

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

Vol. LVI

Dedicated to Neurosurgical Education

September 1992

1992 ANNUAL MEETING

The Annual Meeting Committee has planned an exceptional experience for those attending this year's Annual Meeting in Washington D.C., held at the Sheraton Washington Hotel. This is an excellent facility that is ideally suited for our meeting and, along with the adjacent Omni Shoreham Hotel, will provide ample room for an expanded and memorable program.

The purpose of the 1992 Annual Meeting of the Congress of Neurological Surgeons is to provide continuing medical education for practicing neurosurgeons, neurosurgical residents, and fellows in the form of didactic lectures, practical (hands-on) courses demonstrating neurosurgical techniques, small group sessions to provide in depth coverage of selected topics, and posters to provide the latest information regarding clinical and laboratory advances in neurological surgery.

General Scientific Session I will cover contemporary concepts in cerebrovascular surgery, including the natural applications of aneurysms and AVMs, vasospasm, endovascular applications, carotid endarterectomy, aneurysm surgery, and AVM surgery. General Scientific Session II will concern current concepts in pain medicine, pain surgery techniques for general neurosurgical practice, and pain surgery techniques for specialty practice. In addition, the following socioeconomic issues will be discussed by neurosurgical experts: health care policy, insurance reform, professional liability, tort reform, and the resource based professional liability, tort reform, and the resource based relative value system. In General Scientific Session III, the participants will be introduced to decision making in spinal instrumentation, craniocervical instrumentation, anterior cervical instrumentation, posterior cervical instrumentation, as well as the treatment of spondylolysis/spondylolisthesis and thoracolumbar trauma. In General Scientific Session IV, the participants will be introduced to the principles of radiosurgery, as well as the specifics of radiosurgical treatment of AVMs, benign tumors, and malignant tumors.

A record number of Practical Courses will be held on Sunday morning and afternoon. Twelve Practical Courses will be offered:

1. Skull base surgery—anterior approaches



2. Skull base surgery—lateral and infratemporal approaches
3. Thoracolumbar instrumentation
4. Cervical spine instrumentation
5. Endovascular/interventional neurosurgery
6. Computer assisted neurosurgery
7. Surgical anatomy of the brachial plexus
8. Instrumentation for pain control
9. Microsurgery for aneurysms
10. Radiosurgery
11. Stereotactic systems
12. Surgical management of acoustic schwannomas

These courses are designed to provide "hands-on" practical experience in the management of these subjects. The experiences include cadaveric dissection, computer simulations, and small tutorial sessions using models.

The following afternoon Special Courses will be offered: Pituitary Surgery, History of Neurosurgery, and Skull Base Surgery. Concurrent afternoon Workshops are planned by the Cerebrovascular, Spine, Trauma, Stereotactic, Tumor, and Pediatric Sections.

Nearly 200 speakers will participate in a wide variety of Luncheon Seminars, including multiple video sessions. The Open Scientific Session committee has evaluated a record number (>500) of submitted abstracts for both slide presentation and the Poster Session. The Poster Session will feature a record number (200) of

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WASHINGTON UPDATE

by Katherine O'Meara Orrico

Congressional Visits

Because the CNS is meeting in Washington, D.C. this fall, we thought it would be an ideal opportunity for you to visit with your Member of Congress or his/her staff to discuss a topic of vital concern to organized neurosurgery. The Washington Committee has identified professional liability reform as one of its highest priorities. Currently there are over 20 liability reform bills and numerous health insurance reform bills (many with provisions for liability reform) pending before the Congress, so the issue is ripe for discussion. You may recall that the AANS and CNS paper on professional liability, "A Plan for Medical Liability Reform," was printed in the Summer issue of the *AANS Bulletin*. This will assist you in preparing for your discussion with your Congressional Office.

When contacting your Member of Congress you should keep the following in mind¹:

DO

- Do identify clearly the subject or subjects in which you are interested, not just House and Senate bill numbers.
- Do state why you are concerned about an issue or issues. Your own personal experience, particularly as a member of the medical community, is excellent supporting evidence. Explain how you think an issue will affect patients, the medical profession, your community or family.
- Do put thoughts in your own words.

DON'T

- Don't ever, ever threaten. Don't ever hint "I'll never vote for you unless you do what I want." Present the best arguments in favor of your position and ask for their consideration.

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¹Excerpts taken from "A Guide to Communicating with Members of Congress," reprinted with permission from AMA/AMPAC in the AANS/CNS Public Policy Handbook.

- Don't pretend to wield vast political influence. Contact your Member as a constituent, not a self-appointed spokesperson for the medical community.

Meeting Face-to-Face

Meeting a Member of Congress or a Member's staff face-to-face is the best way to present your views.

