor and should be an excellent honored guest.

The Congress will move forward during 1979, not only by adding new programs but also by solidifying those programs already in progress. The Executive Committee is currently studying many difficult issues such as recertification and continuing medical education, both of which are most important to our members. The SESAP Examination III and the SANS Examination will be completed and available to neurosurgeons within the year. The Executive Committee of the Congress endorses these examinations with the hope that a large percentage of our members will take advantage of them.

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### Plan Now for Las Vegas in 1979

The 29th Annual Meeting for the Congress will be held in Las Vegas, October 7th through the 12th, 1979, at Caesar's Palace. Joe Maroon is General Meeting Chairman. The scientific program will carry the themes of neuroendocrinology and the spine. Chuck Rich is Scientific Program Chairman, assisted by Russell Hardy, Martin Weiss, Robert Ratchison, and Donald Quest. Perry Black will once again organize the international scientific program and the open scientific session is under the direction of Fletcher Eyster. The form for submitting abstracts for exhibits, and papers for the open scientific session is included in this newsletter; April 30 is the deadline for those abstracts.

The social program in 1979 should also be outstanding, under the direction of Frank Erculei, Local Arrangements Chairman. It will feature a number of uniquely Las Vegas events, including a major show in conjunction with the banquet. Caesar's Palace and the associated hotels being used for the meeting have a wide selection of other entertainment options, including a variety of athletic opportunities: Olympic sized swimming pools, tennis courts, indoor and outdoor racquetball and handball courts, and so on. A series of golf courses is also available.

Invitations will be extended to British and Mexican residents as well as those in the U.S. and Canadian programs. Resident registration is under the direction of Gary VanderArk. Paul Ferguson will coordinate the overall registration, Christopher Shields, Public Relations, Phil Williams, Host Committee, George Syper, the Sergeant at Arms Committee, and Edward Downing, once again, will handle the exhibits. Las Vegas should be lovely in October. With all of the special scientific and social aspects of this meeting, this promises to be an outstanding Congress meeting in a city unsurpassed for its professional entertainment.

### Executive Committee Report 1978

Under the superb leadership of your President, Dr. Albert Rhoton, the Executive Committee has met four times since the last annual meeting, including a special day-long summer Long Range Planning session, devoted primarily to three issues. The first was the maintenance of excellent geographical and type of practice representation within the Congress activities, the second to interactions between the Congress and the AANS Central Office, and the third to new programs within the Congress, specifically those devoted to spine and trauma.

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## Congress of Neurological Surgeons Twenty-eighth Annual Business Meeting

The meeting was called to order at 4:50 p.m. by President Albert L. Rhoton, Jr. The minutes of the 1977 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 the report of the Executive Committee were approved as read by the membership.

Dr. Fletcher Lee 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, mentioning the completion of the total revision of the By-Laws, and following this, presented to the membership a By-Laws change, requiring the approval of three-fourths of the membership present. The change was presented in a slide fashion and the rationale for the change was discussed. A motion was made, seconded, and approved without dissent that this By-Law change be approved.

Dr. Bruce F. Sorensen then presented the report of the Nominating Committee. The following slate of nominees was recommended: President-Elect—Robert H. Wilkins; Vice President—S. J. Peerless; Treasurer—Edward F. Downing; Executive Committee—Peter W. Carmel (Term of three years), E. Fletcher Eyster (Term of two years), George Ojemann (Term of three years). There being no other nominations, a motion was made, seconded, and approved without dissent that this slate be accepted.

Dr. Albert L. Rhoton then presented Certificates of Service for Drs. William Buchheit, David Kline, and Bruce Sorensen.

Dr. Rhoton called for new business. There being none, a motion for adjournment was heard, seconded, and approved unanimously at 5:18 p.m.

### President's Letter (continued from page 1)

The Drugs and Devices Committee, under the leadership of Drs. Bradford DeLong and Clark Watts, has made tremendous progress during the year. This committee continues to monitor legislation and has written the first standards for neurosurgical devices.

The initial meeting of the Council of State Neurosurgical Societies was held in Washington and was highly successful. We are making plans to sponsor the meeting again in Las Vegas. Considerable thought will go into planning this program to insure an informative meeting.

The Congress of Neurological Surgeons has made application for a position on the Commission of the AMA for Emergency Medical Services, and I feel certain that this will be approved.

In order to insure cooperation and coordination between the CNS and the AANS, there will be a joint meeting of the officers, of both societies, in November 1978 and again in July 1979. This should facilitate decision making and enable organized neurosurgery to act more effectively on important matters and issues.

If you have suggestions for the Congress regarding its activities and functions or for the Annual Meeting, I will be pleased to receive them.

We look forward to seeing you in Las Vegas in October.

