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## Fifty Years of the Congress of Neurological Surgeons: Foundations, Objectives, and Legacies

Daniel L. Barrow, M.D., Mark N. Hadley, M.D.

Department of Neurosurgery (DLB), Emory University School of Medicine, Atlanta, Georgia, and Department of Surgery, Division of Neurosurgery (MNH), University of Alabama at Birmingham, Birmingham, Alabama

AS THE CONGRESS of Neurological Surgeons (CNS) approaches its 50th anniversary, we review the genesis of our professional society, the environment in which it was created, and the legacies it has established. The CNS was the first nonexclusive, international neurosurgical organization with no ostensible limitations to membership. From its unpretentious origins, the CNS has grown remarkably in size and scope, yet it has remained focused on its original primary objectives: education, the young neurosurgeon, membership, and volunteerism for the benefit of our specialty. During its 50-year history, the CNS has established a number of lasting legacies that have positively influenced the development and maturation of our chosen specialty.

Neurosurgery is unique in having benefited from two strong national member organizations to ensure representation of different generations and perspectives for policy-making, to provide for two comprehensive annual meetings and complimentary journals, to broaden the representation for neurosurgery in our interaction with outside agencies, and to minimize the cost of services provided on behalf of neurosurgeons.

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An appreciation of the contributions that the Congress of Neurological Surgeons (CNS) has made to organized neurosurgery and to the purpose and focus of our current activities and objectives requires an understanding of the historical basis upon which the CNS was established. The legacy of the CNS may be traced to our founders' wisdom in creating an education-oriented membership organization, driven by collegial volunteerism, and available to all neurosurgeons worldwide. The emphasis of the new organization was on promoting the science of the discipline of neurological surgery through education and on advancing and training younger neurosurgeons as well as those more senior. The genesis and evolution of the professional organizations in neurosurgery represent an interesting chapter in our profession's history and explain why neurosurgeons in 1950 set out to create a new, more member-friendly, more inclusive educational organization. Portions of this history were eloquently summarized by Hauber and Philips in *Neurosurgery* in 1995 (2). This chronology bears further elaboration here.

The first professional neurosurgical membership organization in the United States, the Society of Neurological Surgeons, was established in 1920. The original stated purposes of the Society were to develop the field of neurosurgery and to educate the medical profession in the idea that neurological

surgery requires special training (4). Although these were admirable goals, membership in our specialty's first professional organization was limited to 45 individuals, all prominent academicians of the time. Within a decade of the establishment of the Society, there were growing numbers of neurosurgeons who had no access to the educational and collegial activities of this membership association.

Between 1931 and 1948, three new national neurosurgical societies were founded, each in response to the burgeoning number of neurosurgeons who desired affiliation with a professional membership organization. Despite the good intentions of the founders of these new organizations, the Harvey Cushing Society (established in 1931), the American Academy of Neurological Surgeons (established in 1938), and the Neurosurgical Society of America (established in 1948), each had restrictions on membership that made them inaccessible to younger, less experienced, non-board-certified neurosurgeons. At the end of World War II, there was no single organizational forum in which all neurosurgeons could participate and belong. Hauber and Philips noted, "Existing societies placed a greater value on the professional and social intimacy that their limited numbers provided, than they placed on any sort of obligation to assist their juniors along the path of professional growth" (2).



In the years immediately after World War II, unprecedented numbers of neurosurgeons swelled our professional ranks, yet most were unable to attain membership in the existing neurosurgical societies of the time. These energetic young surgeons, just home from the war, desired participation in a membership service organization that would allow them collegial interaction, educational exchange, and professional development. Rather than an exclusive American or North American society, they envisioned an international organization as broad and diverse as the European or Australasian theaters of their wartime experiences. They desired an organization that might serve the needs of all in neurosurgery, from trainee to practitioner to professor, young or old, experienced or new graduate, board certified or not. The stage was set for the formation of a new professional organization in neurosurgery, one that would be called the Congress of Neurological Surgeons, an international, education-based membership service society.