While it may be difficult to arrange a one-on-one meeting with a Representative or Senator, it is always worth the effort. If the Member is unavailable, you can always meet with staff. Arranging group meetings can improve your chance of a face-to-face talk with a Member.

Generally, with the proper advance planning, Members will meet with a group in the Washington office. Call the Member's Washington office, ask for the Administrative Assistant, and inquire how you can arrange the meeting.

Getting the face-to-face meeting, however, is only the first step. If you want a meeting to serve your purposes, investigate the issues of concern thoroughly—both pro and con. Think of the best way to express your views in the forum at which you are meeting and prepare yourself to discuss issues with someone who has likely acquired extraordinary skills with which to deal with people—a politician.

The Washington Office will be glad to offer you our assistance should you decide to make a visit. You can call either Charlie Plante or Katie Orrico at (202) 628-7171.

Remember, the CNS Annual Meeting is during election week, so you may not be able to get a face-to-face meeting with your Member during your stay. However, your Member's staff should be able to meet with you so we encourage you to take advantage of this opportunity, for they play an important role in the legislative process.

**DON'T FORGET TO VOTE BY
ABSENTEE BALLOT IF YOU PLAN
TO ATTEND THE CNS ANNUAL
MEETING!**

Physician Payment

On July 1, 1992, the House Ways and Means Health Subcommittee reported H.R. 5502, the Health Care Cost Containment and Reform Act of 1992, to the full Ways and Means Committee. Included in this bill were various amendments to the Medicare program.

- **Payments for New Physician**—The reductions in Medicare payments in the first four years of practice of new physicians and practitioners would be repealed. Payments for the services of *all* physicians and practitioners would be reduced by a uniform percentage to make the repeal budget neutral.
- **Geographic Adjustment Factor**—The Secretary of HHS would be required to use more recent data available relating to

practice expenses, malpractice expenses, and physician work effort in different fee schedule areas in establishing the geographic adjustment index of the RBRVS.

- **Graduate Medical Education**—Payments for graduate medical education would be weighted to emphasize primary care in graduate medical education. Currently, each full-time equivalent (FTE) resident is counted at 1.0. The bill would alter this giving each full-time primary care resident a weight of 1.1 FTEs. Specialists, including neurosurgeons, would be counted as 0.9 FTEs in the first three years of residency, 0.8 FTEs for each year beyond three required for the initial period required for certification (up to five years), 0.5 FTEs beyond the initial residency period.

The General Accounting Office would be required to conduct a study of the specialties and training of teachers and instructors in medical schools and residency programs, including the use of specialists and subspecialists in the training of primary care physicians, and the opportunities for students and residents to obtain clinical experience in primary care settings.

As of press time the full committee had not taken up the measure, although it is expected to do so in September after the summer recess. While the entire bill is not expected to pass the House, there is a fairly good chance that the Medicare amendments will be taken up as a separate measure, with an above average chance of passage.

posters. They will be formally presented during "Poster Breakfasts" on Tuesday and Wednesday mornings, open to all registrants.

Our Honored Guest is Dr. Robert Ojemann, who will present three major addresses, as well as host the Resident Luncheon. Among many honors, Dr. Ojemann has been past President of the Congress of Neurological Surgeons and the American Association of Neurological Surgeons. He is a world renowned expert in posterior fossa tumors and cerebrovascular neurosurgery.

This year's Annual Meeting will take place during election week in our Nation's Capital, Washington, D.C. Bart and Connie Guthrie have planned a week filled with alluring and exciting social activities beginning with the Opening Cocktail Party on Sunday, November 1 at the spectacular National Building Museum and ending with a gala Banquet on Wednesday, November 4 at the Sheraton Washington Hotel. A large menu of activities are available during the week that highlight the social, political, intellectual, historical and architectural highlights of Washington, D.C. Be sure to make plans early to attend the 1992 Annual Meeting.

Bill and Sue Chandler along with the entire Annual Meeting Committee extend a warm welcome to the 1992 Congress Annual Meeting and encourage you to make plans now for this event.

Daniel L. Barrow, M.D.
Annual Meeting Chairman

William A. Friedman, M.D.
Scientific Program Chairman

Congress of Neurological Surgeons

NEWSLETTER

President

William F. Chandler, M.D.
Ann Arbor, Michigan

Vice-President

Richard A. Roski, M.D.
Davenport, Iowa

Secretary

Thomas G. Saul, M.D.
Cincinnati, Ohio

Treasurer

Ralph G. Dacey, M.D.
St. Louis, Missouri

Newsletter Editor

Stephen J. Haines, M.D.
Minneapolis, Minnesota

Membership Services

Status Changes/Information: Tom Saul
MD, 513-872-2656

Dues Information/Address Changes/
Publications: Ralph Dacey, MD,
314-362-4680

Membership Applications/Information:
Roy Baker, MD, 912-355-1010

Resident Membership/Information:
William Friedman, MD, 904-392-4331

Placement Information: Richard Fessler,
MD, 904-392-4331

Annual Meeting Information: CNS
Annual Meeting Office, 708-692-9500

ATRA

The Medical Advisory Committee of ATRA met on May 28th, 1992. Medical Liability is a major preoccupation of ATRA. Martin Connor, the President of ATRA stressed that most generic tort reform is pulled along by medical liability reform.

