NEWSLETTER

Congress of Neurological Surgeons

Volume XXII | December 1972 | Number 1

NEW LOOK FOR NEWSLETTER

The new look, initiated with this issue, represents the first face-lifting for the Newsletter since its inception two decades ago. The changes were prompted by our President, Bernard Patrick, who felt that the time had come for a more attractive format. We hope that the innovations meet with the approval of the membership. Despite the more expensive appearance, production shortcuts have permitted economies which will keep the cost of the Newsletter comparable to previous years.

The Newsletter will continue its primary mission of informing the membership of Congress news, particularly plans for the annual meeting. Among new sections being added are recent academic and clinical appointments, and honors received by members. Residents are being added to the mailing list and items of concern to them will be included. Future issues will contain reports from Congress committees relative to important matters such as socio-economics and neurosurgical manpower. Where appropriate, different viewpoints will be presented. In this way, the Newsletter may serve to inform, as well as to stimulate discussion of problems relating to neurosurgical practice.

Members and residents are invited to contribute news items and comments, addressed to the Editor.

Perry Black, Editor

DENVER MEETING SUCCESS — RECORD ATTENDANCE

Dr. Francis Murphey, Honored Guest, addressing Congress

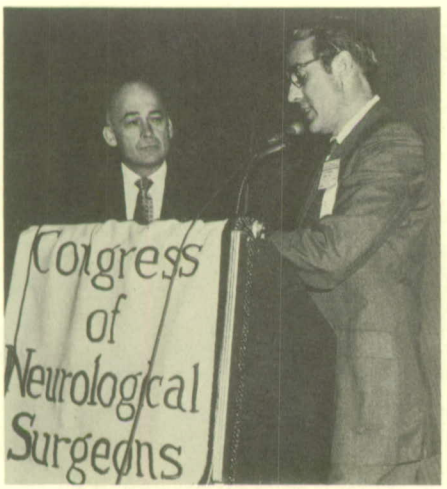
A record 1,656 people attended the 22nd Annual Meeting of the Congress in Denver this past October. The main theme of the meeting was "The Vertebral Column and Spinal Cord" with half-day symposia devoted to problem areas such as "Failures of Lumbar Disc Surgery", and "Spinal Cord Injury". Dr. Francis Murphey, Honored Guest, delivered three major addresses on topics relating to the main theme. The Special Interest Workshops offered a variety of topics ranging from Microsurgery to Chemotherapy of Brain Tumors. The Luncheon Discussion Groups again proved popular. An innovation was the introduction of two simultaneous full-day courses -- Pathology of Brain Tumors, and Aspects of Neuroradiology. The commercial and scientific exhibits were of high quality.

The success of the meeting was the culmination of more than a year's detailed planning by the Annual Meeting Committee, masterfully orchestrated by Bruce Sorensen. Among those whose committees played leading roles were: James Barnes (Seminars), Perry Black (Scientific Program), William Buchheit (Sergeant-at-Arms), William Coxe and Gary VanderArk (Special Courses), Robert Grossman (Workshops), Homer McClintock (Local Arrangements), Larry Page (Member Participation),

Matthew Presti and David Kline (Supplementary Scientific Session), Albert Rhoton, Jr. (Exhibits), Joseph Rowland (Host), John Shillito, Jr. (Pediatric Symposium), Bennett Stein (Registration), Robert Sturman (Public Relations). Behind the scenes were many committee members, too numerous to mention, who made a vital contribution to the meeting.

The only hitch in an otherwise outstanding meeting was a mix-up in room reservations on the part of the hotel, resulting in inconvenince for a number of registrants. Steps are being taken to preclude such difficulties at future Congress meetings.

BERNARD PATRICK ELECTED PRESIDENT



Installation ceremony: Dr. Bernard S. Patrick (l.) taking over Presidency from Dr. John N. Meagher (r.)