To prevent history from repeating itself, the founding fathers of the CNS established a firm policy to limit the age of its leadership to 45 years, an innovative and successful plan for the cultivation and training of young neurosurgeons for organizational leadership that has survived for 50 years. The focus and mission of the CNS were education and the advancement of the profession. The earliest stated purposes of the CNS were 1) to study and discuss the principles of neurological surgery, 2) to study developments in scientific fields allied to neurological surgery, and 3) to honor living leaders in the field of neurological surgery. Although the CNS has a much broader, more comprehensive mission statement today, these key principles remain the cornerstones of our organizational endeavors.

When the CNS was founded in 1950, its initial membership consisted of 26 young men and their spouses (the CNS Auxiliary). The first CNS meeting was held in 1951 in Memphis, TN, and was a rousing success. Annual meetings of the CNS have occurred every year since, offering ever-expanding and diverse educational opportunities to CNS members and non-member neurosurgeons alike. In the spirit of the original 26 founders of the organization, volunteerism (offering one's own efforts and expertise for the good of the membership) became the theme of CNS organizational activity and productivity. Rather than attend an annual meeting to listen and learn, neurosurgeons were invited to organize, participate, teach, and *learn*, a strategy that has continued to serve CNS members well.

The growth of the CNS from its unpretentious origins to the present has been remarkable. CNS contributions to the educational and professional development of decades of neurosurgeons, from all backgrounds and from all corners of the world, are inestimable. Although the primary objectives and focus of the CNS have remained stable throughout its 50-year history, the activities and influence of our organization have expanded exponentially to reach into all aspects of medical professional life, practice, science, and advocacy for our profession and patients. As a result, the CNS has created a broad agenda and lasting legacy.

## EDUCATION

Throughout its history, the primary focus of the CNS has been education. The principal vehicle for our educational mission has been our annual meeting. The growth in size and scope of the CNS annual meeting has been prodigious. The first meeting of the CNS, in Memphis, TN, November 15–17, 1951, was attended by 63 of its 121 members, 17 guests, and 9 guest speakers. The recently concluded 49th Annual Meeting in Boston, MA, October 30 through November 4, 1999, was attended by 1321 of our 2500 active members and more than 500 residents, with a total registration of over 6000 participants, making it one of the largest neurosurgical meetings ever in North America. The CNS annual meeting currently provides educational opportunities for neurosurgeons in practice and in training, physicians and scientists in related fields, allied health care providers, the CNS Auxiliary, and the public (1).

The CNS annual meeting has been the site of many "firsts" for neurosurgery. The CNS was the first professional neurosurgical organization with no ostensible limitations to membership or to its educational opportunities. It was the first neurosurgical society to encourage spouses to attend the meeting, engage in programs of their own during the day, and attend social functions with their spouses in the evening (5). It was the first neurosurgical meeting to offer practical courses, the first to subsidize resident housing, the first to offer child care services to members and spouses, and the first to offer a public "open house" to educate the regional lay public about the scope of neurosurgical practice (1). The CNS Annual Meeting Committee developed an electronic abstract submission process and was the first to implement this member service in 1998. The CNS was the first to use Internet technology, offering the CNS annual meeting science program online, both in Seattle in 1998 and in Boston in 1999.

One of the most important and enduring legacies of the CNS annual meeting is the Society's commitment to honor living leaders in the field of neurosurgery. Herbert Olivecrona was the first Honored Guest of the CNS at the Second Annual Meeting in Chicago in 1952. The growing list of annual Honored Guests is a tabulation of our specialty's greatest contributors and a tribute to their accomplishments. The CNS Honored Guest designation has come to be regarded as the most important citation that can be bestowed upon a living neurosurgeon.

Publications have long been an important component of the CNS's educational mission. The present offerings of the CNS are an expanded tribute to the direction and groundwork established by our early leaders and serve as the written foundation for our educational goals. The first official CNS publication was the *CNS Newsletter*, authorized in 1952, and maintained as a member service to the present time. This year, the CNS has expanded the newsletter into *Neurosurgery News*, a tabloid-format publication offering professional and organizational news, section updates, and socioeconomic news, developed with input and encouragement from the Council of State Neurosurgical Societies.



