

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

July 1982



BIOGRAPHY OF DR. KEIJI SANO

Dr. Keiji Sano was born on June 30, 1920, in the quiet and scenic town of Fujinomiya in Shizuoka Prefecture which lies at the foot of Mt. Fuji, about 100 kilometers to the west of Tokyo. He was the first son of Dr. and Mrs. Takeo Sano. His father was a well-known surgeon. After Dr. Sano graduated from high school, he entered the University of Tokyo Faculty of Medicine from which he graduated with his M.D. degree in 1945.

Because there was no internship in Japan, he joined the First Surgical Department of the University of Tokyo to receive postgraduate training in general surgery from Professor Ohtsuki. Neurosurgery in Japan originated from this department of surgery through the efforts of Kentaro Shimizu (1903-present). Dr. Shimizu

first joined the Department of Psychiatry after graduating from the University of Tokyo in 1929, but when two of his patients died from misdiagnosed brain tumors, he changed his mind and became a neurosurgeon. In 1932, he joined the First Surgical Department. When Dr. Sano joined the Department, Dr. Shimizu was actively practicing neurosurgery as an Associate Professor of Surgery.

In 1948, Dr. Shimizu became the Professor and Chairman of the First Surgical Department; thereafter, Dr. Sano specialized in neurosurgery. In 1948 he published several papers on the technique of percutaneous cerebral angiography. In 1951, he was awarded a degree of Doctor of Medical Science (D.M.Sc.), which corresponds to a Ph.D. in medicine. Dr. Sano obtained a fellowship from the Ministry of Education of Japan to study neurosurgery with Drs. Naffziger and Boldrey at the University of California at San Francisco and neuropathology with Dr. Nathan Malamud from 1951 to 1952.

Dr. Sano was promoted to Lecturer and Chief of the Out-patient Clinic of Neurosurgery in 1965 and then to Associate Professor of Neurosurgery at the Institute of Brain Research, University of Tokyo Faculty of Medicine in 1957. In 1962 the Japanese Government first approved and opened an independent Department of Neurosurgery at the University of Tokyo and appointed Dr. Sano as the first Professor and Chairman of the department. Later in the same year, another Department of Neurosurgery was approved at Niigata University where Dr. Komei Ueki was appointed as the Professor and Chairman. Dr. Sano and Dr. Ueki, pioneering neurosurgeons, worked continuously for almost a half century until neurosurgery was officially recognized as a definite independent discipline of clinical medicine. An additional 10 years were necessary until the Japanese Government decided to open a Department of Neurosurgery in every national university hospital.

In 1948, the first meeting on neurosurgical research was held at Niigata, and after seven meetings, the Japan Neurosurgical Society was organized in 1952. In 1965, Dr.

1982 Annual Meeting

Pediatric Neurosurgery
Surgery of the Spine
Sheraton Centre Hotel
Toronto, Ontario, Canada

Sano was elected the President of the Japan Neurosurgical Society. In addition to being the secretary for the society for 20 years of his professorship, he devoted his entire professional life not only to his own neurosurgical research at the University of Tokyo but also to the development of neurosurgery throughout Japan by establishing a standardized postgraduate training curriculum for neurosurgery.

The Japanese Board of Neurosurgery was organized in 1966 with regulations on training curriculum and training institutes; Dr. Sano was the Chairman of the Board from 1967 to 1973 and again from 1979 to 1980. He was also the President of the Japanese Association for Research in Stereo-Encephalotomy in 1966, President of the Asian and Australasian Society of Neurological Surgeons from 1967 to 1971, President of the World Federation of Neurological Societies from 1969 to 1973, Chairman of the 3rd Conference on Surgery of Apoplexy in 1974, President of the Japanese Society of CNS Computed Tomography since 1978, Chairman of the 3rd Wilder Penfield Memorial Conference in 1980, President of the 4th Conference on Neurotraumatology in 1981, and President of the Japanese Congress

of Neurological Surgeons in 1981.