At the 22nd Annual Meeting of the Congress in Denver, Dr. Bernard S. Patrick of Jackson, Mississippi was elected to the Presidency, succeeding Dr. John N. Meagher of Columbus, Ohio. Other newly elected officers were: George Tindall, President-Elect; James Robertson, Vice-President; Robert Ojemann, Secretary; Bruce Sorensen, Treasurer.

At the installation ceremony, outgoing President Jack Meagher presented Certificates of Service to retiring members of the Executive Committee: George Becker, Barton Brown and Ross Fleming. Newly elected members of the Executive Committee are Perry Black, William Buchheit and Jim Story. Apart from the Officers of the Congress, other current members of the Executive Committee are Donald Dohn, David Kelly, Jack Meagher, and Kenneth Smith.

The new Officers of the Auxiliary are: President - Mrs. Bernard Patrick (Jo), President-Elect - Mrs. George Tindall (Suzie), Vice-President - Mrs. James Robertson (Valeria), Secretary - Mrs. David Kelly (Sally), and Treasurer - Mrs. Bruce Sorensen (Suzanne). The Auxiliary Board of Directors will consist of: Mrs. John Meagher (Maxine), Mrs. Robert Ojemann (Jean), Mrs. Albert Rhoton (Joyce), Mrs. Kenneth Smith (Marjorie), and Mrs. Jim Story (Joanne).

PEOPLE

APPOINTMENTS ... Dr. Philip Gildenberg - Professor and Chairman of Neurosurgery, Univ. of Arizona School of Medicine, Tucson, Arizona .... Dr. Anthony J. Raimondi - Professor and Chairman of Division of Neurological Surgery, and Professor of Anatomy, Northwestern University Medical School, Chicago .... Dr. Robert H. Wilkins - Chairman, Dept. of Neurosurgery, Scott and White Clinic, Temple, Texas.

HONORS ... Capt. Frederick E. Jackson, Chief of Neurosurgery at Camp Pendleton, California is the 1972 recipient of the Admiral Joel T. Boone Award of the Association of Military Surgeons, for his contributions to military neurological surgery.

OBITUARY ... We regret to report the recent death of Dr. Jerome F. Grunnagle, Naples, Florida.

NEWSLETTER

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Congress of Neurological Surgeons

PRESIDENTIAL ADDRESS*

What A Neurosurgeon Ought To Be

John N. Meagher, M.D.

It is with a certain degree of humility and a high degree of temerity that I embark upon this Presidential Address at this assembled gathering of distinguished people at the 22nd Annual Meeting of the Congress of Neurological Surgeons. It was following many painful weeks, nay months, that I finally arrived at the title and substance of this Address.

Dr. John N. Meagher

The title may appear somewhat awesome and certainly presumptuous, but in no way do I wish to inflict upon any of you either sensation. More so, I would hope to stimulate each and all of you to reflect upon your careers as neurological surgeons in relation to the past, the present and possibly a somewhat kaleidoscopic view of what the future should hold for each of us.

History of the neurosurgeon.

The era of modern neurosurgery has been said by many to have begun with Macewen[1] following his treatise on "Pyogenic Infective Diseases of the Brain and Spinal Cord" in 1893 and the appointment of Sir Victor Horsley as neurosurgeon to the National Hospital for the Paralyzed and Epileptic in Queen's Square in 1896. Following this, great strides were made, and during those early formative years of the speciality many reflective thoughts were issued by the then and still giants of the emerging specialty, notably Cushing, Dandy, Stookey and Sachs, to name but a few. In those early years the neurosurgeons more or less were delivered from the bellies of the general surgeons. Training was by preceptorship and not by formally structured residency programs. Advances in techniques and diagnostic methods were slow and painful, and certainly, in the earliest years,

*Text of address by Dr. Meagher at 22nd Annual Meeting of The Congress of Neurological Surgeons, Denver, Colorado, Oct. 20, 1972.

were guided primarily by the medical neurologist. The surgeon then was in effect but a tool in the hands of the medical neurologist. As the budding speciality progressed, neurosurgeons rapidly developed neurological skills which led them naturally to the develment of their own departments. This fostered the development of the more surgical type of diagnostic tests such as ventriculography, pneumoencephalography and later angiography, to supplement the classic neurologic discipline.