The CNS published the first directory of neurosurgeons in 1958. Initially a directory of neurological surgeons in the United States, 2 years later it was published in two parts to include a directory of neurological surgeons throughout the world. This important product, created by the dedicated volunteer efforts of its editors, John Russell, George Ablin, and most recently, Richard Perrin, has established goodwill among our neurosurgeon colleagues around the world. Today, the *World Directory* has joined the age of technology and is provided online via the Internet for easy access, maintenance, and dissemination.

The official journal of the CNS, *Neurosurgery*, was first published in 1977. Sequential editors Robert Wilkins, Clark Watts, Edward Laws, and now Michael Apuzzo have each used their unique creativity and energy to establish one of the most important and widely circulated scientific journals in our specialty. Use of expert commentary by reviewers has been quite popular among subscribers and places each scientific contribution in appropriate perspective. The journal has grown immensely in size, scope, circulation, and innovation. By combining the latest advances in clinical neurosurgery, basic neuroscience, technology, history, and art, *Neurosurgery* has become our specialty's most dynamic and innovative publication.

*Clinical Neurosurgery*, another novel CNS publication, has incorporated the lectures and presentations of each annual meeting since 1954. It is provided free of charge to all CNS members as a membership benefit. Other CNS publications that have contributed to the organization's educational mission include the series of topical monographs, *Concepts in Neurological Surgery*, *Video Perspectives in Neurological Surgery*, *Resident Curriculum Guidelines for Neurosurgery*, and the *Self-Assessment in Neurological Surgery*.

Among the many endowments the CNS has provided for the education of neurosurgeons, its expanded fellowship program has been unparalleled. CNS fellowships encourage professional and intellectual diversity and expand the educational mission of the CNS. Throughout its recent history, the CNS Executive Committee has sought to identify and fund fellowship programs to systematically strengthen areas of perceived professional deficiency in neurosurgery by nurturing young individuals through challenging educational opportunities. Our Public Policy Fellowship and our Neuroendovascular Fellowship are two examples of CNS educational assistance programs created in response to contemporary neurosurgical needs. The CNS currently provides nearly \$250,000 annually to fund fellowship programs in clinical neurosurgery, image-guided neurosurgery, spinal neurosurgery, public policy, clinical investigation, and neuroendovascular surgery, as well as educational opportunities for international neurosurgeons.

In addition to providing neurosurgical education, the CNS provides leadership training for its youngest members. Volunteer service in the CNS and participation on the Executive Committee of the Congress have served as training grounds for many of our specialty's vanguard. Active members involved in the committee structure of the CNS during their younger years have gone on to become leaders in academic

institutions, the American Association of Neurological Surgeons (AANS), the Residency Review Committee, the American Board of Neurological Surgeons, the Society of Neurological Surgeons, and other important professional neurosurgical organizations. We have recently enjoyed the unique experience of having Honored Guests who were former CNS presidents. To better identify future leaders in an objective manner, the CNS established the Leadership Development Committee, which serves as a clearinghouse for all requests for involvement in the CNS organization, assigns interested individuals to the CNS committee structure, carefully tracks the work and contributions of these volunteers, and attempts to reward outstanding performance with progressively challenging assignments and responsibilities. It is the vision of the Executive Committee that this more formal leadership development mechanism will perpetuate the spirit of meritocracy and volunteerism that characterizes the CNS and will identify even greater numbers of future leaders.

The educational mission of the CNS extends beyond members of our profession to the public. The CNS Public Relations Committee hosted the first Neurosurgery Open House at the 1999 annual meeting. The public was invited to participate in our meeting and to interact with neurosurgeons. Approximately 1800 laypersons attended and discovered that neurosurgeons care for spinal disorders, stroke, and disorders of the peripheral nerves. The importance of maintaining full patient access to specialty care was emphasized to these interested individuals. An estimated additional 1.2 million people were introduced to the discipline of neurosurgery through a print and radio campaign in the greater Boston area. This form of public education program will be continued and expanded at future annual meetings.

The Think First program, originally created by Fletcher Eyster and Clark Watts, has been supported by the CNS since its inception with financial and human resources. Designed to educate our youth about prevention of head and spinal cord injuries, the program has emerged as one of the nation's best in the arena of injury prevention. The present Think First program is offered throughout North America and is one of the most effective and altruistic endeavors within organized medicine. With further development it has the potential to become one of the most important public relations programs ever offered by organized neurosurgery. To maintain and enhance the CNS's commitment to Think First, the CNS has recently established a Think First Liaison Committee. The CNS recognizes the merit of the Think First effort and will continue to provide vitally needed neurosurgical input and support.

