



ERUDITIO OBSERVANTIA SOCIETAS

NEUROSURGERY

THE OFFICIAL NEWSMAGAZINE OF THE CONGRESS OF NEUROLOGICAL SURGEONS

NEWS

President's Message

Stephen Papadopoulos, M.D.

President, CNS



Spending a year as President of the Congress of Neurological Surgeons has been an amazing experience.

I remember a year ago, I suddenly felt the weight of leadership. I have worked on the CNS Executive committee for nearly a decade, but having "the buck stop here" was a new responsibility.

I've known for years the phenomenal talent and commitment of many that volunteer their time for the CNS, for organized neurosurgery, for all of us. This year I have been particularly appreciative of many on and off the CNS Executive Committee.

Issam Awad and Mark Hadley, as Past President and President Elect respectively, have been committed partners; together we have faced a number of challenges and shared a number of successes this year. Perhaps the most "politically charged" effort were the series of meetings we had with our counterparts in the AANS in an effort to find a common ground for unification. In the end, we clearly have a unified spirit and effort in many shared initiatives and programs on behalf of our membership. The Washington Committee, our flagship joint effort, continues to "set the tone and pace" for organized neurosurgery's voice in Washington. We have also reaffirmed some of the unique qualities that speak to the essence and character of the CNS. We remain an organization firmly committed to education, with a unique emphasis on the younger neurosurgeon. We are proud of our journal, *NEUROSURGERY*, our Annual Meeting, our fellowships, our books, and more.

Jim Bean assumed the Chair of the Washington Committee this year. Following in the footsteps of John Popp and Art Day before him, Jim provides unique, focused, and dedicated leadership to this central effort. Jim has led an initiative currently under consideration by the AANS and CNS to establish the Washington Committee as a 501(c)(6) corporation. This change would provide the Washington Committee with the much needed flexibility and autonomy to successfully achieve its goals. Katie Orrico, year in and year out, works tirelessly on our behalf as Director of the Washington office. She is a leader in Washington and has represented neurosurgery well on a multitude of key issues. Katie and her staff provide neurosurgery with a voice in Washington equal that of groups many times our size.

Mike Apuzzo, now in his 11th year as

Editor of *NEUROSURGERY*, continues to create perhaps the most innovative professional journal in organized medicine. Mike has an enthusiastic style that is infectious and is clearly reflected in the journal. He has creativity, courage, and insight to incorporate new, and sometimes, avant-garde, initiatives. He is an innovator. *NEUROSURGERY* was one of the first to establish a Web presence,

now with a full online journal, including streaming digital video, and continues to lead the way in the area of informatics and education content delivery. This year includes three phenomenal supplements: Rhoton's Surgical Anatomy, Fessler's Minimally Invasive Spine Surgery, and Hadley and Walter's Spinal Cord Injury Guidelines. Recently announced, *NEUROSURGERY* has achieved the number 1 impact factor of all neurosurgery journals (a measure of citation frequency) for 2001.

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2002 CNS Annual Meeting: Welcome to Philadelphia!

Richard D. Ellenbogen, M.D.

2002 Annual Meeting Chairman



Welcome to Philadelphia. The City of Brotherly Love has something for everyone! The 52nd Annual Meeting of the Congress of Neurological Surgeons promises to be the best ever. It is certainly going to be unique. This year we hope to revolutionize the way meetings are conducted. The Philadelphia extravaganza will be the first dig-

ital medical conference in history. Under Steve Papadopoulos's tutelage, the CNS is joining with Palm, Inc. and Bluefish, Inc. to deliver a digital conference through access points to the individual handheld devices that each registrant will receive. Training sessions will be quick, painless, and on-site. The scientific meeting, under the direction of Joel D. MacDonald and Nelson M. Oyesiku, is both far-reaching and timely in its content. The theme "Discovery, Leadership, Freedom" has been incorporated into the plenary sessions and reflects the basic elements of our fast moving field.

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Philadelphia skyline at night.

Photo courtesy of Philadelphia Convention and Visitors Bureau.

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NEUROSURGERY NEWS

2002 CNS ANNUAL MEETING ISSUE
Volume 3—Number 5

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NEUROSURGERY NEWS is the official newsmagazine of The Congress of Neurological Surgeons®, located at 10 N. Martingale Road, Suite 190, Schaumburg, IL 60173. NEUROSURGERY NEWS is published bimonthly by Lippincott Williams & Wilkins, 351 W. Camden St., Baltimore, MD 21201-2436. Copyright © 2002 by The Congress of Neurological Surgeons®. No part of this publication may be reproduced in any form or language without written permission from the publisher. Published free of charge for the Congress membership with additional distribution. Annual subscription rates: Domestic institution \$85; International institution \$120; Single copy \$32. U.S. POSTMASTER: Send address changes to NEUROSURGERY NEWS, Lippincott Williams & Wilkins, 16522 Hunters Green Parkway, Hagerstown, MD 21740-2116. Library of Congress ISSN: 1525-819X.

All correspondence on editorial matters should be addressed to:

Michael L. Levy, M.D.
Editor-In-Chief
Department of Neurosurgery
Childrens Hospital of San Diego
8010 Frost Street, Suite 300
San Diego, CA 92123

President's Message

Continued from page 1

This year we can all benefit from a phenomenally creative, historic, and yet futuristic Annual Meeting, largely due to the selfless efforts of our Annual Meeting team. Rich Ellenbogen as Annual Meeting chair and Joel McDonald and Nelson Oyesiku as Scientific Program co-chairs lead a dedicated committee of countless others, all giving time, talent, and energy to make this meeting the one to which all others are to be compared. The work effort of all involved is staggering. These women and men are innovators also. This year we will again be a first: first in the history of neurosurgery (or any other medical specialty for that matter) to have a fully digital meeting interactively incorporating a handheld PDA for all the meeting registrants. The scientific program is overflowing with the most sophisticated and latest advances in the science of our profession.

Laurie Behncke, the Executive Director of the CNS and this year's Distinguished Service Awardee, has dedicated over a decade of her professional career to organized neurosurgery. She selflessly gives forth a phenomenal personal effort in support of our organization, our profession, and our patients. She directs an office of equally dedicated staff that "follow by example" and are truly responsible for many of our successes, yet are seldom recognized. Laurie is a true ambassador for our profession.

My partners at the Barrow Neurological Institute have been incredibly supportive and giving of time and effort. Not only have they supported my "time away," but each have made direct contributions to the success of CNS and organized neurosurgery. This year's Honored Guest, Volker Sonntag, will fulfill his commitment in that role, but also as an active member on the editorial boards of *NEUROSURGERY* and the *Journal of Neurosurgery*, past President of NASS, and many other roles on behalf of all of us. Robert Spetzler, a previous Honored Guest of the CNS and Director of the BNI, continues to share his phenomenal insights and innovations with us in an equal number of roles. Curtis Dickman, Hal ReKate, Joe Zabramski, Kris Smith, Cameron McDougall, Randal Porter, and scores of others each contribute on a daily basis.

Our families are the real heroes. I have been blessed with an unbelievably supportive and understanding wife. We share three beautiful boys who somehow find it within themselves to be equally tolerant of my time away. I struggle with "balance" daily, balance between my professional commitments, my commitments to family and friends, my spiritual commitments. There is no doubt in my mind that I simply couldn't be successful professionally without the love, support, and guidance of family.

Welcome to Philly

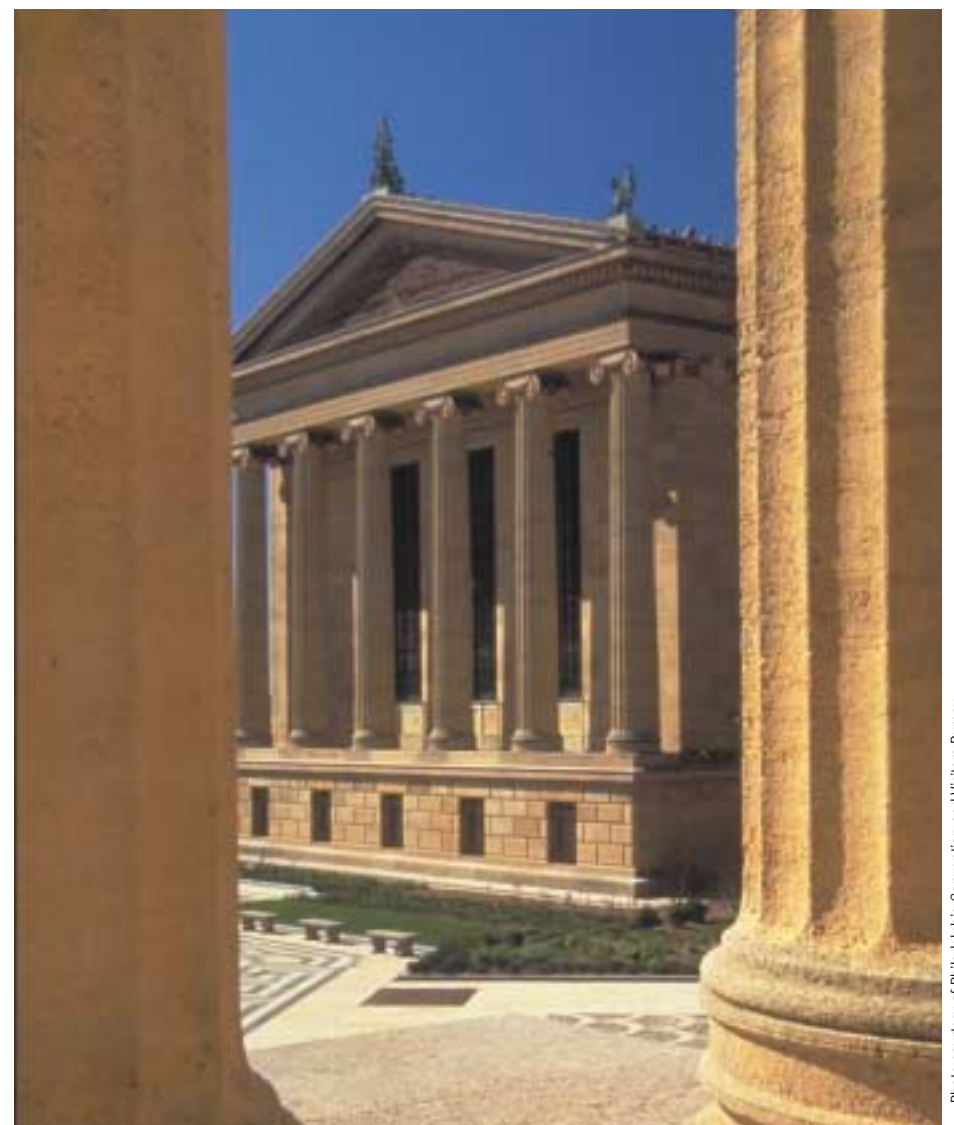
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This year's honored guest is a pioneer in our field, Dr. Volker K.H. Sonntag, a man who has contributed greatly to spine surgery education and its technical refinements. The noted anthropologist, humanist, and recently appointed United Nations Messenger of Peace, Dr. Jane Goodall will speak about hope. A bevy of Special Lecturers will add to the unique nature of our meeting. Bennett M. Stein, a neurosurgical giant and renaissance man will provide insights into our field. J. Craig Venter, one of the most accomplished molecular biol-