Cushing, in his Presidential Address at the 49th Annual Meeting of the American Neurological Association in Boston in May, 1923, said "Unquestionably, if the future neurological surgeon is to do the thing properly his training will demand a longer preparation than that needed for any medical specialty, and not many of them will have the industry, patience or the intellectual gifts combined with the manual dexterity necessary to see it through".[2] This then, was the first foundation upon which future generations of neurosurgeons were to build their experience and their maturity as neurological surgeons. Formal residency programs began to replace preceptorships in the late thirties in order to better allow for this formally structured training.

What Kind of Person is a Neurosurgeon?

Just what kind of a person is the present day neurological surgeon? First, he must be a physician who has been attracted by the disciplines of the nervous system in its broadest sense. Secondly, he must be a physician who feels the need for a continuing inquiry into the surgical treatment of diseases of the nervous system. The cut of his jib must be bent to the demanding disciplines of the most complicated body system.

Cushing, in that same Presidential Address before the American Neurological Association in 1923, said "Traditionally the surgeon is cut from a different piece of cloth than the physician because of the time consuming and fatiguing nature of the manual work he is called upon to perform. His intellectual attitude towards his activities tends to be on a lower plane than the physician's; so at least they give us to understand. Admittedly such an attitude is likely to be held by those who either do their work to order or who largely limit themselves to the cut and dried procedures of an established sort which require little preliminary study and have a fairly certain outcome, but in a new and different field like ours this is an impossible attitude if we are to make any significant advances and are to hold the confidence of our fellows."[2] What has brought us to the field of neurological surgery and disorders of the nervous system? It has not necessarily been the glory or the shortness of the work day nor the financial renumeration, for all of us might have achieved heights in other fields of endeavor not necessarily related to medicine and at less cost in energy and time. What then has lured us to this special area? Obviously the basic substrate has been an intense interest and curiosity regarding the nervous system, a complex but singly functioning unit. There are those among us who originally felt that medical neurology was their area of preference, but who at some point in their training period felt that perhaps the surgeon's hand could effect more direct remedies upon many of the disorders of the nervous system. All of us have been stimulated by a teacher during our medical school careers and/or our internships or early residency years. This particular teacher obviously had been stimulated by his forebear and in turn carried the torch of inquiry to yet another individual. This has been the basic groundwork, if you will, of the continuing development of the specialty.

Returning to the question "What kind of a person is a neurosurgeon?". I have attempted, in the preceding comments, to identify the groundwork for his basic native inquisitiveness. The second point upon which I would like to enlarge is that of the peculiar trait of all neurosurgeons to develop a compelling self-discipline and a continuing desire to self-evaluate his level of competence and performance. Cushing, in the

previously quoted comments, alluded to this when he said "The surgeon is traditionally cut from a different piece of cloth". My personal opinion is that the weave of the cloth making the body of the neurosurgical cloak is ever so tightly interwoven with strong internal desire on the part of the neurosurgeon to excel. How then does this internal discipline come about during the formative training years?

General outline of what training should be.