His contribution to neurosurgical research has been outstanding. Between 1948 and 1981, he published 629 papers (153 in English and 2 in German) including 162 on intracranial and spinal tumors, 119 on cerebrovascular diseases, 80 on head injuries, 48 on stereotactic and functional neurosurgery, 43 on EEG, 32 on other diagnostic methods, 24 on congenital anomalies and pediatric neurosurgery, 20 on operative techniques and paraoperative care, and 16 on epilepsy.

Obviously, the scope of his research has been too wide to review here. I would like to make special mention, though, of his works on thalamotomy for pain, posteromedial hypothalamotomy for pain and behavior disorders, BUdR-antimetabolite-radiation therapy and boron-neutron capture therapy for glioblastoma, artificial embolization for large AVMs and his research on the mechanism of vasospasm and of head injuries.

It is with great pride of all Japanese neurosurgeons that Dr. Keiji Sano, the real establisher of Japanese neurosurgery, was invited to be the Honored Guest of the 32nd Annual Meeting of the Congress of Neurological Surgeons.

Kenichi Uemura, Professor of Neurosurgery
Mamamatsu University



SPECIAL GUEST LECTURER

Mr. Benjamin B. Trevino has graciously consented to address the members of the Congress of Neurological Surgeons on the Wednesday afternoon of our meeting on the topic of "Medical Negotiations - the Problems and the Pitfalls". Mr. Trevino is a member of the law firm of Russell & DuMoulin in Vancouver, British Columbia. His practice is entirely related to labor relations. He represented the Ontario Medical Association in recent negotiations between that organization and the Ontario Provincial Government which led to a settlement of the labor dispute between physicians in Ontario and the government. We look forward to hearing his thoughts and we hope you will make plans to attend this special lecture as we feel it will be particularly pertinent to our members.

FUN RUN

Start training now for the second annual Fun Run in Toronto, which will be held Thursday morning, October 7, 1982 at 6:30 a.m. The course will start and finish at the hotel and will be approximately three miles in length. The run provides participants an excellent opportunity to work off prior excesses of food and booze and will prepare them to enjoy maximally the banquet on Thursday evening. The Codman Company has generously offered to provide a suitable award for the winner.

Last year over 70 hardy souls braved the Los Angeles smog to run and we expect an even larger turnout this year. Runners should plan to bring adequate warm clothing in case October in Toronto provides a cold morning. A T-shirt has been specially designed to commemorate the CNS meeting in Toronto, and those desiring a T-shirt should pre-purchase theirs at the time registration materials are returned. Plan to join the fun-who said neurosurgery was all work and no play?!

NEWSLETTER

Published by the Congress of Neurological Surgeons.

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PRESIDENTIAL WELCOME TO THE 1982 ANNUAL MEETING

Our 32nd Annual Meeting will be held in Toronto, Ontario, Canada, October 3-8, 1982. The themes for the meeting will be Pediatric Neurosurgery and Diseases of the Spine.

We are pleased to have as our Honored Guest Professor Keiji Sano, Emeritus Professor of Neurosurgery, University of Tokyo. He will give three major addresses during the week.

Your Scientific Program Chairman, Dr. Donald Quest, along with his various subcommittee chairmen, have put together an outstanding educational week.

The Special Courses given on Monday, which have become very popular, will deal with the developmental basis of congenital malformations; neuroscience relevant to neurosurgery - endogenous opiates, neurotransmitters, neural regeneration, neuroanatomy; recent advances in neuroradiology - interventional radiology, positron emission tomography (PET), digital subtraction angiography (DSA), nuclear magnetic resonance (NMR); and management of CNS infections.

Tuesday and Wednesday mornings will be devoted to Pediatric Neurosurgery, and Thursday and Friday mornings to Neurosurgery of the Spine.

We plan to have a varied and interesting group of topics and speakers for the Luncheon Discussion groups and How-I-Do-It Sessions on Tuesday, Wednesday, and Thursday, giving you the opportunity both to lunch and learn.

Eight Special Interest Workshops will be available for your attendance on Tuesday afternoon.