## MEMBERSHIP

If education is the primary mission of the CNS, its membership is the organization's most important asset. It was clearly the vision and intention of the founding fathers of the CNS to create a new organization that would be international in scope with unlimited membership. The name Congress of Neurological Surgeons was selected with prudence and exactitude. The words American or North American were delib-



erately omitted to underscore the importance of an international arena. It was also recognized that the initials, CNS, were a commonly used abbreviation for the central nervous system, the target of many neurosurgical procedures (5). Before its first annual meeting, the Congress was already an international organization with active members from the United States, Canada, Mexico, Chile, and Cuba. The international scope envisioned by our founding fathers has been protected and expanded by subsequent generations of CNS leadership. Currently, the CNS has over 4700 members of all ages, including over 700 resident members and 500 international members representing more than 70 countries outside North America.

Despite its liberal membership philosophy, the CNS founding fathers insisted on a firm policy that no person shall be elected as an officer after such person reaches the age of 46 years. This innovative concept has stood the test of time and is largely responsible for the unique nature and perspective of the CNS. Youthful leadership combined with the spirit of volunteerism has permeated the CNS since its inception. These tenets represent the primary reasons that the CNS is able to offer such a broad array of membership services at an unprecedented value. As young leaders, the officers of the CNS bring youthful exuberance and sincere concern for the future (theirs and neurosurgery's) into play when tackling tough issues and addressing the profession's difficult problems. This "long view" approach necessitates thoughtful, pragmatic decision making to ensure the best possible outcome for the future.

### MEMBERSHIP SERVICES

The CNS evolved as a "Mom and Pop" operation, largely managed by the officers with enormous contributions from their spouses in the CNS Auxiliary. The 11 founding members of the Steering Committee of the CNS were each asked to donate \$50 until the first annual meeting (5). It was decided that there would be no initiation fee to join the CNS, and dues were set at \$25 per year, where they remained for over 20 years. Once focused nearly exclusively on neurosurgical education, the CNS has expanded its sphere and evolved into a comprehensive membership service organization, sponsoring and supporting our specialty in socioeconomic, governmental, regulatory, research, and international affairs. As the list of member services grew, the CNS consistently resisted the temptation to develop a costly infrastructure and complicated bureaucracy. As we entered our 50th year of existence, the CNS employed only two full-time staff, one each in support of the offices of the secretary and the treasurer. Owing to the enormous growth in size and scope of our annual meeting and our membership services, the CNS has recently hired its third full-time employee to create a new Member Services Office. Through massive volunteer effort, the CNS continues to offer enormous membership service at an extremely low cost. This is true for resident members and active members alike. For a one-time initiation fee of \$25, resident members receive *Neurosurgery*, *Neurosurgery News*, *Clinical Neurosurgery*, and volumes of *Concepts in Neurological Surgery*; they pay

no registration fees for the annual meeting; and they are provided the opportunity to make use of free housing as well. They are also encouraged to apply for the numerous fellowships offered by the CNS. Currently, active membership dues are \$285 per year, which entitles the member to subscriptions to *Neurosurgery*, *Neurosurgery News*, *Clinical Neurosurgery*, all volumes of *Concepts in Neurological Surgery*, and the *World Directory*. Active CNS members also enjoy reduced registration fees for the annual meetings.

### COLLABORATION WITH THE AANS

After the founding of the CNS in 1950, it became the fastest growing and one of the largest neurosurgical membership organizations in North America. The Harvey Cushing Society (later the AANS) grew, too. Both developed into sociopolitical entities distinctive from the narrower interest neurosurgical societies that existed before them (2). The liberal membership policy of the CNS and its enthusiastic growth influenced the evolution of the Harvey Cushing Society. The Cushing Society leadership resisted offering membership to non-board-certified neurosurgeons for many years but eventually created a provisional member status for those individuals. They ultimately added a resident membership category as well. Likewise, the evolution of the CNS has been influenced by the AANS. While maintaining its primary focus on education, the CNS has become increasingly involved in socioeconomic and political issues. When events occurred that affect the membership of both organizations, the CNS and AANS often partner to address the issue, accomplish the task, or provide a member service, with each organization providing resources and their different and distinct perspectives to accomplish the goal. The formation of the CNS and the evolution of the CNS and AANS over time have resulted in a healthy, cooperative relationship between the two organizations that is truly unique in organized medicine.