Obviously the exposure of the modern day neurosurgical resident must be an extremely thorough understanding of the form and function of the nervous system as well as its pathologic states. This dictates then that he must have formal training in fundamental surgical principles, neuroanatomy, neurology, neurophysiology, neuropathology, neuroradiology and an exhaustive experience in surgical judgment and operative techniques. Much of this early foundation is in the form of didactic and formal exposures to these basic science areas of the nervous system. This knowledge may be gleaned in conferences with his chief of service, the faculty of the neurosurgical department, and also in a continuing program of self-education directed by the faculty of the neurosurgical department in which he is training but executed through the individual's own personal discipline which requires him to always seek out the basic answers to questions that arise. During these formative months and years, he should then develop, at times by example and on other occasions through internal discipline, a sense of direction and scale of value judgments which, when crystallized, allow the development of what we commonly refer to as judgment and surgical maturity. His chief of service and peers, both at resident and faculty levels, must exemplify this same internal discipline and drive for new information and continued excellence. Lest by their laziness and/or impaired indifference they set a poor example for the budding neurological surgeon. During these formative years of training, the resident at all levels of training is under close scrutiny by his chief of service, his senior residents and the faculty of the department. The scrutiny of teachers and fellow residents is his first exposure to "Peer Review" for the career which he has chosen. Like it or not, he learns to accept constructively the criticism of his chief. His chief by example teaches him judgment and compassion during the many months and years of exposure to the various disease entities and pathologic conditions encountered. I believe that the faculty of such a training program must instill in the individual trainee the following basic traits: (1) Compassion for his fellow man, (2) A burning drive to gain new knowledge, (3) The faculty for maintaining a level and cool head during times of momentous decision, (4) The desire to self-evaluate one's knowledge and skills.

The practicing neurosurgeon.

Assuming that we <u>all as teachers</u> have fulfilled the above criteria in the training of a neurological surgeon, where then do the practicing neurosurgeon's responsibilities lie as he enters the threshold of practice be it in an academic or non-academic environment?

His medical responsibilities are to his patient primarily. I will not at this point enlarge further upon the Hippocratic Oath or the ethical and moral responsibilities of the physician to his patient other than to say that without a moral and ethical approach to each and every individual patient there is no honest compassionate practice of medicine. The era of needless or nonindicated surgical procedures has all but passed. Yet unfortunately there are still those surgeons who would shade the picture just a wee bit if things were going a bit slow. Fortunately, these men are in the minority and are fast found out by their colleagues; a form of Peer Review, or as Cushing so aptly put it, "To hold the confidence of our fellows". The neurosurgeon above all must be honest unto himself. He must ask himself the questions: Is my judgment in the best interest of the patient? Is this procedure, be it diagnostic or surgical, indicated? Am I operating too many discs or discs that otherwise might get well with a few more days of conservative therapy? Is my surgery and my knowledge abreast of current information and current

procedures? This is, in its purest form, self-discipline; if you will, internal review of one's worth.

What should the neurosurgeon's responsibilities be to his hospital? Should he practice in an array of hospitals within the community or should he attempt to establish a primary or base unit? To the newly practicing neurosurgeon, practice will begin slowly and he is sorely tempted to affiliate himself with the staffs of several or many hospitals in order to "make a living". But he will soon find himself bogged down in the performance of his daily routine activities and rounds in two to four hospitals, sometimes at a great distance from each other, in which he spends most of his time in transportation between hospitals, giving very little of his time by comparison to the care of his patients. What of the neurosurgical emergency that arises in the middle of the night in a small community hospital in a postoperative patient with no house staff and/or inadequately trained general nursing staff to pick up the neurosurgical complications? What then of his moral, ethical and legal responsibilities? Would it not have been better to have established initially a base hospital, holding to his own basic tenets that a base hospital and a slowly developing practice, which is respected by his colleagues and peers, is better than an itinerant milk route to which he gives service to many but specifically good care to only a few. Hospital administrators and other pressures will be brought to bear against the emerging neurosurgeon to affiliate himself with this or that hospital under the guise of statements such as "We want a complete hospital and your services are sorely needed", or "We feel we are best equipped to handle your specific problem". At this point he should seriously look at each of these hospitals and say to himself "Why hasn't this particular hospital been able to develop a neurosurgical unit or center prior to my arrival in town?" "Why haven't other neurosurgeons in practice in this community affiliated themselves or made this their primary base hospital?" Perhaps he would have been much better off to have begun his practice, if at least temporarily, in association with an older established neurosurgeon. If he is primarily concerned with the establishment of a reputable practice and assurance of acceptance in the community, he must seriously consider these many facets of the situation.