ogists of our time, will be talking about his discoveries while mapping the human genome. Meg Whitman, celebrated CEO of e-Bay, will talk about how she helped meld the Internet with her supremely successful commercial venture. Greg Papadopoulos, CTO of Sun Microsystems, will talk about the future and unlimited horizons of technology. Lastly, General John Keene of the US Army will talk about the essentials of leadership and how it applies to the leaders in our field.

We have developed many new Practical Course and Luncheon seminars,

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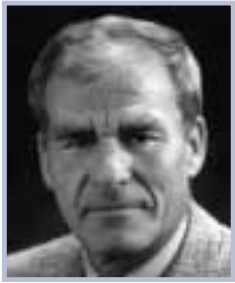
Philadelphia Museum of Art.



Philadelphia Museum of Art.

Honored Guest

Volker K.H. Sonntag, M.D.



"Discovery of the Spine Specialist: Instrumentation for the Cervical Spine", "Leading the Future of Spine Surgery", "The Neurosurgeon as Mentor and Student",

PC26 "Operative Colloquium: Masters of Neurological Surgery" and "Resident and Honored Guest Luncheon" (Please see scientific program for dates and times.)

Volker K. H. Sonntag, M.D., was born November 23, 1944, in Graudenz, Germany to Heinz Sonntag and Gisela (née) Albrecht. His family immigrated to America in 1957 and settled in Arizona where he was amazed to discover that oranges grew on trees and subsequently continued his education. He attended Arizona State University in Tempe, Arizona from 1963 to 1967, receiving a Bachelor of Arts degree in Chemistry, summa cum laude. From 1967 to 1971 he attended the University of Arizona School of Medicine. He served as President of his graduating class and completed his internship there in 1972. In 1972 Dr. Sonntag moved to Tufts New England Medical Center Hospital in Boston, Massachusetts where he trained as one of the first residents under Bennett M. Stein, M.D., Professor and Chairman, Department of Neurosurgery. He completed his residency in 1977.

Dr. Sonntag then practiced in Youngstown, Ohio for a year before moving to Phoenix, Arizona to practice neurosurgery in 1978. In 1983 he joined the Barrow Neurological Institute (BNI) where he has since remained. At the BNI, Dr. Sonntag has served as Vice-Chairman of the Division of Neurological Surgery and as Chairman of the Spine Section since 1984, as Director of the Spine Fellowship Program since 1988, and as Director of the Residency Program since 1995. In 1985 he was appointed Clinical Associate Professor of Surgery at the University of Arizona in Tucson, Arizona. In 1989 he was promoted to Professor of Clinical Surgery. In 2000 he assumed the endowed Alumni Chair for Spine Research at the BNI.

Dr. Sonntag has received many awards for his contributions to teaching and mentoring young neurosurgeons, an aspect of his career to which he has a strong personal commitment. At the BNI, he has received the Teacher of the Year Award seven times. In 2000 he was chosen as Mentor of the Millennium by his residents. He was also chosen as

the Honored Guest for Lifetime Leadership and Mentoring to Young Neurosurgeons by the American Association of Neurological Surgeons Young Neurosurgeons Committee. The Volker K. H. Sonntag Fund for research was established by the North American Spine Society in 2001 as its first named fund. In 1999 the Joint Section on Disorders of the Spine and Peripheral Nerves established the Volker Sonntag Fellowship Award to encourage clinical research.

Through laboratory and clinical research, Dr. Sonntag has devoted his career to improving our understanding of spinal disorders, especially cervical and upper cervical spine disorders. His academic output has been prolific.

Dr. Sonntag has also received many other honors for his community service, research, and outstanding achievements. In 1981 he was elected as an honorary alumnus of Alpha Omega Alpha for his outstanding accomplishments for the Class of 1971. In 1982 he was elected as a Fellow to the American College of Surgeons. In 1987 he received the University of Arizona College of Medicine Alumni Medal (Outstanding Graduate for the last 20 years). He was a member of the THINK FIRST National Board between 1994 and 1998, testifying to his strong commitment to the prevention of spinal cord injuries. In 1999 he received the Meritorious Service Award from the Joint Section on Disorders of the Spine and Peripheral Nerves.

Through laboratory and clinical research, Dr. Sonntag has devoted his career to improving our understanding of spinal disorders, especially cervical and upper cervical spine disorders. His academic output has been prolific. He has written more than 60 chapters for important neurosurgical texts and more than 200 articles for refereed and non-refereed journals. He is the co-editor of four major textbooks: Principles of Spinal Surgery, Essentials of the Spine, Surgical Treatment of Discogenic Diseases of the Spine, and Surgery of the Craniovertebral Junction. Currently, he is serving as a Section Editor of the spine volume for the newest edition of Youman's Neurological Surgery, which is still in press. That his surgical and scientific expertise is highly esteemed by his peers is further evidenced by the 11 editorial boards on which he is currently serving, including journals such as Neurosurgery (Principal Reviewer), Journal

of Neurosurgery, Acta Neurochirurgica, and Spine. He is also highly sought as a speaker and has given more than 600 presentations at institutions, professional meetings, and universities around the world. He has been invited as a Visiting Professor to more than 40 institutions.

Despite his academic, teaching, and clinical obligations, Dr. Sonntag has been an active member and leader in many professional neurosurgical and spine societies throughout his career, holding more than 20 professional memberships. He has been a member of the Congress of Neurological Surgeons since 1980, serving on about a dozen committees over the years. Notably, he was a member of the Executive Committee from 1985 to 1993. Since 1982 he has been a member of the American Association of Neurological Surgeons and presently is serving as this organization's Vice President. In 1992-1993, Dr. Sonntag served as the Chairman for the Joint Section on Disorders of the Spine and Peripheral Nerves. He also has served as the President of the North American Spine Society (2000-2001) and of the Rocky Mountain Neurosurgical Society (1991-1992). He is a member of the Neurosurgical Society of America and was elected to the Society of Neurological Surgeons in 1991, serving as the Chair of the Membership Committee in 1993-1994. In 1995 he was elected to the Academy of Neurological Surgeons. In 1998 he became a Director of the American Board of Neurological Surgeons and is currently Chair of the Recertification Committee.

Above all Dr. Sonntag is devoted to his family. He has been married to his wife, Lynne, a pediatric nurse practitioner, since 1974. They have three children, Alissa who graduated from the University of California-Los Angeles in

2000 with a degree in communications (summa cum laude); Christopher who is in his second year at Arizona State University, and Stephen who is in the fifth grade. Dr. Sonntag is an accomplished medical philatelist and avid aficionado of vintage comedic cinema. In his spare time, Dr. Sonntag also enjoys coaching soccer (for the 13th straight year) and jogging. □

Welcome to Philly

Continued from page 4

adapting to the requests and needs of our members. We have tailored many courses to the needs of our future, the Neurosurgical Residents and Fellows. The science talks will be both innovative and thought provoking. Everything from spine instrumentation to stem cell implants into the central nervous system will be discussed. Our last plenary session on Thursday will be both timely and controversial. We will examine the malpractice crisis that threatens to paralyze the delivery of good medical care. We have asked leaders from politics, law, and medicine to participate in what promises to be a lively roundtable and point-counterpoint on the medical liability crisis.

This is a meeting you should bring your entire family. It is within driving distance of 40% of the population centers in this country. It has great sports venues, unsurpassed museums, and spectacular restaurants. It is both sophisticated and family oriented. Visit Independence National Park, which includes the Liberty Bell and Independence Hall. Enjoy the Museum of Art or the Rodin Museum. Or simply watch the graceful rowers sculling down the Schuylkill River. You will not be disappointed. You will be enlightened and entertained. Please join us! □

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Kelly Adamitis
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19106-3621
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email: kadamiti@lww.com



Philadelphia for Families

Maxwell E. Levy

Though the daycare services provided by the CNS for the Annual Meeting are wonderful, there is nothing like spending an afternoon with your family and ex-wife. Here are some ideas that may motivate you to do just that.

The **Philadelphia Zoo** was America's first zoo. Its combination of educational activities and child friendly atmosphere makes it a must see for all visitors. The zoo houses nearly 1,800 animals and hosts several special events and programs that are open to the public. Special events during the CNS Meeting include:

Go back to school in style! Be one of the first 1,500 kids age 11 and under to enter the Zoo every Saturday and Sunday from September 6 to October 6 and receive a free lunch bag.

On September 20, 5:30 p.m. to 8:30 p.m. is the Zoo's annual kids' Razzle Dazzle night out for ages 3 to 15. Fabulous food, great music, face painting, swan boat rides and dance party fun for everyone. Call 215-243-5225 for ticket information.

On September 22, 10:00 a.m. to 4:00 p.m. bring the entire family to the 9th annual WMGK KidsFest. It's a full day of fun in the sun with live music, games, magic shows, storytelling, giveaways and prizes galore. FREE with Zoo admission.