Wednesday afternoon will feature a special guest speaker, Mr. Ben Trevino, a senior attorney-labor negotiator, who will describe the problems associated with the recent settlement of the labor dispute between the Ontario Medical Association and the Provincial Government of Ontario. There will also be the Second Annual Resident Program given by the Residents Committee dealing with the practical aspects of setting up a practice of neurosurgery. This is to be followed by a reception to which all of the residents are invited to meet our honored guest.

For the first time, the Congress of Neurological Surgeons will sponsor an open forum on Wednesday afternoon during which the various poster exhibits will be discussed.

Thursday afternoon will provide three simultaneous open scientific sessions, allowing you to choose selected topics dealing with cerebrovascular disease, tumors, or the spine.

Dr. Chris Shields, Annual Meeting Chairman, and his committee have worked effectively to make this meeting run smoothly and efficiently. We feel that the magnificent Sheraton Centre Hotel in Toronto is well-suited for a meeting of this size, and provides first class accommodations as well as an easy traffic flow, and the best exhibit halls and meeting rooms we have had for many years.

Because of the size of our meeting and the need to use two adjacent hotels to accommodate our members and guests, the hotel registration will be managed by the Toronto Convention Bureau. Please be prompt in returning your hotel reservations to them and, if you live outside North America, these forms and the ones to be returned to Williams & Wilkins should be returned via Air Mail.

Dr. Alan Hudson and Susan Hudson with their committee have done a marvelous job on the local arrangements and special events for our meeting. The Monday opening reception has been planned with the idea that dinner with your friends will be enjoyed afterwards at one of the many restaurants in the hotel or nearby.

Toronto, which is a truly wonderful international city, is fortunate to have one of the best Science Centres in the world. We have provided for you on Wednesday evening a buffet dinner and a trip to this "hands on" Science Centre which will be featuring, for the first time in North America, a very special Chinese science exhibit. Please note that this evening is included in your registration.

Our Annual Banquet on Thursday evening will be special. The price is right; the reception and dinner will be first-class, with entertainment provided by Sylvia Tyson, a renowned folksinger. Peter Appleyard's band will play music for dancing.

The Auxiliary Program is terrific with interesting tours and stimulating speakers. The Auxiliary Hospitality Suite will be open daily for continental breakfast for all Auxiliary members.

Our Registration Area in the Sheraton Centre will open at noon on Sunday, October 3. The Message Center telephone number for emergencies is 416-365-7300.

WASHINGTON COMMITTEE REPORT

Informal sessions arranged by the Washington Committee for Neurosurgery have resulted in the formation of a New York state coalition to address tort reform. Drs. Donald Stewart and Russel Patterson have played a significant role in bringing insurance carriers, the state hospital association, the state medical society, and the state business council into a unified front. The administration bill was shelved to await development of a consensus reform package which will have support of all the coalition members.

Early deliberations leading to the creation of this coal-

ition were arranged by Mr. Charles Plante and Drs. Kemp-Clark, George Ablin, and Louis Finney. The 1981 malpractice crisis in New York state resulted in a national decision to target that state for the initial coalition approach. It was unanimously agreed to develop this program on a state by state basis. Medical teams have been identified to develop coalitions for tort reform in other states pending agreement of the insurance industry and business to broaden this effort. Interested leaders of state neurosurgical societies should contact Mr. Charles Plante 202-659-1373 for further information or assistance.

CERTIFICATION COMMITTEE OF CNS REPORTS SUCCESS

The Certification Committee of the Congress of Neurological Surgeons reports recent success with 14 neurosurgeons who have passed portions of the certification process for the American Board of Neurological Surgery.

The Congress of Neurological Surgeons has two special interests: continuing education of the neurosurgeon, and maintaining high standards of neurosurgical practice. In 1980, the Executive Committee of the Congress recognized that it should make a special effort to assist those neurosurgeons who had not successfully completed the certification process. The Executive Committee felt strongly that a number of neurosurgeons were capable of passing the examination if they were properly stimulated and instructed, and that those neurosurgeons needed to be brought back into the mainstream of neurological surgery. Therefore the Executive Committee of the Congress established the Certification Committee, whose *raison d'être* was to help, on an individual basis, neurosurgeons who wished to prepare for Board certification.