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

### "Critical Care of Neurological & Neurosurgical Emergencies"

Annual Barrow Neurological Institute Symposium, "Critical Care of Neurological & Neurosurgical Emergencies" January 25—27, 1979, Camelback Inn, Phoenix, Arizona. Richard A. Thompson, M.D., Chairman, 350 West Thomas Road, Phoenix, Arizona 85013.

### Executive Committee Report (continued from page 1)

The basic format of the Annual Meeting was largely unchanged, however, two new features were added, namely the Cine Clinics and Video-Tape library which we hope have been well received. The fourth annual Scientific Program for the Auxiliary was held at this year's meeting.

A detailed evaluation of the 1977 program had been accomplished by Dr. Wilkins based on a questionnaire filled out by those attending last year's meeting. The program was judged to be highly satisfactory, and the overall attendance for the meeting established a new record.

This year, Dr. Buzz Hoff has done an outstanding job in his capacity as Annual Meeting Chairman. Special thanks and recognition should also be given to Dr. Joseph Maroon 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 a leading organization in neurosurgery. The Fifth Annual Resident's

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## NEWSLETTER

Published by the Congress of Neurological Surgeons.

#### *President*

David L. Kelly, Jr., M.D., Winston-Salem, N.C.

#### *President-elect*

Robert H. Wilkins, M.D., Durham, N.C.

#### *Vice President*

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Edward F. Downing, M.D., Savannah, Georgia

#### *Editor*

George A. Ojemann, M.D., Seattle, Washington



## 1978 Presidential Address Albert L. Rhoton, Jr., M.D.

Neurosurgeons share a great professional gift; our lives have yielded an opportunity to help our fellow men in a unique and exciting way. For this presidential address, I want to share some of my sense of gratitude for and inner pride and joy in our specialty, although I know that for many of us the appreciation for this opportunity, this profession, this gift, is greater than the spoken word can convey.

As a physician, the neurosurgeon uses his life trying to help his fellow men using skills which A.W. Mowbray in his book entitled *The Operation*<sup>11</sup> has characterized as "Surely the most delicate, the most fateful, and to the layman, the most awesome of any profession." The Gallop poll has reported us to be among the most prestigious and highly skilled members of our society.<sup>6</sup> This enviable position and the irregular and incessant demands on the neurosurgeon's time serve to blunt our perception of our union with our fellow men and reduces our awareness of the circumstances resulting in the high esteem which we enjoy.

Foremost among the factors leading to our success is the benevolence of the universe around us. The fact that man heals and survives when injured or incised provides the surgeon with his vocation and serves as a constant reminder of the benevolent, protecting order around us. The momentous process of injured tissues knitting-together is as essential to the life of the surgeon as the air we breathe is to the survival of humanity. We are surrounded by forces: atomic, molecular, viral, bacterial and celestial, which could quickly overcome us, outstripping our finest medical and scientific achievements. Neurosurgeons stand together with those they serve, balanced on a planet swirling at the rate of one thousand miles an hour and moving in space about the sun at nearly one million miles per day, surviving on a mixture of gases and at a range of temperatures alien to the remainder of the universe. The fact that humanity survives and that we can play a role in the process of healing are examples of the compassion and love that surrounds us.

The next gift we share is a historic one based on the standards set by early physicians. Hippocrates taught us that

medicine is a difficult art, inseparable from the highest morality and love of humanity.<sup>10</sup> The noble values and loyal obedience of generations of physicians since that time have raised the calling to the highest of all professions. This is evidenced by the fact that we were selected as college students to become physicians because we possessed the combination of high achievement and interest in people. Many of us were attracted to neurosurgery by both the meticulousness of the surgical craftsmanship and the intellectual challenge posed by modern clinical neurology and neurophysiology. All of us have submitted ourselves to the discipline of rigorous training, possibly the most demanding in modern society, and are capable of giving a great deal of ourselves.

The final circumstances leading to the esteem which we enjoy is the magnificent tissue with which we work, the human nervous system, the most complex machine in the universe. It contains millions of pathways for the transmission of information which are responsive to a multitude of chemical stimuli. Its complexity and failure to regenerate defies all efforts at transplantation. If it regenerates, thousands or millions of channels distal to the lesion offer the potential for innumerable inaccuracies. It is the only organ to be hidden within a fortress of bone. The brain, while not moving, is the most metabolically active of all organs, receiving 20% of the cardiac output while representing only three percent of the total body weight. It is exquisitely sensitive to touch, anoxia and derangements of its internal environment. Its status determines whether the man, the humanity within us, lives or dies. It yields all we know of the world and synthesizes and integrates this information. It controls both the patient and the surgeon. The opportunity to serve our fellow man in this unique way, dealing surgically with the most delicate of tissues, our most treasured earthly possession, our brain, our mind, our nervous system, has brought us together here.