The budding neurosurgeon must be willing to accept the socio-economic responsibilities that go with practice in this modern day. He must be willing to serve on hospital committees such as tissue audit committees, medical record audit committees, utilization and peer review committees and credential committees if he is to improve not only his base hospital but his practice of medicine as well. It is only by continually resurveying our hospitals and our practices that we may upgrade them and change that which is outmoded or outdated. Lastly, he must continue his role as an educator for he has been educated by those who preceded him and, in turn, must accept eagerly and willingly the responsibility to aid in the education of those behind him, be they nurses, interns, residents in other specialities or neurosurgical residents.

And now I should like to turn to the ethical responsibilities of the individual and one specific area, namely the type of practice the individual will conduct. Most of us began the practice of neurological surgery through the referral of emergency room patients and by sympathetic referring physicians. The young neurosurgeon may find himself virtually in the role of a pure medical neurologist. He may eventually become involved in conducting neurological evaluations to the exclusion of his surgical practice. If he is not careful and wary he can easily become overly involved in the ever engulfing area of medico-legal evaluations. I personally have seen respected colleagues in various communities become thus involved and known as plaintiff witnesses to the detriment and exclusion of their practice as a surgeon. Each of us must continually assess and reassess our ethical performance and the type of practice we are conducting. "Am I doing too many discs? Am I doing questionably indicated procedures, diagnostic or surgical? Is the balance of my practice in proper perspective? Does it parallel other

neurosurgeons of my vintage and comparable practice settings in various areas or communities across the country?" He must ask himself "Am I keeping abreast of the specialty and, in general, with newer developments in the nervous system? Am I willingly accepting peer review?", (be it at a very simplistic level by partners, associates or colleagues). He must ask himself "Am I as good a neurosurgeon as I was when I finished my training program? Am I better or am I worse?" If we are the same or less well informed, then we have not kept abreast, and certainly the opportunities for continuing education in 1972 are aplenty. These opportunities for continuing education are available at the local county society level, state level through the state medical associations, state neurosurgical associations, regional neurosurgical societies and your affiliation with national neurosurgical societies such as the Congress. Become involved. Make it a point to attend at least two national meetings a year, one long and one short or any combination. Attend a postgraduate course. Brush up in an area in which you are deficient in knowledge or in a new area in which you wish to further develop yourself. The complete neurosurgeon should be one then who is well informed and abreast of the developments in his specialty, both in practice and in surgical procedures. He should not be content to continue doing just his routine disc and head injury surgery with an occasional tumor or an occasional aneurysm.

We are all being reminded from time to time, both locally and at the state and national levels, that perhaps we are training too many neurosurgeons. Is this really true? If we look at the figures, with only 8,000 brain tumors in the United States each year and approximately 1,800 Boarded neurological surgeons and probably an additional 400-500 non-Boarded neurological surgeons, what would the division of labor be? What are we doing about the quarter of a million odd strokes that are occurring each year? Why aren't neurosurgeons taking more interest in the vascular surgery of strokes, of carotid lesions, rather than relegating it to the area of the "general surgeon" or vascular surgeon? What of the thousands of peripheral nerves that are being attended by surgeons other than neurological surgeons, specifically orthopedic surgeons and general surgeons? Practically all of the basic work in cerebrovascular disease and peripheral nerve surgery has evolved from the efforts of neurological surgeons. Possibly these are not as remunerative as some of the medico-legal cases, but our skills are needed here even more so. It is certainly easier to hospitalize a patient for diagnostic studies rather than take just a few more minutes for a detailed and decent history and examination. The neurosurgeon who only does one or two brain tumors or aneurysms or an occasional cerebellopontine angle tumor should be referring these to a larger center or surgeon of more experience. This is not to say that he is not capable and competent. It is only to say that with this minimal exposure perhaps a better job can be done by an individual or a group whose exposure in numbers and techniques has been kept more abreast of the times. I am sure this latter comment will generate much discussion and comment, but I hope that if it does nothing more it will stimulate each of us to ask ourselves "What am I doing in my practice today, how can I better my practice, my standards, my level of care?"