The Certification Committee interviews each candidate individually. During the interview, the Committee attempts to establish the areas in which the candidate is deficient and to explore how it best can help the candidate remedy those deficiencies.

For candidates attempting to pass Part I, the Certification Committee has outlined a course of study that includes an indepth reading list, suggested affiliation with an appropriate, close-by training program, recommended continuing education neurosurgery review courses, and repeated encouragement. For candidates attempting to pass Part II, mock oral Board examinations are given to provide the candidates with a better understanding of what the oral examination consists of, how it is conducted, and how the candidates should conduct themselves. This mock examination helps the candidates to establish more positive attitudes toward the examination process, and allows them to practice taking the examination. They too are provided with constant encouragement.

At the present time, Part II of the oral examination has been taken successfully by nine neurosurgeons, most of

whom had failed to pass it more than one time before. Five neurosurgeons have passed Part I. Needless to say, these 14 neurosurgeons are quite excited about the process and are most appreciative of the Certification Committee's efforts. The Committee hopes that 28 to 30 neurosurgeons will be able to pass part or all of the Board examinations next year.

The impact of the Certification Committee's efforts on all of neurosurgery is not, of course, great, but for those neurosurgeons who have passed, there is immense self-satisfaction in having attained this goal. Those who have attempted to pass and have not yet been successful should be commended for their efforts to continue their educational process. Virtually every candidate that the Committee has interviewed has agreed to take the written examination and oral examination within the next year.

The Executive Committee of the Congress of Neurological Surgeons feels that this certification program is one of the most significant projects established by the Congress in recent years, and has made the Certification Committee a standing committee of the Congress. The Certification Committee is composed of Drs. David L. Kelly, Jr., chairman, Edward Laws, Skip Peerless, and Donald Stewart, who were the original members, and Drs. Peter Carmel and George Ojemann, who were appointed more recently. Although not a Committee member, Dr. Robert Ratcheson has given freely of his time and abilities to the Committee.

The Certification Committee hopes that as its goals become better known there will be even more interest shown by practicing neurosurgeons who have not passed the certification process. Also, the Committee hopes that a basic science review course for neurosurgery can be established, a course that would be of great help to candidates seeking certification as well as to the Certification Committee. The Certification Committee plans to broaden its scope and increase its activities over the next several years.

TORONTO

The strategic importance of the land around the Toronto carry-place was recognized by the British Government in 1787. They purchased this focal point of the canoe routes to the West from three Mississauga Chiefs for the sum of \$5,000 (a bargain even when compared to the purchase of Manhattan by the Dutch for the grand sum of \$25). Progressive growth of the frontier town was rudely interrupted in 1813 when an invasion force of fourteen U.S. vessels sailed across the lake and burnt the primitive Parliament buildings. (The British subsequently returned the compliment and burnt a portion of a home on Pennsylvania Avenue, Washington. The scorched areas were whitewashed and that house has forever after been called the "White House".) The immediate response of the citizens of Toronto to the call of the First World War reflected the depth of sentiment towards the British Crown and Empire, but the face and soul of the city were dramatically altered by the arrival of thousands of immigrants, who had survived two great world conflicts,

from the strife-torn regions of Europe.

You will cross the longest unarmed international border in the world, to land in a cosmopolitan, vibrant city which has become the financial, social and cultural centre of Canada.

Toronto is safe and clean, and you may use all forms of public transportation without fear. We recommend sweaters and light coats as you stroll to visit the Henry Moore Exhibition at the Art Gallery. The Fall evenings will be cool as you venture out to sample well over 2,000 ethnic restaurants available in this multicultural city. With a population of some 3 million, the city of Toronto provides all the amenities of a comparable sized U.S. city, and Canadian neurosurgeons and their families are looking forward to the opportunity of repaying the generous hospitality which we have enjoyed at so many meetings beyond Canada's borders.

Susan and Alan Hudson

NEGOTIATIONS SEMINAR

Neurosurgeons need to know the options available in negotiation with third party carriers, HMO's, and hospital administrators.