The Administration's Civil Justice Reform proposal was discussed. Vice-President Quayle as well as President Bush have been stressing the need for tort reform in many of their speeches. The administration has encouraged a private organization, Citizens for Civil Justice Reform. ATRA is a liaison to the States for this organization.

The Administration has proposed model state reform laws including model laws on punitive damages, expert witness, loser pays (the English Rule) and various alternative dispute resolution (ADR) suggestions. There appears to be consensus regarding the punitive damages but little consensus regarding the remainder of the Civil Justice Reform package. ATRA has become very interested in the English Rule and will hold a conference this Fall on the loser pay system.

ADR is done in many jurisdictions. The most common is arbitration. Unfortunately, this does little to reduce the overall cost of settlement. The defense bar is as opposed to ADR as is the plaintiff bar.

Martin Hatlie, an attorney with the AMA, stressed that any Health Care Reform Bill to come out of Congress must have Tort Reform built into it. Even though the Health Reform Bill may be unsatisfactory the Tort Reform Section must be constructed in a satisfactory way. This will be the last chance for significant medical tort reform for a long, long time. It was the feeling of the Committee that the minimum acceptable package should be modeled after California MICRA which is currently under attack.

Probably little will be done until after the new Administration and Congress takes office in January 1993. At that time there is a good chance that a significant Health Care package will be put through with a Tort Reform portion.

Stephen R. Friedberg, M.D.



Dr. Thomas Saul, new Medical Director of THINK FIRST

THINK FIRST Program

Organizational Changes Reflect the Program's Success and Growth

Since 1986, E. Fletcher Eyster and Sidney Tolchin have served as co-directors of the THINK FIRST Program. In that capacity they chair the THINK FIRST Advisory Committee consisting of Drs. Mark Kubala, Stanley Pelofsky and Volker Sonntag. During Drs. Eyster and Tolchin's term, the THINK FIRST Program has spread throughout the United States and has gained national recognition as a premiere prevention program. Their hard work and leadership over the past six years is greatly appreciated and has been a major factor in the success of the program.

The Joint Officers of the AANS and the CNS have recommended to the THINK FIRST Foundation Board of Directors the appointment of Dr. Thomas Saul as the Medical Director for the THINK FIRST Program. The recommendation will be discussed and approved by the THINK FIRST Board of Directors at their bi-annual meeting this October in Washington, D.C. In this new role, Dr. Saul will chair the program's Advisory Committee. He will work directly with Ms. Diana Kelker, the new Executive Director of the THINK FIRST Program. Building on the work of the program's co-founders Dr. Fletcher Eyster and Clark Watts, Dr. Saul and Ms. Kelker will steer the program into new areas of endeavor and accomplishments. Some of their immediate goals include the following: 1) to expand the composition of the Advisory Committee in order to meet the multitude of challenges faced when implementing trauma prevention and injury control; 2) to revise and update the educational film "HARM'S WAY" so that it addresses the whole spectrum of today's youth in America, i.e. suburban, rural and urban; 3) to increase the total number of active programs across the country. This will require increasing the number of model programs that serve as training centers; 4) to develop national standardized efficacy evaluation tools to prospectively evaluate and track the effect that the program has on the attitudes and behavior of America's youth as it pertains to prevention; and 5) to create prevention curriculum that will be directed to the elementary school aged population.

Program Growth and Format

When the THINK FIRST Program began in 1986 there were two active programs in the country. Currently 198 groups in 48 states plus the District of Columbia and Canada have been trained in the THINK FIRST curriculum. Last year more than 1/2 million students heard the persuasive message of "thinking first". This message is delivered in an hour long session presented either before a large school assembly or a smaller classroom format. In both scenarios students view the award win-

ning video "HARM'S WAY" and then listen to a healthcare professional inform them about brain and spinal cord anatomy and their own personal risk of sustaining such an injury. This address brings home the reality of being injured. The audience is allowed to interact with questions and answers with this disabled individual. This format allows the students to derive an understanding of their susceptibility, their responsibility and their capability of protecting themselves and others if they "THINK FIRST".