This then is the whole neurosurgeon. He may ask himself "What am I, who am I?" Hopefully he will maintain honesty with himself, both intellectual and ethical as well as moral. Who is he? He is the kind of man that each of us would like to have operate upon us or care for us if we were ill. Are you this kind of neurosurgeon? Do you hold the confidence of your fellows, your colleagues, your peers? Are you really cut from a different piece of cloth, or is your fabric growing dim and threadbare?

I know you better. Do I know me better?

Bibliography

1. Macewen, W. Pyogenic infective diseases of the brain and spinal cord. Meningitis, abscess of brain, infective sinus thrombosis. Glasgow: J. Maclehose and Sons, 1893, XXIV, 354 pp.

2. Presidential Address at the Forty-Ninth Annual Meeting of the American Neurological Association, Boston, May 31, 1923.

BOARD EXAMS SET FOR MARCH '73

The next primary (written) examination of the American Board of Neurological Surgery will be given on March 31, 1973. Inquiries should be addressed to: Richard L. DeSaussure, Jr., M.D., Secretary, American Board of Neurological Surgery, 20 South Dudley, Memphis, Tennessee 38103.

CONTINUING EDUCATION CALENDAR

Feb. 10, 1973. INTERURBAN NEUROSURGICAL SOCIETY. University Club, Chicago, Ill. M. Presti, M.D., Secretary, 801 North Cascade, Colorado Springs, Colo. 80903.

Feb. 21-24, 1973. SOUTHERN NEUROSURGICAL SOCIETY. Regency Hyatt Hotel, Atlanta, Ga. R.A. Clark, Jr., M.D., Secretary, 755 Orange Terrace, Macon, Ga. 31201.

Feb. 21-24, 1973. INTERNATIONAL MEETING IN PEDIATRIC NEUROLOGY AND NEUROSURGERY. Hospital Infantil, Mexico Ctiy, Mexico. Write: Hospital Infantil, IMAN, Av. Insurgentes Sur. #3700-C, Mexico 22, D.F.

March 18-24, 1973. MEXICAN CONGRESS OF NEUROLOGICAL SURGERY. Hotel Acapulco-Hilton, Acapulco, Mexico. J.A. Heyser, M.D., Secretary General, Apartado Postal 12-779, Mexico 12, D.F.

April 8-12, 1973. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS. Century Plaza, Los Angeles, California. G. VanDenNoort, M.D., Secretary, 1245 Highland Ave., Abington, Pa. 19001.

April 26-28, 1973. AMERICAN SOCIETY OF NEURORADIOLOGY. Boston, Mass. D.O. Davis, M.D., Secretary, Dept. of Radiology, Univ. of Utah Medical Center, Salt Lake City, Utah 84112.

April 27-29, 1973. SPANISH PORTUGUESE SOCIETY OF NEUROSURGERY. Benalmadena, Costa del Sol (Malaga). R.G. Carrascosa, M.D., Secretary, Servicio de Neurocirugia, Residencia de la Seguridad Social, Malaga, Spain. Members of the Congress have been cordially invited to attend.

May 10-12, 1973. THIRD ANNUAL NEUROSURGICAL POST-GRADUATE COURSE. Hilton Hotel, San Francisco, Cal. S.M. Farber, M.D., Dean of Continuing Education in Health Sciences, Univ. of California, San Francisco, Cal. 94122.

June 6-9, 1973. INTERNATIONAL SYMPOSIUM ON CEREBRAL CIRCULATION AND METABOLISM. Mariott Motor Hotel, Philadelphia, Pa. T.W. Langfitt, M.D., 210 White Bldg., Hospital of Univ. of Pennsylvania, Philadelphia, Pa. 19104.

June 10-16, 1973. NEUROSURGICAL SOCIETY OF AMERICA. South Hampton Princess Hotel, Pembroke, Bermuda. S.N. Chou, M.D., Secretary, Univ. of Minnesota Medical School, Minneapolis, Minn. 55455.

June 11-13, 1973. AMERICAN NEUROLOGICAL ASSOCIATION Joint Meeting with CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES. Chateau Champlain, Montreal, Canada.