Be sure to bring a checklist so you can see all of the Philadelphia Zoo's **Top 10 Marvelous Monsters**

Komodo Dragon

The Komodo dragon is the world's largest lizard. They can consume up to 80% of their body weight in one meal and can prey upon an animal many times its size. While eating, a Komodo dragon is able to unhinge its jaw, thus allowing it to swallow pieces of food larger than its own head. This animal does not need to eat often; in fact, the dragon can go for months without eating and live off of the fat stored in their tail. Visiting the Zoo: March-July.

Galapagos Tortoise



The Galapagos tortoise can weigh up to 500 pounds and their shell can reach five feet in length. These giants can live to be more than 100 years old! The sex of

each tortoise egg is dependent on the temperature of the egg during incubation. Lower temperatures produce more males.

Hippopotamus

Hippopotamuses weigh between 3,000 and 6,000 pounds and their mouths can open to

an angle of 150 degrees. The hippo's skin exudes a pink secretion, which has given rise to the myth that these animals "sweat blood."

The secretion may protect the hippo from sunburn and defend against skin infections.



Elephant



An elephant's ears act like a personal air conditioner, helping the elephant to dissipate heat. While an elephant flaps its ears, hot blood runs through its veins and

is cooled by the outside air before re-entering the body. An elephant's trunk, the longest nose in the world, is also an upper lip and a sensitive "hand," which contains 40,000 to 100,000 muscles.

Giant Anteater

Using their long, mucous-coated, sticky tongue giant anteaters can eat up to 30,000 ants and termites in a day. However, an anteater will usually only eat about 140 ants from one hill. Scientists have speculated two possible reasons for this behavior: 1) they are community-oriented animals and have the philosophy of "share the wealth", and 2) the time it takes to eat 140 ants is how long an anteater has before the soldier ants start to attack; once they enter the scene, they begin giving off toxins to ward off predators.

Polar Bear

Polar bears can swim 4 mph for up to 100 miles while resurfacing for air every 2 to 3 minutes. These bears can smell a whale carcass up to 20 miles away and a seal from 3 to 6 feet below the ice.

Giant Millipede

The giant millipede has up to 100 body segments, with two pairs of legs per segment. When threatened, the millipede may secrete a special chemical to ward off predators.

Gorilla



The male gorilla can be as strong as six grown men! A gorilla's arm span is 1 1/2 times its height, so a 6-foot tall gorilla might have a 10-foot arm span. The circumference of a male gorilla's chest may be equal to its height—the same 6-foot tall gorilla would have a chest measuring six feet around.

Giraffe

The reticulated giraffe is the world's tallest land mammal reaching between 15 and 18 feet in height.



The record is 21 1/2 feet! A giraffe's tongue is 12 to 14 inches in length. Each giraffe's pattern is unique—just like our fingerprints.

Amur Tiger



A male Amur tiger can grow to be 700 pounds, making it the largest cat in the world. The Amur tiger grows a longer, thicker coat than

other tigers and has more fat on its sides and belly. The layers of fat and fur help keep the tiger warm in cold temperatures. In addition to these events, the Philadelphia Zoo features many different attractions throughout the year. Paddle your way around Bird Lake in the Zoo's Victorian swan boats, each one built for up to three people. This activity will provide boatloads of summer fun for everyone. Ever wonder what a camel's hump feels like? Get up close and personal on an Animal Ride (Elephants, Camels or Ponies) with some interesting mammals and compare your strut to theirs. On the Wallaby Walkabout you can go "down under" and walk side-by-side with more than a dozen playful wallabies. This adventure features a barrier-free habitat where guests can mix and mingle with these adorable marsupials. You can also feed beautiful lorikeets and lorises as they perch on your arms, shoulders and even your head! This is an open-air exhibit where colorful aviary acrobats will surround you. Take advantage of the Zoo Passport Combo which includes admission to Wallaby Walkabout, Birds of Australia, Treehouse, and your choice of either one animal ride or one Swan boat ride!

If walking with the birds isn't enough you can always fly with the Channel 6 ZooBalloon. Climb aboard the Zooballoon and embark on a soaring-safari adventure. Rise high above the tree tops of the Zoo and overlook giraffes and zebras. Elevate to heights of 400 feet and enjoy spectacular views of Fairmount Park and the Philadelphia skyline. Guests may enjoy both daytime and evening flights. Voyages last approximately 15 minutes.

The Academy

The Academy has recreated the Tomb of Petiese, an Egyptian High Priest, complete with mummies and even a mummified cat. The Academy's two mummies are inside a reconstructed Egyptian tomb, which incorporates aspects of several styles of tombs built in ancient Egypt. Of the two mummies, one is a woman about 2200 years old and the other is a man who was a priest



in Egypt about 2800 years ago. Constructed in 1978, the tomb was recreated with special attention given to drying the plaster walls to prevent moisture from damaging the mummies once they were inside. The tomb is 8 feet long, 4 feet wide, and 6 feet high. This exhibit can be found on the 3rd floor next to the dioramas in African Hall.

Dinosaur Hall



Be transported back to the age of dinosaurs, watch paleontologists piece fossils together, then go dig for fossils in the largest indoor dig site in the country. The Time Machine puts you among the dinosaurs, from towering T.rex to chicken-sized Compsognathus. See what a Stregosaurus might have looked like on the inside, try on horns and claws of your favorite dinosaur and walk stride for stride with the stealthy hunter Dromaeosaurus. The Academy also features a fully constructed Gigan-



tosaurus, the largest meat-eater ever to walk the earth! Trapped between a rock and a hard place—that's a difficult situation to be in, but how about trapped between the two largest meat-eating dinosaurs on the planet? A scary proposition? Or very exciting? As you walk across our new bridge between mezzanines, you will get an eyeful of the menacing T. rex to the left and its challenger Giganotosaurus to the right. You are close to the animals' heads, able to see sharp teeth and massive bodies behind jaws yawning wide in predatory

anticipation. From the bridge, you can look left into the main body of the hall, where there is light, action, movement, and many tempting areas to explore. T. rex, Corythosaurus, Avaceratops and others pose below, while on the second floor, the visible dinosaur flashes with changing colors and patterns, the art gallery provides spots of color and ahead, the paleobiology area beckons.

Tours

With the idea that “now is the time to celebrate liberty with your children,” the **Lights of Liberty tours** have kicked off for the season and will continue almost daily throughout the summer and beyond. The dramatic story of our nation’s struggle for freedom resonates loudly these days, and the moving conclusion will inspire hearts young and old. The state-of-the-art Lights of Liberty walking tour transports visitors back in time to pre-Revolutionary War Philadelphia and gives a first-class introduction to the people, places and events that make up Philadelphia’s rich history. The 60-minute tour takes place at night, creating the perfect backdrop for the wildly colorful displays. Each visitor is given a wireless headset that allows him or her to relive the sights and sounds leading up to the American Revolution. Guests hear history explained by such celebrities as Walter Cronkite, Ossie Davis, Whoopi Goldberg and Charlton Heston while watching 3-D images projected onto the edifices of historic buildings. The tours begin at dusk and leave every 15 minutes, with up to four shows per hour. Call for show times: 1-877-GO-2-1776.

Philadelphia’s Independence National Historical Park is one of the city’s most popular destinations. The park has so much to offer, you’d be surprisingly absorbed for hours if not days. The 45-acre area, referred to as “the birthplace of our nation,” includes the Liberty Bell (America’s symbol of freedom) and Independence Hall, a World Heritage Site, among its 20 historic buildings open to the public. And besides being the home of the Declaration of Independence and U.S. Constitution, the park features the country’s first Post Office, the plot where Benjamin Franklin’s home once stood and the brand new Independence Visitor Center, a grand hall providing a wealth of information on our nation’s former capital (1790-1800) and the two and-a-half centuries’ worth of residents who lived here. One of the biggest attractions in the package is the city-block-long park; its soothing geometric layout makes for a perfect outdoor lunch spot. And, if you’re fortunate, you might even get a glimpse of one of the parks’ historical re-enactments or Lights of Liberty shows while feasting on a soft pretzel and cheese steak. Philadelphia’s Independence National Historical Park is located between 5th & 6th St. and Chestnut & Walnut St.

Nature lovers will get a break from the city and kids will get a quick tour of

colonial history while enjoying the miniature trains, trolleys, gardens, streams and mini-replicas of historic buildings in the Garden Railway Display of the **Houses of the Revolutionary War**. This year’s theme is Patriots or Traitors. The display is set among the scale model replicas of America’s famous lighthouses and the historic buildings of Philadelphia. The beautiful Morris Arboretum of the University of Pennsylvania serves as a backdrop. The Arboretum, famous for its 92 acres of Victorian gardens, streams and rare plants, provides visitors with splendid views of the shrubs, flowers and some of the oldest trees in Pennsylvania. The railroad covers about 1,000 feet of track with 34 miniature buildings of the lighthouses, as well as Congress Hall, Betsy Ross House, Independence Hall, Washington’s headquarters and other significant national landmarks of Philadelphia. The buildings are made of moss, bark, twigs, leaves, seeds and other natural materials. The railroad has three trolley lines and six trains that represent various historic railroads and include freight and passenger models. All trolleys and trains of the Garden Railway Display weave and wind through seven tunnels made of logs and old railroad ties, and cross streams over ten bridges and trestles, which are made of tree branches and bamboo. Visitors can also stroll beneath the trains that cross over a giant trestle and stop by the cascading waterfall. There are free guided tours at 2 pm every Saturday and Sunday. 215-247-5777

Vaudeville makes a comeback in R.J. Lewis’s musical comedy, **“Stage Struck.”** Originally debuting at the New York International Fringe Theater Festival, the production garnered a nomination at that festival for Best Show. The story centers around Simon, a night security guard whose beat is an old Vaudeville Theater set to be demolished the following day. While doing his “guarding,” Simon discovers the ghosts of many of the past performers who worked there and is inhabited by their spirits, their acts channeled through his body. Suddenly Simon is able to do many classic Vaudeville feats, including juggling, stilt dancing and ventriloquism. 215-923-0210

That Bell

A chime that changed the world occurred on July 8, 1776, when the Liberty Bell rang out from the tower of Independence Hall summoning citizens to hear the first public reading of the Declaration of Independence by Colonel John Nixon. The Pennsylvania Assembly ordered the Bell in 1751 to commemorate the 50-year anniversary of William Penn’s 1701 Charter of Privileges which was Pennsylvania’s original Constitution and spoke of the rights and freedoms valued by all people. The quotation from Leviticus 25:10: “Proclaim Liberty throughout all the land unto all the inhabitants thereof,”

was chosen to adorn the bell. The preceding line “And ye shall hallow the fiftieth year.” Was especially important given this was to be the 50th Anniversary of the Charter. Some of the more interesting stories about the Bell:

Pennsylvania?