Efficacy Studies

Since the program's inception in 1986, there has been an objective that once the program had expanded in sufficient numbers, we would like to study objectively the impact of the educational effort on young people's behaviors and attitudes. Several groups across the country have taken the opportunity to conduct efficacy studies. In Missouri, several studies have demonstrated positive influence on behavior. One important unpublished study out of the Missouri group indicates that even several years after program exposure, students attitudes on risk-taking were favorably modified when compared to a similar group of students who had not been exposed to the program. The prevention programs in Florida and Long Beach, California have demonstrated a decrease in the number of injuries after prevention programs have been implemented as compared to similar geographical areas in which there were no prevention programs. The THINK FIRST pilot study in Dade County Florida school system is a current study focusing on motor vehicle accidents. The first year of the four year project has been completed. The goal of this study is to measure the intended and the unintended impact on students who are exposed to the program versus those who are not exposed to the program.

Training Opportunities

Currently there are five model programs in the country where groups can receive training and educational material in order to establish a THINK FIRST Program in their locale. They are located in: Beaumont, Texas; Pensacola, Florida; San Diego, California; Schenectady, New York; and Cincinnati, Ohio. In addition, there are other programs that have been approved to provide education as well. These programs are in the following locations: Chicago, Illinois; Portland, Oregon; Seattle, Washington; Englewood, Colorado; Savannah, Georgia; Charlotte, North Carolina; Missoula, Montana; and Washington, D.C.

For further information about any aspect of the THINK FIRST Program, call (708) 692-2740.

THINK FIRST Program Update

At the CNS Annual Meeting in Washington, D.C., Dr. Thomas Saul will present a detailed update on THINK FIRST Program activities.

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This will take place at the General Scientific Session on Wednesday, November 4, 1992. This presentation will report on the number of programs, regional distribution and specific steps to create a local program. In addition, Dr. Saul will review the current scientific literature relating to efficacy of prevention programs. Plan to attend and become informed about neurosurgery's prevention program—Your Program.

THINK FIRST Welcomes New Development Director

Kristin Simenc (pronounced Simmons) joined the THINK FIRST Foundation staff as Director of Development on July 20, 1992. She will be responsible for conducting the Foundation's complete fund-raising program. Some of her immediate activities include completing the current start-up capital campaign, researching and writing grant proposals, and developing effective recognition and acknowledgement for all gifts.

Kristin comes to us from the Enesco Corporation in Chicago where she was the Corporate Contributions Administrator. She was responsible for a \$2.5 million dollar fund-raising campaign which benefitted the National Easter Seal Society and the St. Jude Children's Hospital. While there, she created and implemented fund-raising events which generated over \$1 million, organized media events which resulted in thousands of dollars of free publicity, and recruited and directed hundreds of volunteers and volunteer committees across the country to work together to meet the organization's goals.

Educationally, Kristin holds a Bachelor of Science degree with a double major in public relations and creative advertising from Bradley University in Peoria, Illinois. She is bright, enthusiastic, personable, self-directed, and ready to help the THINK FIRST Foundation reach and surpass its goals.

1993 RESEARCH FOUNDATION APPLICATIONS

Applications for the 1993 Research Foundation Research Fellowship (2-year residency award) and Young Clinician Investigator Award (1-year post-residency award) were mailed to all Program Chairmen in July 1992 with a submission deadline of October 30, 1992. If you are interested in additional information or would like an application mailed directly to you, please contact Chris Philips, Research Foundation Staff Coordinator at (708) 692-9500.

The Bylaws Committee recommends the following changes in the bylaws. These changes will be voted upon at the next Annual Meeting.

CURRENT BYLAWS

ARTICLE IV MEMBERSHIP

Section 3, Active Members

- A (b) be a member in good standing in the applicant's local or regional medical society, ~~except for applicants who are officers in the Armed Forces; and~~

ARTICLE IV MEMBERSHIP

Section 3, Active Members

- D. Active Members residing in the United States, Canada, or Mexico shall be required to document for the Joint Committee on Education receipt of the Continuing Education Certificate in Neurosurgery at least once every three years. Attendance at the regular annual meetings of the members of the Congress also shall be a requirement of Active Membership. Any active Member who is absent from three consecutive Annual Meetings may be suspended, unless such member has furnished the Secretary with a satisfactory written explanation for such Active Member's absence. ~~Foreign Active members (other than Canadian members)~~ shall be required to attend one Annual Meeting of the members out of ten. Any Active Member who is suspended, or who has resigned for any cause, may apply to the Membership Committee for reinstatement. The Membership Committee may recommend to the Executive Committee acceptance or rejection of such application for reinstatement. The Executive Committee shall vote on the applicant at the next annual meeting.