In my early years, I never in my wildest flights of imagination considered that life would yield such an exciting mission as being a physician, a neurosurgeon; and, least of all, that I would be a president of this great professional society. My early life was without exposure to physicians or hospitals and electricity or other modern conveniences.

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My birth was aided by a midwife in exchange for a bag of corn. The goal of being a physician seemed so unattainable that I had not entertained that possibility as I entered college. I first pursued chemistry, but the missing human element prompted a change to social work. This also failed to satisfy, lacking the opportunity to touch and help by working with the hands. The fact that I might be a physician, did not enter my mind until a psychology instructor invited me to see an operation on the brain in his laboratory. To my amazement, a tiny lesion altered the small animal's behavior, but not its motor skills. That day I sensed some of the amazement that must have occurred in the 1870's as Broca presented his early observation of his patient, Tan,<sup>2</sup> and Fritch and Hietzig described their experiments on the cerebral motor cortex of dogs, as performed in Hietzig's home on Frau Hietzig's dressing table.<sup>5</sup> Prior to their time, interest in the brain and its function centered around philosophical discussions of the seat of the mind and soul, as had my experience, and not as a site possessing the localizing features suitable for the application of a physician or surgeon's skills. On that day in a Psychology laboratory, I learned that surgery based on these concepts was possible and I knew that I had found my calling. I know that many of you have had a similar meaningful experience.

Soon after completing my residency, I had the good fortune to attend one of the first microneurosurgery courses. I realized, as I watched the presentations, that I was seeing operative, anatomic and pathologic detail that I had never seen before. One of my favorite personal goals has been to find pictures of a single operation performed perfectly, because the inner discipline of striving toward that perfection makes us improve. Such pictures are the essential building blocks for the improvement of the specialty. That first microsurgery meeting yielded many examples of operations performed better than I have previously experienced. I resolved then to progressively incorporate this new technique into my practice because it appeared to increase the safety with which we could delve deep into and under the brain. During my training and thereafter, I have lain awake many nights, as I know you have, worrying about a patient who faced surgery the next day, fearing the outcome of a needed, critical operation. With this new technique, I found that difficult operations carrying significant risk were done with greater accuracy and less postoperative morbidity. During my training I did not see facial nerve preserved during removal of an acoustic neuroma which functioned normally in the immediate postoperative period. Today, that is a routine goal of acoustic neuroma surgery. In the past, in dealing surgically with pituitary tumors, there was minimal discussion of preserving the normal pituitary gland, but today the combination of new diagnostic and surgical techniques have made tumor removal, with preservation of normal pituitary function, a frequent goal. The application of microsurgery in neurosurgery has yielded a whole new level of neurosurgical performance and competence. Sir Edward S. R. Hughes<sup>9</sup> has said that microsurgery is the most spectacular advance in surgery in modern times and the American College of Surgeons and the American Surgical Association<sup>1</sup> have ranked its application in the treatment of brain tumors and cerebrovascular disease among the

first order research advances between 1945-1970.

I realized, as I started to work with micro-operative techniques that there was a need to train many neurosurgeons in their use. When I moved to the University of Florida, I began trying to develop a center for teaching neurosurgeons these techniques. An NIH grant proposal aimed at teaching micro-technique to a group of neurosurgeons drew a quick reply that this proposal was unresponsive to any need that had been identified. Eventually, with the help of private contributions we were able to purchase the necessary microscopes and equipment for a laboratory where seven surgeons could learn at one time. The next task was to find seven individuals who were willing to come for a course. Finally, after much solicitation, seven surgeons joined us for a one-week course. I was quite apprehensive about that course because I was not sure that we could keep seven surgeons busy for one week or even that we could anesthetize and maintain seven small animals, at one time, for the surgeons to learn the microvascular skills. It was comforting to learn that Harvey Cushing, early in his career, had developed a similar laboratory, where surgeons using dogs, could practice and perfect their operative skills.<sup>13</sup> I still remember and am grateful to each member of the initial group of neurosurgeons who was willing to invest one week of his valuable time in our course. During the first afternoon of that course, I walked into the lab and, to my amazement, found seven surgeons working quietly and diligently. Nothing was said for long periods of time. In the midst of this intense endeavor, there was an amazing quietness. I realized then, that we had tapped into a great force: the desire of neurosurgeons to improve themselves. There are some who regard micro-operative skills as being for use by only a select few; but our experience with over 300 course participants has proved that the whole specialty can elevate its level of practice. Each individual neurosurgeon can acquire the new skills so that a new level of performance is achieved for the specialty. ENT and eye surgeons have made microsurgery a routine part of their specialty and so can neurosurgeons. Micro techniques are now being applied throughout the specialty, thus adding a new level of delicacy and gentleness to neurosurgery. The competence of the whole specialty has been improved and in this experience has come the realization that we, as a group, are constantly aspiring to and achieving higher levels of performance that are not based on advances in diagnostic equipment and drugs, but are dependent upon inspired individuals striving to improve themselves in order to better serve their fellow man, individuals seeking to reach a higher level of competence.