The Medical Practices Subcommittee of the Joint Socio-Economic Committee of the AANS and CNS has attempted to deal with the question of the role of negotiations in neurosurgery. The persistent finding of the Subcommittee is that we have no foundation of knowledge on which to build. We lack sophistication in the art of negotiation and know nothing of the legal avenues available to us.

In an effort to provide that sophistication, the Joint Socio-Economic Committee and Council of State Neurosurgical Societies are jointly sponsoring a seminar at the Congress of Neurological Surgeons meeting in Toronto. The seminar will be held on Sunday, October 3, 1:00 p.m. in the Essex room of the Sheraton Centre. The meeting will be open to all members of the CNS and AANS. The educational seminar will be conducted by three experts in various aspects of negotiations, Jerry P. Clousson, J.D., John A. Norris, J.D., M.B.A., and Donald K. Crandall, M.D.

Mr. Clousson is an attorney and president of a consulting firm exclusively serving physician interests. He directed the AMA Department of Negotiations for five years prior to forming his own firm. He has conducted numerous programs and training seminars. He has provided advice and counsel in negotiations of physician contracts and medical staff bylaws. Mr. Clousson holds a Masters Degree in labor law from Georgetown University.

Mr. Norris is a Faculty Editor-in-Chief Emeritus, of the American Journal of Law and Medicine, and Chairman of the board of Directors, American Society of Law and Medicine. He has specialized in a health law practice for ten years; including evaluating, analyzing, negotiating and drafting hospital and physician contracts. He has written and lectured in physician contracting and negotiations at national and regional conferences.

Dr. Crandall is a general surgeon and is currently President-Elect of the Michigan State Medical Society. He is also a delegate to the American Medical Association. He was chairman for six years of the negotiating committee for third parties of the Michigan State Medical Society. Dr. Crandall also has extensive experience in the practice of negotiations and will speak from a physician's standpoint.

Please plan to arrive in Toronto a little early and attend the meeting.

VIDEOTAPE LENDING LIBRARY

The Congress of Neurological Surgeons Videotape Library is now functional and we are able to provide tapes with minimal delays with the exception of extremely popular programs. Efforts are being directed toward making the tapes available for purchase, and details will be announced. Individuals who wish information or wish to obtain order forms for one or more of the almost fifty tapes should contact Ronald I. Apfelbaum, M.D., Montefiore Hospital and Medical Center, 111 East 210th Street, Bronx, New York, 10467.

RESIDENTS' RECEPTION

A reception with Dr. Sano for residents will be held in the Windsor Room at the Sheraton Centre on Wednesday, October 6th from 5 to 6 p.m. This will provide residents an opportunity to meet and talk with our Honored Guest on an informal basis.

NEWS RELEASE

The following is the latest release suggested by the AANS, CNS Joint Committee on Education for publication in local newspapers for the purpose of public education relative to neurosurgical disorders:

EARLY RECOGNITION OF BRAIN ANEURYSMS PROBLEM:

The sudden onset of piercing headache, "the worst headache I've ever had", is the critical warning symptom of one of the most deadly illnesses to prey on man. Aneurysms are small out-pouchings of the blood vessels of the brain caused by a weakened area in the wall of the artery. Rupture of these "berry-like" blebs causes blood to leak into or around the base of the brain. Headache, collapse, paralysis, or death may occur suddenly. Frequently, the impending rupture or warning leak of a brain aneurysm is signaled by a localized headache, double vision or sudden onset of a severe generalized headache. These symptoms must be considered extremely serious because of the risk of death from a major hemorrhage is near 50%.

RECOGNITION:

Brain aneurysms are present in 8 of every 100 adults; however each year, only 14 to 15 persons in 100,000 suffer from a ruptured aneurysm. A serious major problem exists, because modern surgical methods are capable of curing most patients with unruptured aneurysms and even those with symptoms of "warning hemorrhage". Regrettably, the overwhelming majority of patients fail to reach the neurological surgeon prior to the onset of a major and devastating hemorrhage. This paradox is then one of education. The public must understand the serious nature of the warning symptoms of aneurysm rupture. Furthermore, risk factors such as the presence of personal or family history of other congenital anomalies (of kidney and arteries), high blood pressure, and family history of aneurysms may document the need for screening procedures to pinpoint any areas of blood vessel weakness or minor bleeding. Complex but safe screening procedures are available for evaluation of ambulatory (non-hospitalized) patients.