ARTICLE IV MEMBERSHIP

Section 4, International Members

~~International Members~~ who live and practice outside of North America (the United States, its territories, Canada and Mexico) may become Active Members with full rights, privileges, and financial obligations or may be International Members with the following stipulations:

ARTICLE VI MEETINGS and ELECTIONS

Section 4, Elections

Each Active Member of the Congress shall be entitled to vote for the election of officers at the Annual Meeting. ~~The nominee for each office receiving the most votes shall be elected. Each Active Member of the Congress shall be entitled to vote at the Annual Meeting for the election of members at large of the Executive Committee.~~ Votes for each candidate shall be tabulated, the candidate with the fewest votes dropped from the slate, and further ballots completed until candidates sufficient to fill the vacancies each receive a majority of votes. In the event of a tie vote in any election of officers or members at large of the Executive Committee, the President shall cast the deciding vote.

ARTICLE VIII COMMITTEES

Section 1, Standing Committees

~~The Nominating Committee~~ shall consist of seven members, ~~five of whom~~ shall be appointed from the membership at large by the Executive Committee and shall serve for a term of two years, and the two immediate Past Presidents. ~~The immediate Past President~~ shall be Chair of the Nominating Committee. The Nominating Committee shall present candidates for membership on the Executive Committee and for election to office of the Congress at each Annual Meeting in accordance with the By-Laws. The Nominating Committee shall report the names of the selected nominees to the Secretary not less than sixty days before the Annual Meeting of the Congress.

ARTICLE VIII COMMITTEES

Section 1, Standing Committees

(NO INTERNATIONAL COMMITTEE CURRENTLY EXISTS)
(NO CNS EDUCATION COMMITTEE CURRENTLY EXISTS)

LAWS CHANGES

on at the Business Meeting during the Annual Meeting in Washington, D.C., October 31—November 4, 1992.

GREG ZORMAN, M.D.

AMENDMENTS TO CNS BYLAWS

PROPOSED AMENDMENTS

ARTICLE IV

MEMBERSHIP

Section 3, Active Members

- A (b) be a member in good standing in the applicant's local or regional medical society or provide equivalent documentation of good standing in the local medical community. Applicants who are active duty officers in the Armed Forces are exempt from this requirement; and

ARTICLE IV

MEMBERSHIPS

Section 3, Active Members

- D. Active Members residing in the United States, Canada, or Mexico shall be required to document for the Joint Committee on Education receipt of the Continuing Education Certificate in Neurosurgery at least once every three years. Attendance at the regular annual meeting of the members of the Congress also shall be a requirement of Active Membership. Any Active Member who is absent from three consecutive Annual Meetings may be suspended unless such member has furnished the Secretary with a satisfactory written explanation for such Active Member's absence. Active Members that live outside the U.S. or Canada shall be required to attend one Annual Meeting of the members out of five. Any Active Member who is suspended or has resigned for any cause may apply to the Membership Committee for reinstatement. The Membership Committee may recommend to the Executive Committee acceptance or rejection of such application for reinstatement. The Executive Committee shall vote on the applicant at the next annual meeting.

ARTICLE IV

MEMBERSHIP

Section 4, International Members

Neurosurgeons who live and practice outside of North America (the United States, its territories, Canada and Mexico) may become Active Members with full rights, privileges, and financial obligations; or may become International Members with the following stipulations:

ARTICLE VI

MEETINGS and ELECTIONS

Section 4, Elections

Each Active Member of the Congress shall be entitled to vote for the election of officers and members at large of the Executive Committee at the Annual Meeting. Votes for each candidate shall be tabulated, the candidate with the fewest votes dropped from the slate and further ballots completed until candidates sufficient to fill the vacancies each receive a majority of votes. In the event of a tie vote in any election of officers or members at large of the Executive Committee the President shall cast the deciding vote.

ARTICLE VIII

COMMITTEES

Section 1, Standing Committees

- P. The Nominating Committee shall consist of seven members including five who shall be appointed from the membership at large by the Executive Committee and shall serve for a term of two years, and the two immediate Past Presidents. The Past Past President shall be Chair of the Nominating Committee. The Nominating Committee shall present candidates for membership on the Executive Committee and for election to office of the Congress at each Annual Meeting in accordance with the By-Laws. The Nominating Committee shall report the names of the selected nominees to the secretary not less than sixty days before the Annual Meeting of the Congress.

ARTICLE VIII

COMMITTEES

Section 1, Standing Committees

- V. The International Committee shall consist of a Chair and other members appointed by the President. This committee, its' subcommittees and members shall function to facilitate International Membership, enhance international participation at the Annual Meeting and stimulate the creation of international philanthropic projects.
- W. The CNS Education Committee shall be composed of a Chair and members appointed by the President and approved by the Executive Committee to develop, oversee and sponsor educational endeavors of the Congress of Neurological Surgeons.