The CNS owes a great debt to its sister organization, the AANS, for offering a wide variety of contracted services that the CNS has used to accomplish its many missions and goals. The fact that the CNS contracts for specific services rather than creating its own burgeoning infrastructure, coupled with the "do it ourselves for our membership" mentality, has allowed the Congress to offer great value at low cost. Several of the most important member services that the CNS provides are produced in conjunction with the AANS. *Table 1* lists the numerous joint activities sponsored by the CNS and AANS for the benefit of all neurosurgeons.

With the expanding roles of the CNS and AANS in socioeconomic and political affairs, the two organizations have developed joint committees to avoid duplication of effort and to provide for leadership input from different generations of neurosurgeons represented by the two organizations. One of the important and enduring joint committees that has had a profound impact on the course of neurosurgical events is the Joint Socio-Economic Committee, which later became the Council of State Neurosurgical Societies (CSNS). This grass roots delegation of neurosurgeons created a forum in which state delegates deliberate and frame resolutions. Defined pro-



**TABLE 1. Activities, Programs, and Committees Sponsored Jointly by the Congress of Neurological Surgeons and the American Association of Neurological Surgeons<sup>a</sup>**


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Joint sections
AANS/CNS Section on Cerebrovascular Surgery
AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
AANS/CNS Section on Neurotrauma and Critical Care
AANS/CNS Section on Pain
AANS/CNS Section on Pediatric Neurosurgery
AANS/CNS Section on Stereotactic and Functional Neurosurgery
AANS/CNS Section on Tumors
Joint committees
Washington Committee
Joint Committee on Coding and Reimbursement
Joint Officers
Committee of Military Neurosurgeons
Joint Committee on Assessment of Quality
Subcommittee on Guidelines, Outcomes, and Devices
Council of State Neurosurgical Societies
Joint activities
Annual Directory of Neurological Surgery and Guide to the AANS/CNS
Joint Communications Initiative
Joint Neurosurgical Marketing Program (SMART)
Joint CME Tracking
NEUROSURGERY://ON-CALL

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<sup>a</sup> AANS, American Association of Neurological Surgeons; CNS, Congress of Neurological Surgeons; CME, Continuing Medical Education.

posals are then offered to the leadership of the two parent organizations. By this mechanism, the CSNS has provided important advice, direction, and even mandates to the CNS and AANS in socioeconomic affairs. The chairperson of the CSNS is offered an ex-officio position on the CNS Executive Committee to provide counsel and education to this body, a reflection of the value and importance of the CSNS to the CNS.

The Washington Committee may be the most important joint activity the CNS and AANS have ever initiated. It serves as organized neurosurgery's primary mechanism for external information transfer. Made up of officers and appointees from both parent organizations, this committee comprises a unique blend of neurosurgeons from academic and private practices with different subspecialty interests, with different backgrounds, from diverse parts of the country, and representing a wide spectrum of generations. This group aggressively campaigns for fairness in governmental issues that affect our practices and fights for increased funding for neuroscience research. The Washington Committee has interface with the executive, legislative, and judicial branches of our nation's government, the National Institutes of Health, other governmental agencies (Health Care Financing Administration, National Institute of Neurological and Communicative Disorders and Stroke, Food and Drug Administration), corporate concerns, and other medical specialty organizations. The Wash-

ington Committee articulates the official position of organized neurosurgery in response to proposed legislation and proactively pursues an agenda to advance issues favorable to neurosurgeons, our patients, and our practices. In part because of its diverse activities, broad agenda, and representational clout, the Washington Committee has become the acknowledged, primary voice for organized neurosurgery.