Just as we strive to improve our competence and operative skill, we also need to strive to grow in compassion. Competence is the possession of a required skill or knowledge and neurosurgeons have shown that they can grow in competence. Compassion, on the other hand, doesn't require a skill or knowledge. It requires an innate feeling, commonly called love, toward someone else. It is vital to us and our fellow men that we grow both in competence and compassion. Both need to be developed simultaneously, as the giant oak develops its root system along with its leaves and branches. William Deal has said<sup>4</sup> "Competence without compassion is worthless. Compassion without competence is meaningless." The caring, the love, the compassion must be developed as we continue to increase our competence in neurosurgery. There are fur-

ther new exciting dimensions lying before us in the area of compassion. It is a great mission to kindly, tenderly, gently and confidently lead one's patient through such a great life experience as neurosurgery. No experience is more awesome and frightening than being faced with the need for neurosurgery. No experience draws more frequently on those familiar words from the book of Psalms,<sup>7</sup> "though I walk through the valley of the shadow of death." Death and darkness crowd near as we help our patients search for the correct path. Neurosurgical illness threatens not only their physical, but their financial security, because it is so expensive, and the potential for disability so great. We have the responsibility to develop the dialogue in understandable terms to help the patient, his family and his society understand the meaning of his illness. The patient and his family deserve an understanding of what lies ahead, the risks, possible complications and potential benefits. Society through the legal system, has forced some of this upon us, but we, out of love and compassion, need to strive constantly to perfect a higher level of performance that the requirements forced on us by any judicial system. There is no substitute for an honest, concerned and sympathetic attitude.

It is important that we plan our financial affairs so that our private financial condition does not influence our surgical judgement. This separation of the physician's need for income and the needs of the patient can be achieved only through a well planned program of financial security, saving and selection of a lifestyle so that one's day-to-day living needs are met and not influenced by day-to-day income. We are not here to get all that we can out of life for ourselves, but to try to make the lives of others happier. This is the essence of the often repeated admonition of Christ<sup>8</sup> "He that findeth his life shall lose it, and he that loseth his life for my sake shall find it" or the comments of Osler<sup>12</sup> "Throw away, in the first place, all ambition beyond that of doing the day's work well. Find your way into work in which there is an enjoyment of it and all shadows of annoyance seem to flee away. Let each day's work absorb your energy and satisfy your wildest ambition. Success in the long run depends on endurance and perseverance. All things come to him who has learned to labor and wait whose talents develop in the still and quiet years of unselfish work."

We work in an arena where the government, the legal system, insurance companies, and other medical specialists present us with perplexing challenges. Examples include recertification, manpower needs, regionalized care, and the need to reduce health care costs while technology continues to yield increasingly costly improvements inpatient care. This society, through its various committees, is attempting to respond to these issues. Unfortunately, these issues generate conflicting opinions even among the most knowledgeable and lead us into areas where even those dedicated to healing the sick and providing for the needs of others become embroiled in controversy.

Many are problems, for which to expect absolute and final solutions is to misunderstand their nature. Some we cannot solve, but only diminish, not cure, but manage if we work together. This fact makes some frustrated for it is difficult to surrender a belief in the existence of total solution without also surrendering the ability to care. Some have become cynical or dropped out of the specialty because of such matters. In dealing with such matters William H. Danforth<sup>3</sup> has said "Too much faith is better

than too little; wisdom lies in starting up afresh after each disappointment and in never allowing oneself to become cynical, jaded and mistrusting."

My conviction is that this society will achieve optimal resolutions of these problems if its committees are made representative of all neurosurgeons. The instincts of our members, rooted in high intelligence, excellent training and altruistic motives, provide a sound basis for solution. This professional society will be best able to meet this challenge if the mechanism for selecting its executive and other committees is responsive to all neurosurgeons. As you know, the nominating process for the executive committee and officers of the Congress of Neurological Surgeons resides outside the executive committee. Only one of the seven nominating committee members is on the executive committee. The nominating committee has remained well-balanced with regard to the type of practice and geographic location and has striven to nominate outstanding individuals from all types of practice and geographical areas; however, I remain convinced that we can improve our representatives in the future. I should note that during the six years that I have been on the executive committee, there has not been a single issue on which a vote was split by geography or type of practice. One evidence of the success of this society in harnessing the energy of its members is the fact that the Congress has more members working actively on committees than any other neurosurgical organization.

I will look back to the years of being allowed to serve you and work with the executive committee as one of the great experiences of my life. The Congress has been the source of many of my warmest friendships, of enrichment of our specialty, a vehicle through which we share our common mission of being able to better serve the public.