On the front of the Bell are the words, “Pass and Stow / Philada / MDCCLIII.” Also inscribed on the Bell is the quotation, “By Order of the Assembly of the Province of Pennsylvania for the State House in Philada.” Note that the



spelling of “Pennsylvania” was not at that time universally adopted. In fact, in the original Constitution, the name of the state is also spelled “Pensylvania.” If you get a chance to visit the second floor of Independence Hall in Philadelphia, look at the original maps on the wall. They, too, have the state name spelled “Pensylvania” (and the Atlantic Ocean called by the name of that day, “The Western Ocean”).



Ring My Bell

The bell was rung for many events. The Liberty Bell was rung to call the Assembly together and to summon people together for special announcements and events. It tolled when Benjamin Franklin was sent to England to address Colonial grievances, it tolled to call together the people of Philadelphia to discuss the Sugar Act in 1764, the Stamp Act in 1765, the First Continental Congress in 1774, the Battle of Lexington and Concord in 1775 and the reading of the Declaration of Independence on July 8, 1776. Some thought there was too much ringing of the bell and in 1772 a petition was sent to the Assembly stating that the people in the vicinity of the State House were “incommoded and distressed” by the constant “ringing of the great Bell in the steeple.”

The Hidden Bell

In October 1777, the British occupied Philadelphia. Weeks earlier all bells, including the Liberty Bell, were removed from the city. It was well understood that, if left, they would likely be melted down and used for cannon. The Liberty Bell was hidden in the floorboards of the Zion Reformed Church in Allentown, Pennsylvania, which you can still visit today.



Photo courtesy of Philadelphia Convention and Visitors Bureau.

The Liberty Bell

Though the word ‘Liberty’ is inscribed on the bell, it wasn’t named the liberty bell until 1837. William Lloyd Garrison’s anti-slavery publication *The Liberator* reprinted a Boston abolitionist pamphlet containing a poem about the Bell, entitled, *The Liberty Bell*, which represents the first documented use of the name, “Liberty Bell” in 1837. In 1847, George Lippard wrote a fictional story for *The Saturday Currier*, which told of an elderly bellman waiting in the State House steeple for the word that Congress had declared Independence. He doubted the Congress’s resolve and sent his Grandson to eavesdrop on the proceedings. Suddenly the grandson yelled to him, “Ring, Grandfather! Ring!” This story so captured the imagination of people throughout the land that the Liberty Bell was forever associated with the Declaration of Independence.

The Crack

Though there is disagreement about when the first crack appeared on the Bell, it is agreed that the final expansion of the crack (making the Bell unringable) was on Washington’s Birthday in 1846. On November 1, 1751, a letter was sent to purchase a bell from Whitechapel Foundry for the State House (now Independence Hall) steeple. The bell arrived in Philadelphia on September 1, 1752, but was not hung until March 10, 1753, on which day Isaac Norris wrote, “I had the mortification to hear that it was cracked by a stroke of the clapper without any other violence [sic] as it was hung up to try the sound.” The cause of the break is thought to have been attributable either to flaws in its casting or, as they thought at the time, to its being too brittle. Two Philadelphia foundry workers named John Pass and John Stow were given the cracked bell to be melted down and recast. They added an ounce and a half of copper to a pound of the old bell in an attempt to make the new bell less brittle. For their labors they charged slightly over 36 Pounds. The new bell was raised in the belfry on March 29, 1753. but they had added too much copper. Apparently nobody was now pleased with the tone of the bell. They tried again. They broke up the bell and recast it. On June 11, 1753, the *New York Mercury* reported, “Last Week was raised and

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Philadelphia for Families

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fix'd in the Statehouse Steeple, the new great Bell, cast here by Pass and Stow, weighing 2080 lbs." Still, nobody was pleased with the tone of the bell. Thus a new bell was sent from England. The new bell, unfortunately, sounded no better than the original Pass and Stow bell. So the "Liberty Bell" remained where it was in the steeple, and the new Whitechapel bell was placed in the cupola on the State House roof and attached to the clock to sound the hours.

The Liberty Bell Pavilion was opened in 1976. Now, on every Fourth of July, the bell is rung (symbolically tapped), in unison with thousands

Ghosts

The Candlelight Tour through historic and haunted Philadelphia will take you through the Old City in search of the countless ghosts rumored to haunt the city. This includes a Quaker woman who haunts Washington Square to protect the graves of 4,000 soldiers buried there. These tours are based on the book, *Philadelphia Ghost Stories*, by Charles J. Adams. Reservations are required for evening hours at 215-413-1997.

Eastern State Penitentiary in Philadelphia is a gothic, castle-like structure built in 1829. It was once home to characters such as Al Capone and Willie Sutton. It has stood in ruin since 1971, a

lost world of crumbling cellblocks and empty guard towers. Eastern State Penitentiary was designed to be frightening. With fortress walls thirty feet high, enclosing eleven acres of cellblocks, the building was built to intimidate. Ghosts at this abandoned prison include ill-fated prisoners, and a phantom guard who appears in the guard tower. The prison also puts on a Halloween celebration that takes visitors through five cell blocks and the central rotunda, all enhanced by tremendous special effects. Regular tours are Wednesdays - Sundays and children must be at least 7 to be able to wear the mandatory hard hats provided for the tour (215-236-3300).

In the midst of Philadelphia, a historic hub of democracy, ghost sightings have been made. A ghost is rumored to wander the first floor of Independence Hall's clock tower. Nearby Carpenter's Hall is rumored to be haunted by the ghosts of the nation's first bank robbers, who robbed the bank on Sept. 1, 1798.

Another spooky way to remember to remember the state's history and heritage is by visiting the gravesites of some of its most influential people. Benjamin Franklin, one of the most famous Pennsylvanians in history and played a vital role in fighting for America's independence and then helped in shaping its present-day form of government. He is buried at the Christ Church Burial Grounds near Fifth and Arch Streets. Pennsylvania's only U.S. president, James Buchanan, the 15th president, was born, raised and died in Central

equipment that you can feel comfortable with. Children can make their own choices within KiddieCorp's program. Our goal is to provide your children with a comfortable, safe, and happy experience. Our staff-to-child ratios are high to ensure that every child feels special (1:2 infants; 1:3 toddlers; 1:5 school age). Snacks and beverages will be provided and meals need to be supplied by parents or purchased when checking your child in each day.

This year the theme is "CampOut with KiddieCorp." We'll be breaking out the camp chairs, singing silly songs, and telling funny (not too scary) ghost stories by our pretend fire. Then it's off to the arts and crafts tables to try our hand at bead kits, lanyard key chains, cootie catchers, and friendship bracelets. Before "bed" we'll check out the constellations and then finish up our campout with a good old-fashioned talent show.

Registration Information

If you are interested in registering your child for the children's program, contact KiddieCorp at 858-455-1718 or you can register on-line at <https://www.kiddiecorp.com/cnskids.htm>. Space is limited and on-site registrations cannot be guaranteed, although every effort will be made to accommodate late or on-site registrations. □

Pennsylvania. He is buried at Woodward Hill Cemetery in Lancaster. Betsy Ross, America's most famous seamstress, was also a famous Pennsylvanian who was commissioned by the Continental Congress and General George Washington to sew the nation's first flag. She is buried at the Betsy Ross House. Honus Wagner was one of the greatest shortstop of all time. Wagner, from Carnegie, Pennsylvania, is buried at Jefferson Memorial Cemetery just south of Pittsburgh. Connie Mack (Cornelius McGillicuddy) was known for wearing a suit in the dugout instead of a uniform. He managed the Philadelphia Athletics for 50 seasons and has the most wins and losses of any professional baseball manager. He is buried at Holy Sepulcher Cemetery. Jim

Thorpe is considered by many in the sports world to be the most talented athlete of the first half of the 20th Century. In the 1912 Olympic games, Thorpe won two gold medals. He also played both professional baseball and football and is enshrined in the Football Hall of Fame. Jim Thorpe, Pennsylvania is the site of his grave. Andy Warhol is considered by many to be the founder of the Pop Art movement. Besides being an artist, Warhol was also a filmmaker, author, magazine publisher, and commercial designer. Some of his most famous works are the Campbell's Soup Labels and portraits of Marilyn Monroe. He is buried at St. John the Baptist Catholic Cemetery south of Pittsburgh. □

Auxiliary Notes

Penny Papadopoulos

Philadelphia, the site of this year's Annual Meeting, is a dynamic place where big city excitement meets hometown charm and awaits your arrival, September 21-26, 2002. Famous as the birthplace of life, liberty, and the pursuit of happiness, the cradle of liberty offers so much more than cobblestone streets and historical landmarks. Cultural, culinary, artistic and ethnic treasures abound in this city and its surrounding countryside. Many unique events have been planned for you to explore and experience the Philadelphia treasures. We look forward to seeing you there!

Our week begins with the Oktoberfest Opening Reception to be held in the Grand Hall of the Pennsylvania Convention Center on Sunday, September 22nd. With Philadelphia's historical and cultural background, you will enjoy this casual evening with friends old and new in an Oktoberfest setting sure to excite you, filled with gardens, entertainers, and cuisine to accompany this unforgettable atmosphere. The Pennsylvania Convention Center is connected to the Philadelphia Marriott and is just minutes from all participating hotels.