ANNOUNCEMENTS

Annual Meeting of the Joint Section on Disorders of the Spine and Peripheral Nerves

The ninth annual meeting of the Joint Section on Disorders of the Spine and Peripheral Nerves will be held in Tucson, Arizona, February 17-21, 1993. The theme of this year's meeting is "Natural History of Spinal Diseases", including indications and results for surgical and nonsurgical treatment. There will be an emphasis on diagnostic evaluation, natural progression of disease, and outcome. Specific topics such as degenerative spine disease, spinal cord injury, rheumatoid arthritis, osteoporosis, etc. will be highlighted.

Hands-on workshops will include: Cervical Spine Stabilization, Anterior Thoracolumbar Spine Instrumentation, and Posterior Thoracolumbar Spine Stabilization. The "Consultant's Corner" returns for a second year by popular demand. This is an opportunity for the audience to present difficult or unusual cases for the consultants to evaluate. A lively discussion and a range of opinions are guaranteed. This program is truly developing into one of the highlights of the annual meeting. If you have a case you would like reviewed, please notify Dr. Stewart B. Dunsker, 2123 Auburn Avenue, Suite 441, Cincinnati, OH 45219 and send slides of the appropriate x-rays and a patient synopsis.

All submitted abstracts are limited to 300 words and must be submitted by **September 15, 1992**. An abstract form is enclosed for your use. Submission for the Mayfield Award is for residents only. Please do not check "Mayfield Award" submission if you are not a resident. Those residents who are applying need a letter accompanying the abstract from their program director documenting that the work represents primarily that of the resident. The abstracts are evaluated anonymously by the scientific program committee. Members of the committee are not allowed to score abstracts originating from their institution.

The meeting will be in the beautiful setting of the Westin La Paloma resort in Tucson. Excellent weather is anticipated. Recreational and sight-seeing opportunities abound.

We look forward to you joining us for an informative, fun and exciting meeting.

Stephen M. Papadopoulos, MD

CERTIFICATION COMMITTEE

The Certification Committee of the Congress of Neurological Surgeons will sponsor a mock oral board exam at the annual meeting of the CNS in the fall of 1992. The exam is directed toward helping physicians who have previously failed the oral board exam.

For further information you may contact Dr. Howard Kaufman, Chairman, Department of Neurosurgery, West Virginia University School of Medicine, Morgantown, WV 26506. Please call (304) 293-5041 and ask for Joyce or Robin.

MEXICAN SOCIETY OF NEUROLOGICAL SURGERY

The society's officers for 1992-1993 are:

President:	Javier Verdura, M.D.
Vice-President:	Alfredo Gomex-Aviña, M.D.
Secretary:	Fernando Rueda-Franco, M.D.
Asst. Secretary:	Leonardo Aguirre-Portillo, M.D.
Treasurer:	Carlos Carballar, M.D.
Member-at-Large:	Gonzalo Solis-Maldonado, M.D.

NOMINATING COMMITTEE

The Nominating Committee respectfully submits the following slate of officers to the membership for election at the 1992 Annual Meeting in Washington, D.C.:

President Elect	Richard A. Roski
Vice President	Stephen L. Giannotta
Secretary	Daniel L. Barrow
Executive Committee, Members-at-Large:	Joseph Zabramski Mark H. Camel

Michael Salcman, Chairman

PUBLIC RELATIONS UPDATE

Public relations activities on behalf of the neurosurgical specialty continue in an expansion mode. Just approved by the CNS/AANS Joint Officers is a scientific newsletter, which will be distributed to referral specialties three times annually. Contained in the newsletter will be abstract summaries from the annual meetings, key research findings, a general information article, and other materials of interest to referring colleagues. Medical editor will be Fremont P. Wirth, M.D.

Plans are in process for the CNS Annual Meeting Press Room activities. Media briefings will focus on conveying what's new in the specialty to Washington-area media.

Also underway is the development of four new patient information brochures on understanding head injury, spinal cord injury, cervical disc disease, and hydrocephalus. It is anticipated that these will be available after the first of the year. A high level of popularity is being shown for the existing brochures on stroke, tumor, and disc surgery, in addition to the original "What Is Neurosurgery?" All of these are designed as inexpensive office materials for patients (and their families), potential patients, or other general audiences.

WASHINGTON DC EVENTS

Those persons planning to have committee meetings, social events, or other activities scheduled in conjunction with the forthcoming Annual Meeting in Washington, DC, are encouraged to contact Linda Campbell, CAE, at the Annual Meeting Office immediately to ensure scheduling availability. The telephone number is (708) 692-9500.