My belief that neurosurgeons as individuals can build upon the achievements of the past to grow in competence and compassion is accompanied by a firm conviction that this society can also grow in its capacity to represent all neurosurgeons in order to better benefit our patients and society.

#### REFERENCES

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- <sup>2</sup>Broca, P: New observations of aphemia produced by a lesion of the posterior half of the second and third frontal convolutions. As cited in Wilkins, R.H. *Neurosurgical Classics*, Johnson Reprint Corporation, New York & London, 1965, p. 64.
- <sup>3</sup>Danforth, William H: The Importance of Mutual Trust, *Washington University Alumni Magazine*, Vol. 48, II, 1978, p. 14-18.
- <sup>4</sup>Deal, William: Oak Hall Commencement Address, University of Florida Medical School, Gainesville, Florida, 1978.
- <sup>5</sup>Fritch, G., Hietzig, E: The Electrical Excitability of the Cerebrum. As cited in Wilkins, R. H. *Neurosurgical Classics*, Johnson Reprint Corporation, New York & London, 1965, p. 15.
- <sup>6</sup>Gallop, George: *Gallop Poll*, quoted by B. F. Sorenson in 1977 Congress of Neurological Surgeons Presidential Address, San Francisco, California, October, 1977.
- <sup>7</sup>*Holy Bible*: The Book of Psalms, Ch. 23, Verse 4, National Publishing Company, 1968.
- <sup>8</sup>*Holy Bible*: The Gospel According to Luke, Ch. 17, Verse 33, National Publishing Company, 1968.
- <sup>9</sup>Hughes, Edward S. R.: *Program on Microsurgery*, The Royal Australasian College of Surgeons, 1978, p. 1.
- <sup>10</sup>Jones, W. H.S. *Hippocrates* Harvard Press, Cambridge, Mass., 1923.
- <sup>11</sup>Mowbray, A.Q.: *The Operation*, John Day Co., New York, 1972. Quote from flap on front cover.
- <sup>12</sup>Osler, William: As cited in *Counsels and Ideals from the Writings of William Osler* by Camac, C.N.B., Houghton Mifflin Co. Boston, 1906.
- <sup>13</sup>Sweet, W. H.: Lecture delivered as a Visiting Faculty member at the University of Florida, September 12, 1978.

Award for the best original paper submitted by a resident was presented at the Open Scientific Session on Thursday afternoon and will be published in *Clinical Neurosurgery*. The winner of the award this year is Dr. Martin G. Luken, III of the New York Neurological Institute.

Dr. and Mrs. Arthur Kobrine are to be congratulated for the elaborate and successful Local Arrangements, and Dr. Darwin Ferry should be complimented for his work in planning the last Supplementary Scientific Session which will take place at the Homestead.

Registration for this year's meeting was directed by the Williams and Wilkins Company pursuant to our agreement for the past five years. Dr. Phil Williams, Congress Registration Chairman has supervised these activities and has minimized problems. This arrangement has proved satisfactory this year, but will continue to be reviewed on a yearly basis.

The Resident's Registration has been supervised by Dr. Martin Weiss and his committee. In addition to United States and Canadian residents, a large number of British Registrars in approved programs are attending this annual meeting. The registration figures for this year's meeting are as follows: Members 802; Non-Members 203; Guests 31; Residents 165; Nurses 11; Wives 544; Total 1756.

Dr. Ned Downing reports that there has been a record number of Commercial and Scientific Exhibits at this year's meeting, and they have been very well received. The winners of the Exhibit Awards will be announced during the Annual Meeting Sessions by the Exhibit Committee, and the award will be presented by the President.

The Congress is indebted to the contributors to the Resident's Fund for this year's meeting. They are listed in an insert 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 7-12, 1979, Las Vegas, Nevada, Caesars Palace; October 12-17, 1980, Miami, Florida, Americana Hotel; October 18-23, 1981, Los Angeles, California, Century Plaza; October 3-8, 1982, Toronto, Canada; October 1983, Chicago, Illinois, Hyatt Regency

Plans are proceeding well for the 29th Annual Meeting to be held at Caesars Palace in Las Vegas, Nevada. Dr. Joseph Maroon will be the Annual Meeting Chairman, and Dr. J. Charles Rich will be the Scientific Program Chairman.

The Membership Committee, chaired by Dr. Ned Downing recommended 155 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 1919; Active Membership 1814; Senior Membership 53; Inactive Membership 31; Honorary Membership 21.

The following changes have occurred since last year's Annual Meeting: New Members accepted 155; Transferred to Senior 7; Transferred to Inactive 6; Members Suspended 0; Members Resigned 1.