On Monday afternoon, the Friends of the Congress Luncheon and Program will take place at the Betsy Ross House and Museum, built in 1740. The Betsy Ross House is the home of the maker of the first American flag. Betsy Ross was chosen by the 1776 Congressional Committee on flag design to make the first Stars and Stripes. The Committee consisted of George Washington, Robert Morris, and George Ross, who all met in her house.

This year's very special program features Lori Dillard Rech, Executive

Director of the American Flag House and Betsy Ross Memorial, also known as the Betsy Ross House. Following lunch, Lori Rech will be addressing Betsy Ross as a role model for women? a workingwoman of the colonial period who raised seven children and carried on a successful business throughout her life. We look forward to taking you back to the Revolution!

This year's Friends of the Congress Café will be located in JW's Restaurant on the second floor of the Philadelphia Marriott Hotel. It will be open Sunday through Wednesday from 7:30 am to 3:00 pm and Thursday from 7:30 am to 11:00 am. A continental breakfast will be served throughout the day. A Child Care Activity Center is once again available to CNS attendees and is also conveniently headquartered at the Philadelphia Marriott Hotel.

Don't miss our 3rd Annual Dandy Oration with humanitarian and scientist, Jane Goodall, Ph.D., acclaimed author of many books and articles. She will speak on her best seller, *The Reasons for Hope*, a poignant and insightful memoir that explores the spiritual and scientific experiences that have shaped her life. Also, take note of the spectacular presentations of Meg Whitman, CEO of eBay, Greg Papadopoulos, CTO of SUN Microsystems, and J. Craig Venter, DNA sequencing pioneer. These are just a few of the Special Lecturers appearing throughout the week. Plan to attend any or all of these presentations with your spouse. A myriad of tours and evening events are available for your enjoyment too. Philadelphia has so much to offer? from theatre (Avenue of the Arts) to the new Kimmel Center for the Performing Arts to the fabulous Philadelphia Zoo.

Please plan to join your friends and colleagues in Philadelphia, rich in history, culture, and excitement. We look forward to seeing you in "Philly"!

Hello Parents!



KiddieCorp is pleased to provide a children's program for the Congress of Neurological Surgeons Annual Meeting, September 21-26, 2002, at the Philadelphia Marriott in Philadelphia, PA. KiddieCorp is in its 16th year of providing high quality children's programs and youth services to conventions, trade shows, and special events. We take watching your children very seriously. KiddieCorp has enjoyed long-time partnerships with the American Academy of Pediatrics and the American Bar Association, which have helped to establish KiddieCorp as a premier provider of event children's program services.

Activities

All activity planning is based around the program hours and ages (6 months to 12 years) of the children. Activities include exciting themes, arts and crafts, group games, music and movement, board games, story time, dramatic play, etc. We provide activities appropriate for each age group, using safe, sturdy

CNS Meeting Leadership

Penny and Stephen M. Papadopoulos

President



Dr. Papadopoulos was born in 1956, the son of a Greek immigrant. His father arrived in the United States shortly after the war to attend college on an educational scholarship granted from the Greek government. While in college his father met his mother, became married and started a family of four boys. Dr. Papadopoulos' brothers have all pursued successful careers in the Technology field, perhaps in the footsteps set forth by their father.

Dr. Papadopoulos' interest in medicine was sparked in high school by his sophomore biology teacher. It wasn't until medical school, at the University of Texas in Houston, however, that he chose the field of Neurosurgery. In medical school he was mentored by Dr. Floyd Haar who revealed the beauty, elegance and complexities of neurosurgery. In fact he began his residency at Dr. Haar's alma mater, the University of Michigan, in 1982. At the University of Michigan, he was trained by Drs. Julian Hoff, John McGillicuddy, William Chandler and Joan Venes. Dr. Hoff clearly instilled a spirit of volunteerism and leadership in organized Neurosurgery amongst all of his residents including Dr. Papadopoulos. In 1988, Dr. Papadopoulos was invited to stay as a faculty member at the University of Michigan with his first appointment as the Chief of Neurosurgery at the Ann Arbor V.A. Hospital. In 1989, he went to Barrow Neurological Institute in Phoenix, Arizona, for fellowship training in the field of spinal neurosurgery with Dr. Volker Sonntag, this year's Honored Guest. Dr. Sonntag's equally passionate commitment to volunteerism and leadership in organized neurosurgery further shaped Dr. Papadopoulos' career priorities. He spent the following 12 years at the University of Michigan pursuing his early interests in spinal surgery and, later, emphasis in the area of image guided surgery and surgical informat-

ics. He has been a clear leader in the academic arena, authoring over one hundred articles, manuscripts and book chapters.

Dr. Papadopoulos began his work in the CNS nearly ten years ago on the Annual Meeting Committee, where he subsequently worked as the Scientific

Program Chair in 1995 and the Annual Meeting Chair in 1996. He has served on the CNS Executive Committee since 1993; Treasurer from 1996-1999, Vice President in 2000 and President-elect in 2001. He has been equally active in the Joint Section on Disorders of the Spine and Peripheral Nerve; serving on the Executive Committee from 1992-2000, Annual Meeting Chair in 1994, Secretary from 1994-1997 and Chair in 1999.

In 2001, Dr. Papadopoulos returned to Phoenix to join his colleagues at the Barrow Neurological Institute. He continues to provide innovative contributions in the areas of image guided surgery, surgical informatics and complex spinal neurosurgery.

In 1983, Dr. Papadopoulos married a beautiful young nurse working in the

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cardiac catheterization lab, Penny Sanders. Penny and Steve have three sons, Michael (15), Matthew (13), and Marcus (10). Michael is a sports enthusiast, enjoying golf and tennis. Matthew is an active swimmer and enjoys playing the saxophone. Marcus enjoys school, Karate, and Saturday afternoons. Penny remarkably balances service to the CNS Auxiliary over the years, her own career as an Adult Nurse Practitioner, mother, wife, "taxi driver", "kid's sports event cheering section" and "family glue".

Lori and Mark Hadley

President-Elect



Mark Norman Hadley was born and raised in Napa, California, one of three children of Jack and Marie Hadley. Mark was active in sports, scholastics, and student government through high school. He served as Student Body President his senior year, class Salutatorian, and was nationally ranked in the boy's mile and half-mile runs. He was a National Merit Scholar and accepted a four-year scholarship to run track at Stanford University in 1974. Mark graduated from Stanford in 1978 with a BA in Economics as a four-year varsity letterman. He began his medical education at Albany Medical College in upstate New York in the summer of 1978, where he was profoundly influenced by John A. Popp, MD, Professor of Surgery and Neurosurgery. Mark received his MD degree in 1982.

Dr. Hadley completed his general surgery internship at the University of California under F. William Blaisdale, MD, and began his post-graduate neurosurgical training in 1983 at the Barrow Neurological Institute in Phoenix, Arizona, under mentors Robert F. Spetzler, MD, Volker K.H. Sonntag, MD, Andrew E. Shetter, MD, John R. Greene, MD, and others. Upon graduation in 1988, Dr. Hadley served three years as a neurosurgeon in the United States Air Force. In 1991 Dr. Hadley accepted the position of Assistant Professor of Neurological Surgery under

Richard B. Morawetz, MD, at the University of Alabama at Birmingham. His main areas of clinical and scientific interest are disorders of the human spine and spinal cord. He was promoted to Associate Professor in 1993 and Professor in 1997. He has been actively involved in medical student, resident, and fellow education at UAB and has served as the Director of Resident and Medical Student Education, and continues in his roles as the Direc-

tor of the Neurological Surgery Residency Training program and Director of the Neurological Surgery Spine Fellowship program. He is the Medical Director of a large, active regional Think First injury prevention program and has served as Team Physician to the University of Alabama and the University of Alabama at Birmingham football programs.

Dr. Hadley has authored over 150 sci-

entific articles and chapters in medical textbooks. He has authored or edited several compilations in Neurological Surgery, including Self Assessment for Neurological Surgeons (SANS) VI for the AANS and CNS in 1997, multiple educational videotapes, Video Perspectives in Neurological Surgery, and most recently, the comprehensive Guidelines for the Management of Acute Cervical Spine and Spinal Cord Injuries published as a supplement to

Neurosurgery in March 2002. Dr. Hadley serves editorial roles for Spine, Nutrition, and several foundations, and serves on the Editorial Board of Neurosurgery (1999 to present). He has been a visiting professor at major universities throughout the United States and has received a variety of honors including the inaugural Frank H. Mayfield Award of the AANS/CNS Spine Section in 1984, and selection by his peers among America's Top Doctors,

2001 and 2002.

Dr. Hadley has been active in organized Neurosurgery since his residency training. He has served on the Executive Committees of the Congress of Neurological Surgeons (1994-present) and of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves (1992-1999). He has served as the Secretary of the CNS (1997-2000), as CNS Vice President (2001) and as a member

of the AANS/CNS Washington Committee (2001-present).

Dr. Hadley is a dedicated, fortunate husband and father. He and his lovely wife, Lori Frances Hadley, live in Birmingham with sons Christopher (14) and Jack (6) and daughter Mollie (3). Mark and Lori run a busy but haphazard "multiple children to different activities" shuttle service and are band, math team, soccer, basketball, ballet, base-

ball, tennis, swimming, and golf enthusiasts. In their spare time they enjoy the beaches of the Destin-Seaside area of Florida (Lori's birthplace and site of their marriage) and are active in the Birmingham community and in the Episcopal Church.