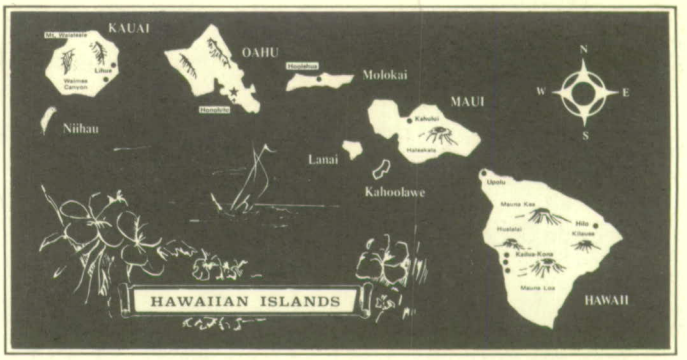
Sept. 30 - Oct. 6, 1973. CONGRESS OF NEUROLOGICAL SURGEONS. Sheraton-Waikiki Hotel, Honolulu, Hawaii. R.G. Ojemann, M.D., Secretary, Massachusetts General Hospital, Boston, Mass. 02114.

Oct. 7-12, 1973. INTERNATIONAL CONGRESS OF NEUROLOGICAL SURGERY. Imperial Hotel, Tokyo, Japan. Office of the 5th International Congress of Neurological Surgery, 318-A, Bldg. #5, Juntendo University 2-1-1, Hongo, Bunkyo-ku, Tokyo, Japan.

"CLINICAL NEUROSURGERY" - BACK ISSUES AVAILABLE

Back issues of Clinical Neurosurgery may be obtained through the CNS Bookstore, P.O. Box 12364, Jackson, Miss. 39211. Volumes 1-12 and Volume 14 are available to members at $10.00 per copy, non-members $15.00. Volume 13 and Volumes 15-18 are still being distributed by Williams and Wilkins, 428 E. Preston St., Baltimore, Md. 21202.

ALOHA HAWAII 1973!



Arrangements are rapidly taking shape for the 23rd Annual Meeting of the CNS to be held at the Waikiki Hotel in Honolulu, Sept. 30 - Oct. 6, 1973. Residents will be lodged at the Princess Kaiulani Hotel. Our Honored Guest will be Dr. Henry G. Schwartz of St. Louis, Mo. The Annual Meeting Committee under the direction of Albert Rhoton, and Jim Story as Program Chairman, is planning a well-balanced program to include symposia on aneurysms, pain, and pituitary surgery — with ample free time for recreation. A supplementary Pre-Convention Tour Program to include scientific sessions is being arranged for Sept. 24 - 30, 1973; a choice of five tours of the Hawaiian Islands (3-7 days each) will be available. For the convenience of the membership, the Congress meeting was planned to immediately precede the 5th International Congress of Neurological Surgery to be held in Tokyo, October 7 - 14, 1973.

Beltz Travel Organization has been selected to handle general travel arrangements as well as basic registration fees for the meeting. The Congress Registration Committee will continue to handle registration related to selection of Special Courses, Workshops, and Congress Banquet (details to be distributed Summer '73). A blue-covered brochure is being mailed to all members outlining travel plans; this replaces a green brochure distributed at the Denver meeting which contained some errors. For further information, or if you have not received a copy of the revised brochure by January 15, '73, please write to: Beltz Travel Agency, 369 Pine St., San Francisco, Cal. 94104. Attention: Mr. Robert B. Walsh, Vice-President.

Abstract forms for the Honolulu Member Participation Program and for Scientific Exhibits will be distributed with the next issue of the Newsletter (March '73).

It's not too early to start planning for Honolulu!

Congress of Neurological Surgeons

NEWSLETTER

Editor, Perry Black, M.D.
Johns Hopkins Hospital
Baltimore, Maryland 21205

FIRST CLASS MAIL
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Permit No. 5582
Baltimore, Maryland

JOHN M. THOMPSON M.D.
1955 BLOSSOM WAY SOUTH
ST. PETERSBURG, FLA. 33712