NEUROSURGERY://ON-CALL, organized neurosurgery's award-winning web site, was established cooperatively by the AANS and the CNS in 1996. NEUROSURGERY://ON-CALL provides rapid communication among neurosurgeons and the public as well as organizational information, calendars, meeting previews, and many other online educational member services.

To better manage these and other joint activities and committees, the CNS and AANS created the Joint Officers. Since 1976 the officers of both societies have convened at regular intervals to debate issues when a consensus opinion is required. Joint Officer activities help to ensure that, when necessary, both large membership organizations in neurosurgery act in concert for the benefit of all their constituents.

During its first year of existence the membership of the CNS grew to nearly 70 individuals, a collective larger than the active membership of any other neurosurgical organization at the time except the Harvey Cushing Society, and a clear endorsement for the need for such an organization (2, 3). For many years, the CNS and the Cushing Society thrived as independent organizations, but as time passed, with much the same membership. Each provided its own annual meeting and ultimately each offered its own official scientific journal. As the two organizations became involved in activities that were viewed by some as parallel, the need for two national neurosurgical organizations was questioned. Particularly in times of diminished resources, thoughtful individuals have asked whether the AANS and CNS should be consolidated into a single professional neurosurgical organization. We would argue that it is precisely during these times of diminished resources, increased complexity, and external threats that our small specialty benefits most from two different, strong national organizations. The benefits of this duality are numerous.

### Representation of different generations and perspectives

Both the CNS and AANS discriminate with regard to age. The CNS discriminates by bylaw (no person shall be elected as an officer after such person reaches the age of 46 years). The AANS discriminates by culture (members are not likely to become officers of the AANS until they reach the later stages of their careers). This situation ensures that the Joint Officers and other joint projects include a distinct generational representation. The younger component of this representation is characterized by a longer investment in the future, a high-energy spirit of volunteerism, and familiarity with more recent innovations in the specialty (the CNS). These important qualities are complemented and tempered by the experience, wisdom, and political savvy of the more mature, elderly



representation (the AANS). This combination of leadership of the Joint Officers and its Washington Committee provides a more thoughtful, multidimensional, and balanced leadership than could be accomplished by either the CNS or AANS alone.

### Provision of two comprehensive annual meetings

Although the scope of the CNS has expanded dramatically over its 50-year history, the organization remains primarily dedicated to neurosurgical education. The annual meeting is the most important educational product of the Congress. The same could be said of the AANS and its annual meeting. The popularity and growth of the annual meetings of both organizations speak to the importance of these events to the membership. Two comprehensive neurosurgical conferences each year provide an opportunity for all members in group practice to attend an annual meeting. Furthermore, there are significant differences between the two meetings, which enables the member to select the one that most suits his or her needs. The annual meetings and the official journals of the two organizations represent the *only* areas in which the AANS and the CNS compete. This competition is healthy and desirable. By competing for a similar membership audience, the two organizations create more innovative and improved educational products for the whole of neurosurgery.

### Broader national representation for the specialty of neurosurgery

Neurosurgery is a very small specialty that not infrequently represents a minority position on many of the issues we face. We have relatively few members relative to the rank and file of the American Medical Association or the American College of Surgeons. When we want to address an injustice or arbitrary ruling by the Health Care Financing Administration, the Food and Drug Administration, or some other regulatory agency, we have benefited from coalitions with other specialties to advance common causes. The Practice Expense Coalition is a recent example of smaller specialties pooling their financial and human resources to achieve common goals. Neurosurgery's influence has been increased by coalitions of this type because of our two large, distinct membership organizations. In many circumstances, both the CNS and AANS are allowed separate representatives, with different and multiple seats on committees, task forces, delegate caucuses, and so on. The presence of two strong national neurosurgical organizations has allowed the CNS and AANS to essentially double neurosurgery's influence in organized medicine.

### Cost savings

The CNS and AANS have pooled their respective resources on numerous occasions to create programs and complete projects that benefit the entire neurosurgical community at large. The two parent organizations divide the responsibilities for and the costs of these member services, which are offered as benefits to all practicing neurosurgeons. Many of these larger-scale projects would be unaffordable for either one of the two parent organizations alone. The CNS contribution to

these joint ventures results in a net cost savings for these projects because our massive volunteer effort keeps expenses down.