During the past year the Congress of Neurological Surgeons has learned of the deaths of the following members: Drs. V. G. Humphreys, O. F. Hughes, J. Martinez, R. Sengstaken, A. Karavitis, A. Arnold, H. L.

Roberts, and F. Carmichael. 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. Dr. Peerless and his Committee produced a complete revision of the CNS By-Laws, which was distributed to the membership this summer.

Both the Congress Newsletter and the AANS Newsletter are now being distributed to the entire membership of both organizations through the centralized facilities of the Chicago Office of the AANS. These newsletters will continue to contain items of information concerning the activities of the Joint Socio-Economic Committee, the Washington Committee, and the Joint Committee on Drugs and Devices.

Volume 25 of *Clinical Neurosurgery* containing the proceedings of the San Francisco meeting was completed and has been distributed. This valuable written record of Congress educational activities is continued under the supervision 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.

All members of the Congress have ample reason to be proud of the official journal of the Congress, *Neurosurgery*. This journal has been extraordinarily well received and we are happy to report that it will move to a monthly publication schedule beginning with the January, 1979 issue. The enthusiastic support of the neurosurgical community undoubtedly will make this a leading publication in Neurosurgery.

The Joint Committee on Drugs and Devices under the Congress leadership of Dr. Brad DeLong has been extremely active and productive during the past year. This committee has been involved in developing standards for neurosurgical devices, and responding to federal requests for expert information concerning neurosurgical drugs and devices, and in monitoring the activities of the Federal Government in terms of regulation.

The Joint Committee on Education has been very active under the able Congress leadership of Dr. John Tew. It has developed and is in the process of distributing the Physician's Recognition Award in Neurological Surgery and continues to investigate satisfactory methods for providing voluntary recertification.

The Joint Socio-Economic Committee has continued to be extremely active and very effective. Its major accomplishments during the past year has been the organization of the Council of State Neurosurgical Societies and at this Annual Meeting, for the first time, the Presidents of the various state neurosurgical societies met for an extremely productive session devoted to a wide spectrum of current socio-economic issues. The committee has been active in areas which include Emergency Medical Services, hospital privileges for various neurosurgical procedures, CT scanning guidelines, and numerous other matters of actual and potential importance to the neurosurgical community. Dr. Donald Stewart, the Congress Co-Chairman of the Joint Socio-Economic Committee, has also served as an Ex-Officio member of the Executive Committee. In addition, under the Congress leadership of Dr. Don Stewart and Dr. Lou Finney, the Washington Committee has been extremely active maintaining a vigorous office in

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## Joint Socio-Economics Committee Report:

The Joint Socio-Economics Committee met in Washington, D.C. on September 23 and 24, 1978. JSEC passed a motion requesting the two parent organizations to reconsider a restructuring of their Executive Committee and Board meeting dates so that a conjoint meeting of the Executive Committee of the CNS and the Board of the AANS could occur twice a year at a time shortly after the annual meeting of each organization, respectively. The purpose of this meeting would be to receive the reports of joint committees sponsored by the two parent organizations and JSEC strongly endorsed this concept as one which would strengthen the effectiveness of those officially speaking for neurosurgery. As a result of this, for the first time, in November 1978 there will be simultaneous meetings of the Board of the AANS and the Executive Committee of the CNS, followed by a joint committee of their officers to consider matters of joint concern.

The Joint Socio-Economics Committee membership voted unanimously to oppose recertification of neurological surgeons.

The members of JSEC feel quite strongly that the guidelines concerning temporal criteria for Emergency Medical Services as developed by the Joint Commission on Accreditation of Hospitals are not satisfactory in some aspects. The committee recommended that the temporal criteria of availability of a neurosurgeon "within thirty minutes" be changed, and replaced with a phrase "within a reasonable time or, when this is not feasible, by transfer to a designated hospital where definitive care can be provided." It was felt by the committee that there are inherent severe medical-legal problems associated with the wording presently proposed by the JCAH.

JSEC strongly endorsed the recommendations of the Graduate Medical Education National Advisory Council that specialty input into that council be obtained and JSEC recommended that the Presidents of the AANS and CNS supply a neurosurgical representative to that council which is considering many aspects of manpower distribution and supply.

JSEC took issue with the fact that the Department of HEW has issued screening criteria for lumbar disc excision and that these criteria were developed by individuals none of whom was a neurosurgeon. JSEC recommended that the AANS and CNS review these criteria and take the necessary steps to assure that defects in these screening criteria are corrected and that the government does not issue guidelines affecting neurosurgeons without input from neurosurgeons.

An interesting panel discussion on the topic of Competition vs. Regulation was held at the JSEC meeting with Mr. Andrew Stone of the Federal Trade Commission, Mr. Joseph Eichenholz of the Department of HEW, and Mr. Barney Sellers of the National Health Council participating with Drs. Thomas Ballantine, Henry Liss, and Bernard Patrick. It should be noted that Dr. Ballantine is the only neurosurgeon who is a trustee of the American Medical Association.