TREATMENT:

New technical procedures that permit closure of brain aneurysms by balloons introduced through the arteries of the neck, microscopic visualization of the brain arteries for precise elimination of weak spots, and rapid setting adhesives for blockage of abnormal blood vessels, are capable of effectively eliminating most potential causes of brain hemorrhage from abnormal vessels. Prompt recognition of these disorders and appropriate application of treatment may eliminate the tragic loss of life and vitality of those who suffer with these feared maladies.

PROPOSED BYLAWS CHANGES

The following proposed changes in the *Constitution and Bylaws of the Congress of Neurological Surgeons* will be presented to the general membership for approval at the Annual Business Meeting:

ARTICLE III

Section 11

Resident membership shall be available to any individual in a neurosurgical training program approved by the American Board of Neurological Surgery, the Royal College of Physicians and Surgeons in Canada or the equivalent, or during a year of fellowship immediately following completion of a neurological surgery training program. Resident membership may be achieved by the applicant furnishing to the Resident Membership Subcommittee a signed statement from the program director that he is a resident in good standing in the program or in a year of fellowship following the completion of a residency. Resident membership will be automatically terminated one year following completion of residency training. At that time the applicant will be encouraged to apply for active membership, in accord with the By-Laws requirements for that type of membership. The Resident Membership Subcommittee, on approval of an application for resident membership, shall forward the name to the Secretary of the Congress. Executive Committee action shall not be required on resident memberships.

(This change constitutes a new section and pertains to resident membership. The prior Section 11 is to be designated Section 12.)

ARTICLE VI

Section 1B:

B. Annual Meeting Committee

Shall be composed of a Chairman, an Assistant Chairman, and the Chairmen of the various subcommittees listed below having to do with the preparation and management of the Annual Meeting.

1. Exhibits
2. Host
3. Local Arrangements
4. Registration
5. Resident Registration
6. Sergeant at Arms
7. Videotape Library
8. Scientific Program Committee

Shall consist of a Chairman, an Assistant Chairman and such members as are appointed by the President to be in charge of the various components of the scientific program at the Annual Meeting. Aspects of the program subsumed under this heading include the general and open scientific sessions, the luncheon discussion groups, the special courses and the workshops, as well as such other activities as are delegated by the Executive Committee of the Congress.

(This change provides for description of the Scientific Program Committee rather than an inflexible listing of members.)

Section 1F:

F. Publications Committee

Shall consist of five members. The term of appointment shall be for 5 years. Nominations for the Publications Committee will be made by the President of the Congress from present and past members of the Executive Committee. Each new member will be appointed at the July meeting, the term to begin at the Annual Meeting of that year, and will serve as Secretary for the first year and Chairman for the fifth year of appointment. Non-voting members shall consist of the Editor and Associate Editor of *Neurosurgery*, the Editor of *Clinical Neurosurgery*, the Editor of the Congress Newsletter, the Co-Chairmen of the Directory Committee, the Manager of the Congress Bookstore, and such other non-voting members as may be appointed by the Executive Committee.

The Publications Committee shall meet at least twice a year. It shall advise, manage and coordinate the policy, activities, and financial affairs of the listed Congress publications. Editorial privilege will remain the prerogative of the individual Editors and their committees. The Publications Committee shall be responsible to the Executive Committee and the Chairman of the Publications Committee shall report to the Executive Committee three times a year.

The Publications Committee will appoint the Editor of *Neurosurgery*, with approval of the Executive Committee. Initial term of appointment will be five (5) years. That appointment may be renewed for one additional three (3) year term.

(This change provides an enlargement of the membership of the Publications Committee.)

Section 1T:

T. Resident Committee

Shall consist of a Chairman and subcommittees the function of which shall be to initiate and coordinate matters pertaining to resident functions of the Congress.