1992 CNS ANNUAL MEETING

LEARNING OBJECTIVES

The purpose of the 1992 Annual Meeting of the Congress of Neurological Surgeons is to provide continuing medical education for practicing neurosurgeons, neurosurgical residents, and fellows in the form of didactic lectures, practical (hands-on) courses demonstrating neurosurgical techniques, small group sessions to provide in depth coverage of selected topics, and posters to provide the latest information regarding clinical and laboratory advances in neurological surgery.

General Scientific Session I— Cerebrovascular Disease

The field of Cerebrovascular Neurosurgery has witnessed many changes in recent years. The participants in General Scientific Session I will be introduced to contemporary concepts in Cerebrovascular Surgery, including the Natural History of Aneurysms and AVMs, Vasospasm, Endovascular Applications, Carotid Endarterectomy, Aneurysm Surgery, and AVM Surgery. Through didactic lectures presented by recognized authorities in neurosurgery, and through a panel discussion, the participants will (1) understand the pathological and biochemical basis of vasospasm, (2) review the latest information of the efficacy of carotid endarterectomy, and (3) understand the medical and surgical alternatives in the management of aneurysms and AVMs.

General Scientific Session II— Pain Management/ Socioeconomic Issues

Pain is the most common presenting symptom in neurosurgical practice. In this session, the participants will be exposed to current concepts in pain medicine, pain surgery techniques for general neurosurgical practice, and pain surgery techniques for specialty practice. Through didactic lectures presented by recognized authorities in neurosurgery, and through a panel discussion, the participants will (1) understand the role of spinal cord and deep brain stimulation, (2) review the multidisciplinary approach currently used in the management of intractable pain.

Recent developments have made socioeconomic issues of even greater importance to neurosurgeons everywhere. In this session, the participants will be exposed to the latest information on Health Care Policy, Insurance Reform, Professional Liability, Tort Reform, and the Resource Based Relative Value System. Through didactic lectures presented by neurosurgeons with expertise on these socioeconomic issues, the participants will receive state of the art information which will help them plot the future development of their neurosurgical practices.

Membership Committee

The following applicants will be presented for approval to the Executive Committee at its Summer meeting in June.

1. Aryanpur, John
 2. Asfora, Wilson T.
 3. Chitale, Vidyadhar
 4. Clarke, Henry B.
 - *5. Doutel De, Francisco E.P.
 6. Fenstermarker, Robert A.
 7. Harsh, Carter S.
 8. Holloway, Kathryn L.
 - *9. Ito, Masanori
 - *10. Jimenez, Juan Carlos
 - *11. Jung, Hee-Won
 12. Kareh, Victor
 13. Kayser, Constance
 14. Khan, Agha S.
 15. Murray, Rhett B.
 16. Naini, Ali J.
 17. Perinapanayagam, Noel I.
 18. Schiff, Steven J.
 19. Simard, J. Marc
 20. Tippetts, Richard H.
 21. Todd, Frederick D.
 22. Turner, James L.
 - *23. Verhoeven, Frank J.S.
- *Indicates International Membership

General Scientific Session III— Spinal Instrumentation

The past few years have witnessed a revolution in spinal instrumentation techniques. In this session, the participants will be introduced to decision making in spinal instrumentation, craniocervical instrumentation, anterior cervical instrumentation, posterior cervical instrumentation, as well as the treatment of spondylosis/spondylolisthesis and thoracolumbar trauma. Through didactic lectures presented by recognized authorities in neurosurgery, and through a panel discussion, the participants will (1) understand how different instrumentation procedures are rationally selected, (2) review the currently available techniques for anterior cervical, posterior cervical, and thoracolumbar instrumentation, and (3) see alternative approaches for the management of spondylolisthesis.

General Scientific Session IV— Radiosurgery

Radiosurgery has become an accepted alternative in the treatment of selected neurosurgical problems, including arteriovenous malformations and acoustic schwannomas. In this session, the participants will be introduced to the principles of radiosurgery, as well as the specifics of treatment of arteriovenous malformation, benign tumors, and malignant tumors. Through didactic lectures presented by recognized authorities in neurosurgery, and through a panel discussion, the participants will (1) understand the physical principles underlying the various radiosurgical systems, (2) review the efficacy and complications associated with the radiosurgical treatment of AVMs, acoustic neuromas, meningiomas, and metastatic tumors.

Luncheon Seminars

Luncheon seminars are designed to bring a small group of neurosurgeons together with several recognized authorities on a wide variety of neurosurgical topics. This format encourages not only an in depth review of selected issues, but is optimal for detailed question and answer sessions. By attending luncheon seminars the participant will gain an understanding of current concepts of diagnosis and management of selected neurosurgical disorders and will be able to apply these concepts to their practices.