The Joint Socio-Economics Committee strongly supported the repeal of Section 227 of Public Law 92-603, Social Security Amendment of 1972, which provides for

differential payment for services of physicians rendered at teaching hospitals.

The Southeast and Northeast Quadrants of the Council of State Neurosurgical Societies nominated Dr. Frank Wrenn and Dr. Henry Liss, respectively, to stand for election to the Board of Directors of the AANS in April.

The next meeting of the Joint Socio-Economics Committee will be held on the Saturday and Sunday preceding the AANS meeting in Los Angeles. All interested neurosurgeons are invited to attend.

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The Membership Committee has reviewed and has in process the applications from the following candidates:

Michael W. Andre-Kildare  
Joao C. Auaujo  
Blaise Audet  
Kumar Bahuleyan  
Honorio Salvador Benzier  
James B. Butterfield  
Albert J. Camma  
Hosung Chung  
Frances K. Conley  
David M. Cook  
Crescencio Cuevas  
Arthur L. Day  
M. Ezel Dogan  
Phillip Friedman  
Michael H. Hitchcock  
Robert D. Hollenberg  
Peter S. Huang  
R. Wayne Hurt  
Malpakkam Kasy  
Alex M. Landolt  
Lyan Gene Leibrock  
Jerome Litvinoff  
Mario Ludmer  
Gordon B. Mulder  
Daniel R. Neagoy  
John G. Phillips  
H. Harris Pittman  
Suresh Ramnath  
Enrique Raso  
Duke S. Samson  
Volker K. H. Sonntag  
Douglas L. Stringer  
P. Daniel Suberviola  
Wm. A. Tyler, Jr.  
Jaime Vargas  
William L. White  
John L. Williams

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

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The Neurosurgery Manpower Diary report has been written and presented to the Executive Board of the Congress of Neurological Surgeons and the Board of Directors of the American Association of Neurological Surgeons. Individual practice summaries will be forwarded in approximately two months to those study participants who indicated at the time of the study that they wish to receive them.

**ABSTRACT FORM  
CONGRESS OF NEUROLOGICAL SURGEONS  
LAS VEGAS, NEVADA  
OCTOBER 7-12, 1979**

- A. For abstract of paper.....( )
- B. For movie.....( )
- C. For scientific exhibit.....( )
- D. 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. MOVIES AND/OR VIDEO TAPES SHOULD BE SENT TO DR. APFELBAUM. SCIENTIFIC EXHIBIT ABSTRACTS SHOULD BE SENT TO DR. DOWNING.**

**NOTE:** Submitted video tapes and movies should be mailed to Dr. Ron Apfelbaum 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. Accepted movies will be shown at the Cine session. Authors must be present to narrate (if needed) and to answer questions.