One subcommittee, the Resident Training Registry, shall consist of a Chairman and members who shall be responsible for maintaining an information office for residents seeking training programs in neurological surgery.

A second subcommittee, Resident Membership, shall consist of a Chairman and at least two members who shall approve all applications for resident membership.

Additional subcommittees shall be formed as necessary to accomplish the goals of the Resident Committee.

(This is a wording change only.)

Section 1X:

X. Certification Committee

Shall consist of a Chairman and members whose duties will be to actively encourage completion of the certification process by all eligible neurosurgeons, to conduct programs to attain this goal, and to maintain a liaison between the noncertified neurosurgeon and the Congress of Neurological Surgeons.

(This change legitimizes the new Certification Committee.)

PROCEDURE REVIEWS

Over the past two years, the Technology Assessment and Terminology Subcommittee of the Joint Socio-Economics Committee of the AANS and CNS, chaired by Dr. Harold Wilkinson, has completed reviews of the following topics:

1. Depth Electrodes for Epileptic Localization
2. Cochleostomy with Neurovascular Transplant
3. EEG during Carotid Endarterectomy
4. Ultrasonic Angiography
5. Facette Rhizolysis
6. Thermography for Pain Diagnosis
7. Acupuncture for Diseases Listed by World Health Organization
8. Transluminal Angioplasty
9. Cerebellar Stimulation
10. Transcutaneous Neurostimulation for Acute Postoperative Pain

In addition, reviews currently in preparation include:

1. Therapeutic use of Diathermy
2. Transcutaneous Stimulation for Chronic Pain
3. Cervical Discography
4. Nerve Grafting for Spinal Cord Restoration

Anyone wishing to give input into any of these reviews currently in preparation should contact Dr. Harold A. Wilkinson, University of Massachusetts Medical Center, 55 Lake Avenue North, Worcester, MA 01605.

DRUGS AND DEVICES

The Joint Committee on Drugs and Devices needs input from members with special expertise in pharmacology, engineering, computer science and related fields. Interested members please contact Robert Crowell, M.D., 612 S. Wood Street, Chicago, IL 60612, or Michael Salzman, M.D., Division of Neurosurgery, Room 12-1216, University of Maryland Hospital, South Greene Street, Baltimore, MD 21201.

NOMINATING COMMITTEE RECOMMENDATIONS

The Nominating Committee of the Congress of Neurological Surgeons met in Atlanta on May 20, 1982. The following slate was selected:


President-Elect - Edward R. Laws, Jr., M.D.
Vice President - Martin H. Weiss, M.D.
Executive Committee - Fremont P. Wirth, M.D.
Ronald I. Apfelbaum, M.D.

Membership Applications

Applications of these candidates have been approved by the Executive Committee and will be presented for acceptance by the membership at the Annual Business Meeting on Tuesday, October 5, 1982, at 5:45 to 6:45 in the Civic Ballroom:

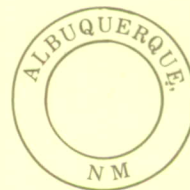
Henry M. Bartkowski
Peter McLaren Black
Stephen E. Boodin
Vincent E. Bryan
Larry V. Carson
T. Forcht Dagi
Noel George Dan
James D. Dillon
Theodore W. Eller
Michael H. Freed
John P. Girvin
Vincente C. Gracias
Douglas Lee Griffith
William F. Hoffman
Jorge J. Inga
Kenneth Stuart Kammer
Nicholas Kandalajt
Walter J. Levy, Jr.
Li Ling
Thomas George Luerksen
John Innis Moseley

Manouchehr Nikpour
Edward Hudson Oldfield
Rodwan K. Rajjoub
Carlos A. Reyes
Joe Sam Robinson, Jr.
Borys Romauld Selecki
V. Roy Smith
Lewis S. Snitzer
Joel M. Steinberg
Wang Tao-Shin
Robert Theodore Tenny
David G.T. Thomas
William Stewart Tucker
Arbha Vongsvivut
Steven L. Wald
Paul C. Williams
Philip J.A. Willman
Jiang Xian-Hui
Chen Xinkang
Paul H. Young

**CONGRESS OF
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NEWSLETTER

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