Sandy and Richard Ellenbogen

Annual Meeting Chairman



Richard Glen Ellenbogen was born and raised in New York. He attended Brown University in Providence, R.I., where he obtained his undergraduate degree in Biochemistry/Molecular Biology. He received an HPSP Scholarship from the US Army to attend Medical School. He graduated Medical School from Brown University in 1983. After a general surgery internship at Walter Reed Army Medical Center, he performed his Neurosurgery Residency in Boston at The Children's Hospital/ Brigham and Women's Hospital/Harvard Medical School Program, graduating in 1989. He then served at Walter Reed as an Attending Surgeon and volunteered for Operation Desert Shield/Storm, in Saudi Arabia 1990-1991. He served as Commander of the 252nd Medical Detachment/XVIII Airborne Corp and received a Bronze Star for his service. He returned stateside and later became Chief of Neurosurgery at Walter Reed and Residency Program Director. In 1997, he was recruited to the Department of Neurological Surgery at the University of Washington, in Seattle as an Associate Professor and Attending Surgeon. He has become Chief of Pediatric Neurological Surgery at the Children's Hospital and Regional Medical Center and is the first to hold the Theodore S. Roberts Endowed Chair in Pediatric Neurosurgery at Children's Hospital and Regional Medical Center and the University of Washington. Recently, he was appointed as interim Acting Chairman of Neurological Surgery at The University of Washington.

In addition to his busy clinical practice, Dr. Ellenbogen has been actively pursuing both clinical and basic research for the past decade. He has received

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extramural funding to study growth of the immature craniofacial skeleton, pediatric brain tumors, neural rehabilitation after head injury, and the CSF physiology of hindbrain malformations. He has been active in organized Neurosurgery, holding a variety of positions in the CNS since 1989, from Chairman of the Residency Committee to Scientific Program Chairman in San Diego. He has been on the Editorial Board of Neurosurgery, Clinical Neurosurgery, Perspectives of Neurosurgery and Seminars in Neurosurgery.

Dr. Ellenbogen loves the outdoors, and enjoys fishing, skiing, hunting, and playing baseball. He is married to Sandy Elaine Ellenbogen, an RN, and they live in Seattle with their three children, Rachel (12), Paul (10) and Zachary (7).

Jennifer and Joel MacDonald

Scientific Program Co-Chairman



Dr. Joel MacDonald was born in Spokane, Washington and was raised principally in Las Vegas, Nevada and suburban Washington, D.C. He attended both undergraduate and medical school at the University of North Carolina, completing his Doctorate in 1989. He then served as a general surgery intern at Carolinas Medical Center in Charlotte, North Carolina. He completed his neurosurgery residency training at the University of Utah and thereafter, a cerebrovascular fellowship with Dr. Arthur Day at the University of Florida. He was then appointed to the academic faculty at the University of Arizona where he practiced complex cerebrovascular surgery, skull base surgery, and complex spine surgery for three years. In 1999, he was asked to rejoin the Department of Neurosurgery at the University as an Assistant Professor and a complex skull base and vascular surgeon.

Dr. MacDonald has served the Congress of Neurological Surgeons in several capacities since completion of his residency. Most recently, he was

appointed to a three-year seat on the Executive Committee as a Member-at-Large. He holds many other appointed positions in organized neurosurgery including Editor of NEURO-SURGERY://ON-CALL®, Member-at-Large of the Executive Council of the Joint Section of Cerebrovascular Surgery, Chairman of the Information and Technology Committee for the Congress of Neurological Surgeons, and others. Dr. MacDonald was also the principal architect behind the OPCODER procedural tracking software for accumulating RRC procedural data and ABNS practice data. In addition, Dr. MacDonald currently serves as the Vice-President of the Rocky Mountain Neurosurgical Society.

Dr. MacDonald recently married his long-time love, Jennifer, in June of 2001. Jennifer is a Veteran of the United States Air Force and is a surgical technician. She is currently pursuing an academic career with a goal of a PhD in neuropsychology. The couple is expecting a new addition to the family in August 2002. They are the proud parents of Courtney Elizabeth, 8, and Jacque, the dog.

Lola and Nelson Oyesiku

Scientific Program Co-Chairman



Nelson Oyesiku is honored to serve the Congress of Neurological Surgeons as Scientific Program Co-Chairman. Dr. Oyesiku was born in Nigeria where he graduated from St. Gregory's College and received his medical degree from the University of Ibadan. He then attended the University of London, UK as a Commonwealth Scholar. He obtained his neurosurgical training at Emory University, Atlanta. During his residency he also completed a PhD degree in the neuroscience graduate program at Emory studying the role of neurotrophic factors in neuronal survival and regeneration.

Dr. Oyesiku was appointed to the neurosurgical faculty at Emory upon completion of his training. He is currently Associate Professor of Neurological Surgery and Director of the Laboratory of Molecular Neurosurgery & Biotechnology. His clinical and research focus

is the surgical treatment and molecular biology of pituitary tumors. He has received an NIH CIDA Award and Medical Faculty Development Award from the Robert Wood Johnson Foundation for his research endeavors. He has authored several manuscripts, book chapters, and a book in the field of neurosurgery and basic science.

Dr. Oyesiku currently serves on the Executive Committee of the Congress of Neurological Surgeons and the Executive Committee of the Joint Section of Neurotrauma/Critical Care. He is Chair of the CNS International Committee, and serves on the CNS Publications Committee. He is also Scientific Program Co-Chairman, Luncheon Seminars Chairman, and Practical Course Chairman for the CNS 2002 meeting. He is Secretary/Treasurer of the Georgia Neurosurgical Society.

Lola is an R.N. with specialty training in Obstetrical Nursing, and is a certified Midwife. She works part-time for Grady Hospital, Atlanta. They have three children Angela (18) who is a freshman at Goucher College in Baltimore, Linda (14) who is at Pace Academy in Atlanta, and Nelson III (11) who attends Fernbank Elementary in Atlanta.

Nelson enjoys golf, football, cricket, racquetball, and reading. Lola and Nelson have enjoyed seeing a great deal of the world in their joint travels.

Paul J. Marcotte

Local Arrangements Chairman



As Local Arrangements Chairman, Paul Marcotte looks forward to greeting the Congress of Neurological Surgeons at its 2002 Annual Meeting in

Philadelphia, Pennsylvania, where he has made his home for the last nine and a half years.

Originally from Ottawa, Canada, Dr. Marcotte attended medical school and completed his residency training at the University of Ottawa. He subsequently undertook a year of spinal fellowship training at the Barrow Neurological Institute in Phoenix, Arizona. For a brief period before and after his fellowship he was on staff at the University of Ottawa. In January 1993, Dr. Marcotte accepted an attending position at the Hospital of the University of Pennsylvania, and has developed an academic practice focusing on spinal surgery. Recently, he was promoted to

Associate Professor of Neurosurgery.

After living in center city Philadelphia for a couple of years, Dr. Marcotte currently resides in Penn Valley, in the Mainline suburbs. Outside of work, he is a self-described automobile and model train enthusiast and remains an active hockey player. He also enjoys the culture, fine dining and all that Philadelphia has to offer.

Dr. Marcotte cordially welcomes all members and participants to the CNS meeting in Philadelphia and hopes that they enjoy the city that he has come to appreciate. □

CNS Membership: Applications in Progress

The following individuals have applied for Membership to the Congress of Neurological Surgeons. Commentary or questions should be directed to Christopher Getch, M.D., Chairman Membership Committee, phone: 312-695-6279; e-mail: cgetch@nmff.nwu.edu.

Perry J. Argires
 Mohammad Aburemsh
 Mustafa Aziz
 Richard E. Clatterbuck
 Phillip G. Esce
 Konstantinos Fountas
 Mo To Ko
 Catherine A. Mazzola
 Jeffrey S. Mimbs
 William Mitchell
 Gabrielle F. Morris
 Harrison T. Mu
 Rennatta Osterdock
 Parag Patil
 Patricia B. Raksin
 Joshua M. Rosenow
 Faheem A. Sandhu
 Herman Scholtz
 Jonathan D. Sherman
 Pennie S. Siebert
 John R. Vender
 Steven F. Will
 Steven D. Wray
 Ofer M. Zikel

Washington Committee Participates in President's Economic Forum

Katie O. Orrico, J.D.

Director, AANS/CNS Washington Office

On August 13th, President Bush held an Economic Forum at Baylor University in Waco Texas. There were eight panels, with about 20 to 30 participants on each panel. The panels included health care security, corporate responsibility, small business, economy, labor, etc. Each panel was chaired by a cabinet official, and the President sat in on four panel discussions while the Vice President sat in on four panels. Following the individual sessions, there was one wrap-up where the panels summarized their discussions and highlighted their recommendations. Members of the Washington Committee were asked to participate on this forum by the White House, and Jim Bean served as our representative on the health care panel. He highlighted the medical liability problem during his speaking time. While this forum was largely a publicity stunt (as one democrat said it is was more a republican economic policy infomercial), it did give us a chance to participate in a high-level meeting with some of the most important national policy makers.

Health Care Security Session Remarks by the President at Health Care Security Session at the Economic Forum

Baylor Law Center
Baylor University
Waco, Texas

SECRETARY THOMPSON: Mr. President.

THE PRESIDENT: Thank you all for coming.

SECRETARY THOMPSON: Mr. President, we're having a great session on medical malpractice and health care costs, the uninsured, and I've decided to pick several speakers to give you an update. And the first one I'm going to ask to give you a speech and an update is Grandma Green, Flora Green, who is an individual who is going to talk about Medicare. And she is a feisty little lady. So, I interrupted her –

THE PRESIDENT: Kind of like you, Tommy. (Laughter.)

Hi, Flora. Where are you from?

MS. GREEN: Salt Lake City. I met you in Salt Lake City.

THE PRESIDENT: Of course.

MS. GREEN: Barbara's boy. (Laughter.)

THE PRESIDENT: Thanks for com-

ing. I thank you all for coming, by the way. I want you to know that economic security relies upon good health security. The two go hand in hand. And we understand that, and I want to thank you for sharing your ideas about how to make our society better for all of us. Flora, thanks for coming. I'm interested.

MS. GREEN: Well, thank you, Mr. President. Thank you, Mr. Secretary. This is a great opportunity, because I want to speak for the heart of America, for the senior citizens that are suffering, who want action now. We don't want to wait two or three years.

Like I say, I get up this morning, it's a good day. (Laughter.) But I don't know. I see many of my fellow seniors that have difficulty getting up in the morning. They're tired of waiting. They want this to be handled now. But there are some other issues, too.