Posters

The Poster Sessions provide an opportunity for participants to see the newest research developments in neurosurgery. Approximately 200 posters will be on display. Poster Breakfasts on Tuesday and Wednesday mornings, will bring meeting participants and Poster authors together for a detailed discussion of this material. Participants will come away with a detailed exposure to the latest research in neurosurgery and will be able to apply this knowledge to their practice or research endeavors.

Practical Courses

Twelve Practical Courses will be offered:

1. Skull base surgery—anterior approaches
2. Skull base surgery—lateral and infratemporal approaches
3. Thoracolumbar instrumentation
4. Cervical spine instrumentation
5. Endovascular/interventional neurosurgery
6. Computer assisted neurosurgery
7. Surgical anatomy of the brachial plexus
8. Instrumentation for pain control
9. Microsurgery for aneurysms
10. Radiosurgery
11. Stereotactic systems
12. Surgical management of acoustic schwannomas

These courses are designed to provide "hands-on" practical experience in the management of these subjects. The experiences include cadaveric dissection, computer simulations, and small tutorial sessions using models. The participants are introduced to the technical skills required for the management of these problems and can use this information to build further expertise in their clinical practices.

Special Courses

Three Special Courses will be offered during this meeting, including:

1. Pituitary Surgery—This session will allow participants to learn current concepts of diagnosis, surgical, and medical management of pituitary tumors. Through didactic lectures presented by recognized authorities in neurosurgery the participants will (1) review the endocrinologic and visual findings in macroadenomas and Cushing's disease, (2) understand the pathology of Cushing's disease and null-cell adenomas, and (3) review the neurosurgical management of these entities.
2. The History of Neurosurgery—This session will expose participants to the history of neurosurgical practice. Recognized experts will present historical vignettes, pertaining to the development of modern neurosurgical practice. Participants will gain new insight into (1) the development of neurosurgical techniques, (2) the impact of Harvey Cushing's leadership, and (3) medical book collecting.
3. Skull Base Surgery—This session will expose participants to the latest techniques for managing skull base lesions. Through didactic lectures presented by recognized authorities in neurosurgery, the participants will (1) review the treatment of skull base vascular pathology, (2) understand the current management of paranasal sinus tumors, (3) review the limitations and problems of skull base surgery.

Section Workshops

Section Workshops will be held on Monday,

Tuesday, and Wednesday afternoons. Sections offering programs include: Pediatrics, Trauma, Spine, Cerebrovascular, Stereotaxis, and Tumor. Each Workshop incorporates invited lectures and a minimum of 10 open scientific presentations. The open presentations are previously unpublished and provide participants with the latest information in neurosurgical clinical and basic research. Participants will be exposed to the latest scientific information in these specialty areas and will be able to apply this information to their clinical practices.

Residents' Corner Annual Meeting

The 1992 Annual Meeting will be held at the Sheraton Hotel in Washington, D.C. The meeting is designed with the educational needs of the young neurosurgeon in mind. Resident members receive free meeting registration and reduced rates on many activities. A special Resident Luncheon will be held, featuring the honored guest, Dr. Robert Ojemann. Please make every effort to attend.

CNS Clinical Fellowships

The application deadline for the 1993 CNS Clinical Fellowships is January 15, 1993. There will be two fellowship grants available in amounts of up to \$10,000 apiece. These grants are intended to support clinical research, of three to six months duration, which is not otherwise formally funded. Please write to me for further information or an application.

Placement Services

The Resident Committee offers assistance with private practice and academic job placement. For further information please write:

Richard G. Fessler, M.D., Ph.D.
Department of Neurosurgery
Box J-265, JHMHC
Gainesville, FL 32610

Be sure to visit the CNS Placement Service Desk at the upcoming Annual Meeting in Washington. An on-line computerized matching service will be available throughout the meeting.

Resident Membership

For a one time fee of \$25, CNS Resident Members receive the following benefits: reduced subscription rate to NEUROSURGERY, free CLINICAL NEUROSURGERY, free CONCEPTS IN NEUROSURGERY, reduced rates at the Annual Meeting, free participation in the Honored Guest Luncheon (Annual Meeting), involvement in the CNS Committee Structure, eligibility for the CNS Clinical Fellowships, and free Practice Placement Assistance.

All inquiries regarding Resident Membership should be addressed to:

William A. Friedman, M.D.
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Gainesville, FL 32610

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DON'T FORGET TO VOTE!

This year's Annual Meeting in Washington, DC offers a unique opportunity to attendees to be in the midst of the capitol scene during the national elections. Since the election falls during the Annual Meeting, it will be necessary to vote by absentee ballot prior to leaving for the meeting. Call your city or county board of election commissioners for complete information on local voting procedures.

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