It has been suggested that significant cost savings would result from combination of the CNS and AANS into a single organization. This is simply untrue. During the AANS presidency of Jim Robertson, in 1991–1992, a proposal was advanced to create a "single address for neurosurgery" (3). A careful assessment of the potential for organizational savings from combining the two organizations into one determined that cost savings was an inadequate reason to consider merging the two organizations. The most liberal estimates suggested savings of approximately \$100,000 per year as a result of merger of the CNS and AANS. Most estimates predicted increased costs with substantially fewer member benefits. If either organization went away, the costs incurred by the other organization would increase dramatically and immediately if existing member services were to continue without interruption. Currently, the annual dues for membership in the CNS are \$285. The current annual dues of the AANS are \$790 per year. If neurosurgeons were to elect to have only one neurosurgical organization on the basis of their pocketbooks alone, they might choose the CNS for its value and lower dues structure. If that were to occur, economic modeling predicts that there would need to be a substantial increase in the annual dues of the CNS to maintain the existing programs supported by the two organizations. Likewise, if the CNS were disbanded and the AANS alone shouldered the role of providing current member services, AANS dues would increase substantially from their current level.

### Society-specific benefits to members

Although the CNS and AANS pool their respective resources for several joint endeavors, the two societies independently maintain many organization-specific projects, products, and priorities that are unique. The CNS has an active Committee on Education, which constantly strives to find new, contemporary avenues for providing meaningful education to our members, from the scientific presentations at the annual meetings, to our publications, to videotape lessons for neurosurgical practice (*Video Perspectives in Neurological Surgery*), to the creation of a blueprint for resident education (*Resident Curriculum Guidelines for Neurosurgery*), to the creation of a contemporary update and reassessment examination for practicing neurosurgeons (*Self-Assessment in Neurological Surgery*). The CNS offers education, fellowships, promotion, and leadership opportunities to our youngest colleagues and encourages organizational participation to create new leaders in our profession. Likewise, the AANS offers many member benefits unique to their organization.

Finally, these two complementary but distinct neurosurgical organizations provide outlets for differing approaches and opinions that deserve separate representation. When the Harvey Cushing Society was founded in 1931, it limited its membership to 35 individuals. During the inaugural meeting, Dr. Cushing remarked that in another 10 years a separate neurosurgical group would be formed, which would look upon the members



of the Harvey Cushing Society as "senile and antiquated." Dr. Cushing's prediction proved to be overly conservative. As early as 7 years later (in 1938), seven young neurosurgeons who had not been elected to the Harvey Cushing Society established the American Academy of Neurological Surgeons to meet their needs and those of their colleagues (5). If either the CNS or the AANS were to disappear tomorrow, a new member society would be created within a few years to replace the organization that had once been.

The field of neurosurgery has benefited immensely from the enormous contributions of the many, many individuals who have given their time and efforts to the important mission of the CNS. These volunteers have selflessly provided the energy, imagination, intellect, and time required for the CNS to accomplish its many goals efficiently and professionally for the benefit of our specialty. Our founding fathers would be proud of the enduring legacy of the CNS to which they contributed. They would be delighted by our focused purpose and accomplishments and amazed at the diversity of member services and expanded agenda of the present Congress. Were they here to witness it, they would salute our young organization's Golden Anniversary, yet remind us that we have only just begun.

We invite all our colleagues and fellow members to participate in our 50th Annual Meeting in San Antonio, TX, Sep-

tember 23–28, 2000. The creation of CNS legacies continues. In honor of our 50th anniversary, the Executive Committee of the CNS has established the Walter Dandy Oration to be inaugurated in San Antonio on September 26, 2000, by the American hero Senator John Glenn. Come celebrate our heritage and enjoy the outstanding science, membership offerings, and camaraderie that is the CNS.

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Reprint requests: Daniel L. Barrow, M.D., Department of Neurosurgery, Emory University School of Medicine, Atlanta, GA 30322. Email: dbarro1@emory.edu

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Photograph of the Second Annual Convention of the Congress of Neurological Surgeons, Palmer House, Chicago, IL, November 6–8, 1952. Courtesy, Office of the Secretary, Congress of Neurological Surgeons.