Those of us – and I'm finding about three quarters, maybe not quite that much, 60 percent of the folks have a plan in place that they want to keep. We want to make our own decisions. We're capable of doing that. I want to keep the Medigap insurance that I have that came as a survivor benefit.

One of the other issues that we're hearing, why can't we have tax credit for the premiums that we are paying for our Medigap insurance. Why can't we have tax credits for the—over a certain benchmark of prescription costs? These are things that seniors need, and need now. They need to cover the paperwork.

I had a woman bring me a stack of papers like that. I said, don't show it to me, because I don't know how to do it either. (Laughter.) And it's really true, they get—they just get confused. I did make a lot of notes, thank goodness. (Laughter.) You might be sorry.

But another thing that came up that I thought was tremendous, and as I said to the group, I have 24 grandchildren, 17 great grandchildren. Ten of my grandchildren are not married. So heaven knows what this is going to lead to. But I'm concerned about their future. Every bill that gets passed today has impact on these many beautiful little children to come into my family.

SECRETARY THOMPSON: Grandma Green, thank you very much.

MS. GREEN: Thank you.

THE PRESIDENT: Thanks for coming. Medicare is a very important program. However, it has not changed with the times, and that's a fact. And the fundamental question is, how do we change it with the times, so that seniors get the benefit of modern medicine, and



Jim Bean, M.D. and HHS Secretary Tommy Thompson.

they get to choose. That's one of the interesting debates in Washington, is should you allow – be allowed to choose.

MS. GREEN: Absolutely.

THE PRESIDENT: Well, I think so too, but others don't. Others want the government to make those decisions for you.

MS. GREEN: Why should some bureaucrat tell me what to do? (Laughter.)

SECRETARY THOMPSON: Be nice now, Grandma. (Laughter.)

THE PRESIDENT: Have you ever been to Washington? (Laughter.)

MS. GREEN: I get past those watchdogs that protect the members of Congress. It's 29-year-olds that are running the country. (Laughter.)

SECRETARY THOMPSON: Mr. President, I'd like to move on to—(laughter)—more patient control. And I would call upon Lucinda Harmon to give you an update.

THE PRESIDENT: Oh, hi, Lucinda. Thanks for coming.

MS. HARMON: Hello. Thank you so much, Mr. President, and thank you also for your promoting independence initiative while you were Governor and the executive order. I greatly appreciate that. And thank you, Mr. Secretary, for the systems change real choice grants that are currently being funded to the states. They are helping greatly.

There are several issues that are involved in the community of people with disabilities and the aging community because they are overlapping communities greatly. First off, we need more choices for long-term care, and it needs to expand to the entire continuum, from facility all the way to the community-based services. And no matter how much public money is thrown at this issue, it will not be resolved without a public/private partnership. There is no

way that federal money can accommodate individual community capacity. It has to be an integrated approach.

Without the community involvement, there won't be community investment and, with it, community capacity will be built. And it will be built in the areas that it's needed, not in the areas that somebody else might think it's needed.

Taking that on and extending it to the individual is absolutely critical, because individuals know what is needed for their own lives. We know how we need to be supported. And the way I need to be supported is not the way that Lex needs to be supported and not the way Grandma needs to be supported. This is a totally individual world. We have an individualized nation, and we need to progress that direction with our support of people with disabilities and people who are aging.

We also need to take the income limitations off of all of our programs for people with disabilities. I want to pay taxes. You don't hear that often. Make note. (Laughter.) I want to pay taxes. I want to be allowed to earn the income and still not lose the benefits.

I'm a well-educated person, but I cannot possibly afford the medical care that I require, the equipment that I require. And I want to be able to earn the money to be able to do this, to be able to contribute to it.

Thank you so much.

THE PRESIDENT: Absolutely. Where are you living?

MS. HARMON: I live in Salado, Texas.

THE PRESIDENT: Oh, yes. Right down the road.

MS. HARMON: Yes, sir.

THE PRESIDENT: And what are you doing?

MS. HARMON: I am an educational

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consultant. I build capacity in terms of community coalitions and grant writing. My company has brought in \$2.6 million into the state and into the area, and I make \$40 a month.

THE PRESIDENT: So you can get your Medicare benefits.

MS. HARMON: And Medicaid.

THE PRESIDENT: And Medicaid, right.

MS. HARMON: Yes.

THE PRESIDENT: Actually, we've made some progress on the Medicare.

SECRETARY THOMPSON: We are making progress on it.

THE PRESIDENT: In terms of income limitations.

SECRETARY THOMPSON: Lucinda would like to introduce her dog, too.

MS. HARMON: Yes. My dog is part of my personal choice. His name is Quintessential. Quint, baby, wake up. (Laughter.)

THE PRESIDENT: Where is Quint? (Laughter and applause.)

MS. HARMON: He's a part of my individual program. Thank you so much, Mr. President.

THE PRESIDENT: He was afraid I was going to give a speech. (Laughter.)

SECRETARY THOMPSON: Mr. President, the next issue that you have a tremendous passion for is reforming the tort system as far as medical malpractice.

THE PRESIDENT: Yes.

SECRETARY THOMPSON: We're going to call upon Dr. Hill, who is the head of the American Association of Physicians.

DR. HILL: Thank you, Mr. President and Mr. Secretary. I thought I came here to be on your team, but I think I'd rather be on Flora Green's team right now. (Laughter.)

America's patients and physicians are facing a crisis, and I've heard this morning many times it's a malpractice crisis. It's not a malpractice crisis; we have a liability premium crisis. And I wish—and I'm going to try to teach Secretary Thompson not to say "malpractice crisis" before the day is over. It's a liability premium crisis.

But these litigation costs are driving jury awards totally out of control. And they're forcing doctors in many states to do several things: leave practice, retire, go into another profession, or move to another state that has a more reasonable liability climate, or where the insurance market is a little bit more stable.

And it's not the first liability crisis we've had. This is the fourth one since 1974-

'75. And physicians and others in the health care system have looked at it, and we've been offering solutions to the problem, yet in the great part of the country, they've not been adopted. And, of course, we're in a crisis again.

Trial lawyers have fought us every inch of the way, every step of the way. They've pointed fingers to blame everybody, except themselves.

SECRETARY THOMPSON: But your association, Doctor, has got to be with the President and this administration if we're going to win.

MR. HILL: Absolutely. Last month, you know, Nevada closed their level one trauma center for 10 days. I often think of what if I had had a child in a wreck out there at that time. Across the country, women, many women, with good insurance, are unable to get prenatal care, are unable to get delivery care because OBs and family doctors have reduced the number or stopped delivering babies entirely. And in addition to that, a lot of the advanced procedures they're just not going to take the risk of doing any more, because they can't find insurance to cover them.

So we've got states that have out-of-control legal systems and skyrocketing liability premiums. More than 100 physicians have left the state of— the states of Nevada, West Virginia, Pennsylvania, and Mississippi in the last 6 months. Eighty-one have left Mississippi, 39 of those left because of liability premium crisis. The rest retired, but they retired before the time that they planned to retire. And those doctors aren't coming back.

Governor Guinn and the Nevada legislature had some guts, and they passed some liability. Real leadership was shown there, some meaningful liability. Radiologists in New York and Pennsylvania and Florida are no longer reading mammograms, because of the risk, and they're afraid they're going to be sued. And then there are a whole lot of other states are in crisis. Georgia and New Jersey and New York and Texas are crisis states for us, and there are many others that the crisis is looming.

In 1994, the median jury award in America was \$375,000. Six years later, 2000, \$1 million. That's a triple in the median jury award. In Nevada, it took 23 cases to destabilize their insurance market and precipitate the crisis—23 cases that are responsible for 65 percent of the noneconomic damage awards. Twenty-three cases, 65 percent of the noneconomic damage awards.

Now we know from research and experience that most of the cases are frivolous, but they cost taxpayers a lot of money. A recent report from the Secretary's Health and Human Services showed conservative estimates of the annual costs of defensive medicine, \$60 billion, conservative.

Also, the report pointed out very clearly that noneconomic damages—if reasonable limits were put on noneco-

nomical damages, the taxpayers would probably save around \$30 billion by reducing federal health care spending. That's a total of \$90 billion. So the present system is obviously quite broken, and America's patients need to know that when they want—need medical care, it's going to be there.

California patients have had that comfort for more than 25 years, and it's working in California. And the rest of America needs it too. So the AMA supports President Bush's proposal. And particularly for the best speech you've ever given in Mississippi last week—that's a personal opinion—but it was done extremely well.

And many doctors who we talk to and we say, well, we're going to get liability reform but it's going to take two to three years, they've got to have—they say, two or three years is too late. We need some hope.

THE PRESIDENT: We've got a real problem. And what America's got to understand, the medical liability problem affects them for two ways. One, it runs up the cost of medicine, it just does. Large settlements and/or frivolous lawsuits makes your health care go up. That is a fact. And, secondly, it—the liability situation denies some people health care.

I met this guy from Mississippi. He's a fellow that came down from Minnesota, he and his wife. They're pediatricians. They heard a calling to go to a poor community, and now they're leaving Mississippi. They were in the Delta. And they're leaving, because the lawsuits are driving them out.

Not only does the system drive up the cost for the people in the Delta—the poor people can barely afford it—now they don't have a pediatrician, or two less pediatricians. And it's sad, and we need to do something about it, in that the—these lawsuits drive up the cost of medicine, it drives up the cost of medicine to the federal government as well, Medicare, Medicaid, veterans health benefits. So therefore, I believe the federal government ought to act and we ought to have medical malpractice reform across the board. People ought to be able to recover their economic damages.

If you get hurt, if somebody has mistreated you, you ought to have your day in court and you ought to be able to recover what they call economic damages. People ought to be allowed to be treated fairly. But there ought to be a cap on noneconomic damages and on punitive damages. And we ought to have joint and several liability reform. This is a real problem. And I call upon Congress, Doc, and I call upon you to get the people in Congress to act, to understand the crisis.