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, 1979 ★ ★ ★**

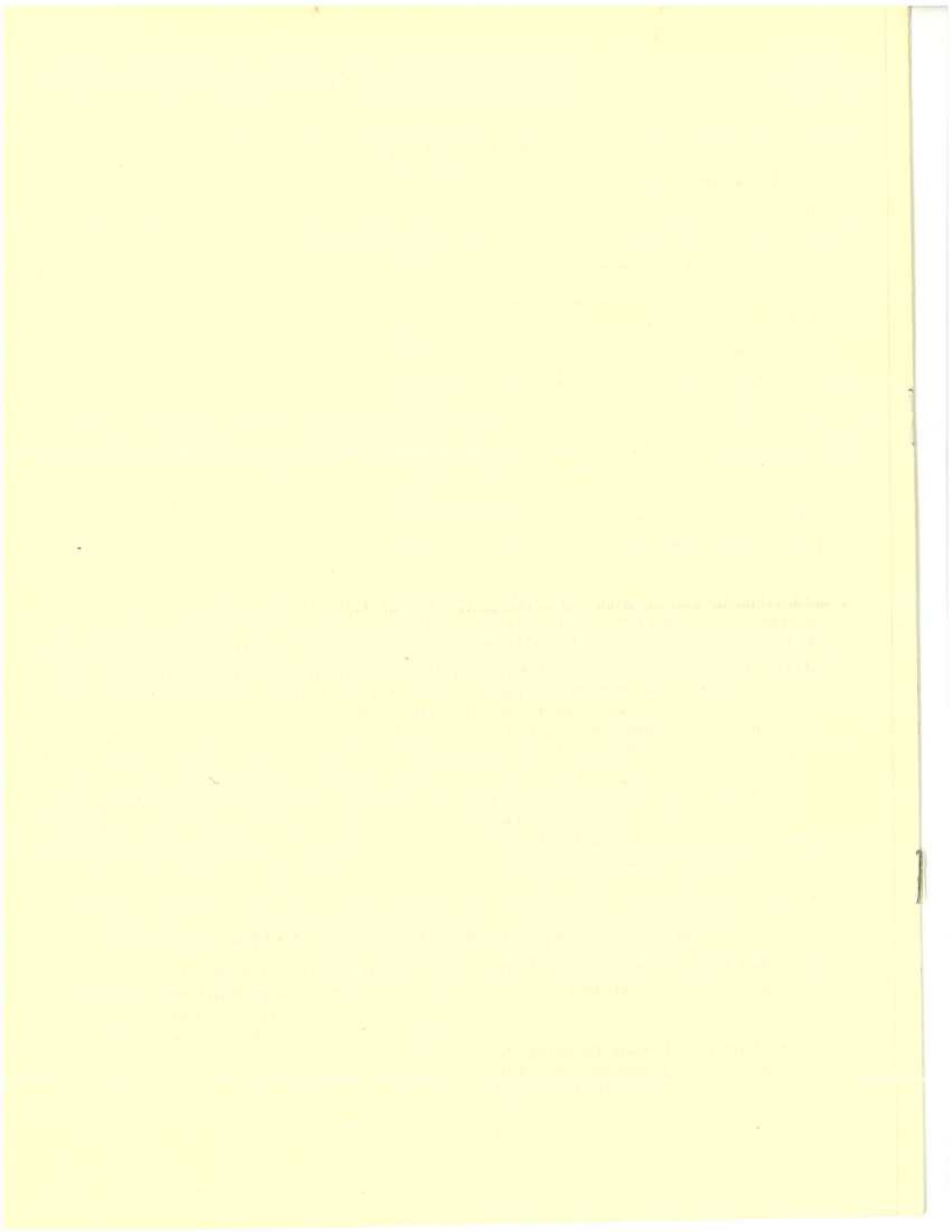
**ABSTRACTS: E. F. Eyster, M.D.**  
send to P.O. Box 151  
Pensacola, Florida 32591

**VIDEO TAPES OR MOVIES:**  
send to **Ron Apfelbaum, M.D.**  
111 East 210th Street  
Bronx, New York 10467

**EXHIBITS: Edward Downing, M.D.**  
send to 4 Jackson Boulevard  
Savannah, Georgia 31405

DETACH AT DOTTED LINE AND MAIL IN IMMEDIATELY





Executive Committee Report (continued from page 6)

Washington assisted professionally by Mr. Charles Plante. This committee not only generates pertinent information derived from Washington on matters which affect neurosurgery, it also co-ordinates the response of organized neurosurgery to the Federal Establishment.

Both major neurosurgical organizations are developing methods by which policy statements may be properly developed and publicized to the membership.

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 of 1978. The Congress continues to maintain a Resident's Registry under the leadership of Dr. Kenneth Smith, a 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.

Numerous other committees have been active within the Congress and we are all indebted to the vigorous activity of committee members for making the organization so successful.

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 Neurosurgery, and the World Federation of Neurosurgical Societies. The 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.

With the recent reorganization of the AMA, the Congress of Neurological Surgeons lost its delegate status.

Under the very effective leadership of Dr. David Kelly, the application process for delegate status with the AMA was completed, and I'm happy to report that the Congress of Neurological Surgeons now has a delegate, namely, James Robertson, and an alternate, Fletcher Lee in the House of Delegates of the American Medical Association. During the past year, two new Joint committees have developed with the AANS, namely the Joint Committee on Spinal Surgery and the Joint Committee on Trauma. The organization and activities of both of these committees is in its early stages, however, we expect both of them to become increasingly more active and effective as time goes by. The Congress has applied for delegate membership on the AMA Commission on Emergency Medical Services, and when this is obtained, the activities of the Joint committee on Trauma will expand significantly.

Periodic meetings between the Officers of the AANS and the CNS have taken place during the past year, and these meetings continue to be beneficial to both organizations.

Our Treasurer, Dr. Fletcher Lee, has during his three-year term of office improved financial policies and book-keeping procedures to a tremendous degree. The financial position of the Congress of Neurological Surgeons is truly excellent.

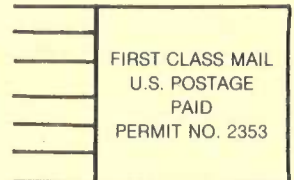
A special note of gratitude is appropriate for Dr. Lee and for the other members of the Executive Committee who are completing their terms of office this year.

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.

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

**CONGRESS OF  
NEUROLOGICAL  
SURGEONS  
NEWSLETTER**

George Ojemann, M.D.  
Department of Neurological Surgery RI-20  
University of Washington  
Seattle, WA 98195



MARK KUBALA MD  
3260 FANNIN ST  
BEAUMONT TX 77701