There are a lot of good docs who aren't going to be docs anymore and people suffer, and that's not right. And so it's time to act on this. I agree with you completely.

And the other thing people have got to understand is these frivolous lawsuits, and there's a lot of them, are not only driving the cost of medicine up, but denies people the chance to get their day in court. And that's a problem, and so we need to move.

For a while, I thought that it ought to be done at the state level. When I realized the cost to the federal treasury, I now believe we ought to have medical liability reform at the federal level, and I'm going to push hard for it. And I need your help. The trial lawyers are very politically powerful. And they're strong. But here in Texas we took them on and got some good medical—medical malpractice, which evidently had a few loopholes in it.

MR. HILL: Yes, sir, it did.

THE PRESIDENT: But we got some good tort reform across the board, and we need to do it here. We need to do it now in America, before it's too late. The patients get hurt, and the docs get hurt. And one of the things we've got to do is make sure the connection between the doctor and the patient is strong, and that it always remains intact, because that's one of the great things about our medical system.

Anyway, thanks for bringing it up.

SECRETARY THOMPSON: Thank you, Mr. President. Have you got time for one more subject?

THE PRESIDENT: Yes.

SECRETARY THOMPSON: I'm going to call upon a businessman, David Ness, to talk about how difficult it is with health insurance, and what they're trying to do to make sure that they have health insurance for their employees.

David.

MR. NESS: Thank you, Secretary Thompson.

THE PRESIDENT: Where do you live, David?

MR. NESS: Minneapolis, Minnesota.

THE PRESIDENT: Good.

SECRETARY THOMPSON: It's a suburb of Wisconsin, Mr. President. (Laughter.)

THE PRESIDENT: He tried that line in Minnesota, by the way. (Laughter.)

MR. NESS: Like Wisconsin, we have three days of summer. (Laughter.)

THE PRESIDENT: That's right.

MR. NESS: I work at the—great pleasure working for a very good company, a medical device company. It provides solutions for people with chronic disease. And we have over 20,000 employees in the U.S. Our medical expenses are over \$81 million. They're increasing significantly, however we've been able to, through I think rather creative approaches, arrest that increase. And the model, we think, provides the great-

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est opportunities for consumers and the public. It's a defined contribution medical plan that we offer in conjunction with other plans.

The reason why we believe this will work is three-fold. Number one, it really changes the way we deliver health care. It puts the patient, the employee, their family at the center of that decision making, creating a partnership with your doctor, to determine what's the best care. It's them, not the plan, that decides what the care should be.

Secondly, in order to do this, we have to have good information. There's a lot of information out there, but very little of it is really delivered in a way that employees can use it, patients can use it to make the best care. But we have a model where every employee has their own Web site. And that Web site has data on—that they loaded on, on health history, it has access to Johns Hopkins Medical Library, it has access to the credentialing of doctors they might want to go see it, it has access to prices for drugs. It's having good data that allows these people to make the right decisions.

The third thing is economic realignment. The current system is really not right. On most plans, if somebody goes in for a major operation, they think the cost is \$100. No, it was probably thousands and thousands and thousands of dollars. It's crazy. Our system—if every employee can see every cost that was spent on them, the cost of the doctors, the cost of the nurses, the cost of the hospital, because then you think people are using that money wisely.

And most importantly, every employee has a personal care account, dollars that they spend. And I thank you. We made a bet two years ago that this administration would do something, and it did something, allowing that personal care account not to be taxable, but to roll over, as long as it's used for medical care.

So by doing those three things, we think we've changed the system to make employees at the center of their health, investing in their health through preventative care and through spending their money wisely.

THE PRESIDENT: Yes, medical savings accounts, whatever you want to call them, are very important for providing proper incentive, and keeping the relationship between the patient and the doctor. I hope that Americans understand that if they walk 20 minutes a day, they'd get out and exercise, the amount of money they can save for their families; that there is such a thing as preventative care; and by making right choices, that people can really save a lot of money, and if the system encourages those savings, that in itself is just as well.

I appreciate you bringing that up. We've kind of lost sight of who is responsible for what. Part of it has to do with the size of government, part of it has to do with the health insurance phenomenon that is taking place. And the notion is to kind of—we talked about individualized medicine, but as you individualize medicine, individuals have to make better choices, too. And that's going to be crucial for the future of the country.

Thank you all for coming. I promise you I will listen to what has been said here, even though I wasn't here. And we will distill the ideas and the comments. This is—this is an important subject for the country because, as I mentioned earlier, good health care will yield to better economic security. It's hard to feel economically secure if you're worried about your health. It's hard to feel economically secure if the health care systems don't enable you to really realize your full potential. And so the ideas that you bring forth are important.

Tommy is doing a fabulous job running Health and Human Services. Health and Human Services, the budget, and the amount of influence it has on our society is enormous. And Tommy is a good listener, and he's a pretty good actor, too. He can get things done. Action man, we call him.

But I want to thank you all for coming. I think you'll be impressed by the quality of folks who have shown up here. I don't know if you've had a chance to mingle, but it's—I've been very impressed. I've been very thankful that a lot of our national experts have come to talk about a variety of subjects. Really what we're talking about is confidence in our future. I've got great confidence in the future of our country, because I understand America. I know what we're made out of. And obviously we've got some problems we need to address.

But one problem we don't have to address is the fundamental character of the country, the fundamental nature of the American people are resilient and strong. We talked a little bit in these other seminars about how some have let us down, cheated, didn't tell the truth when it comes to their numbers on their balance sheets. And we'll find those, and hold them to account. But by far, the vast majority of Americans are really decent, honorable people.

So thanks for coming to central Texas. I know it's a lot to ask to come here in the middle of August—(laughter)—but it's worthwhile, it's worthwhile. God bless you all. (Applause.) □

NEUROSURGERY NEWS

E-mail letters to the editor, article ideas, meeting notices, and press releases to: mlevy@hsc.usc.edu

Washington Committee Update

Katie O. Orrico, J.D.

Director, AANS/CNS Washington Office



Through our association in the Alliance of Medical Societies, I along with my fellow lobbyist colleagues was invited to attend two meet-

ings to plot a preliminary strategy to get HR 4600 the HEALTH Act (med liability bill) passed in the House. The first meeting took place at the White House with senior health policy staff. We learned about President Bush's major policy announcement on Thursday in North Carolina, which unveiled his proposal on liability reform. There were about 1500 people in attendance.

Later in the day, we were also asked to meet with key staff with the House Speaker, Majority Leader, and Whip's offices on the same topic. We were specifically invited as the "first group" that they wanted to meet with. The message was for us to do what we can to drum up physician and public support for HR 4600, especially with democrats in crisis states. The Washington Committee will put together an alert and other documents to send to about 17 to 20 states. We need to get more co-sponsors during the August congressional recess and beyond. The republicans are looking to us and others to get an adequate number of democrats on the bill so they can bring this bill to the floor for a vote. In addition to direct contacts, meetings, etc. with legislators they are encouraging letters to the editors in small local papers, etc., highlighting the impact of liability crisis on patient access to care, etc.

Finally, given the announcement of the president, the House Judiciary postponed the "mark-up" of this legislation until after August so as to not steal the president's thunder on the issue and buy some more time to get additional co-sponsors.

The House republican leadership will be meeting with other interested groups over the course of the next weeks and will help put together a broad coalition that will include business, medical, insurance and other players—minus trial lawyers, of course!

HHS Calls for National Malpractice Legislation to Protect Access to and Quality of Health Care

HHS Secretary Tommy G. Thompson released a policy report on July 24, 2002 calling for new federal legislation to improve Americans' access to care, encourage efforts to improve quality of care and squeeze the excesses and abuses out of the malpractice litigation system.

The report says Americans increasingly are finding that their doctors are closing their practices, limiting the types of patients they will see, or leaving communities where they have long practiced because they cannot afford the rapidly increasing cost of malpractice insurance or because it is simply not available.

"This is a problem for America's doctors – and a danger to all Americans," Secretary Thompson said. "Americans are paying the price of excessive lawsuits through higher health insurance premiums, difficulty in getting a doctor when they need one, higher taxes and missed opportunities to improve patient safety. We must put an end to the malpractice litigation lottery that favors a handful of powerful personal injury lawyers and instead create a common-sense system that ensures injured patients receive fair and prompt compensation without threatening access to quality care for all other Americans."

The report, "Confronting the New Health Care Crisis: Improving Health Care Quality and Lowering Costs By Fixing Our Medical Liability System," highlights the problems created by the rising costs of malpractice insurance for doctors and hospitals – particularly in states that have not reformed their legal systems. The system is raising the cost of health care that all Americans pay through out-of-pocket payments, insurance premiums and taxes.

The report also cites specific problems that result from the current system. For instance, women are losing their obstetricians in mid-pregnancy in states that have not reformed their litigation systems. Also, earlier this month, the major trauma center in Las Vegas had to close temporarily after its surgeons quit when their malpractice premiums increased sharply.

The report cites estimates showing the cost of malpractice insurance for specialists has risen more than 10% in recent years and could increase by an average of 20% or more this year. States without any limits on non-economic malpractice damages are experiencing the sharpest increase – 30 to 50%.

It also details other threats to quality health care caused by rising malpractice costs:

Patients undergo unnecessary tests and treatments as doctors and hospitals practice "defensive medicine" to ward off potential malpractice lawsuits. This exposes patients to additional risk and drives up the cost of health care.

Fears of malpractice litigation may stop doctors and hospitals from reporting adverse events and potential errors to quality improvement groups—reducing the chances that potential threats to patient safety are identified and corrected before anyone is hurt.

Doctors are avoiding high-risk specialties, such as obstetrics and surgery, due to the excessive costs of malpractice insurance. Hospitals also may drop high-risk services, such as trauma care and emergency rooms, to reduce their insurance costs.

Fearing malpractice litigation, retired physicians and other health-care professionals are choosing not to volunteer their services at community clinics and other locations that people without health insurance rely on for needed care.

It calls for key national reforms that would both strengthen patient safety and quality improvement efforts by making it possible for doctors to collaborate to identify problems and fix them, and establish reasonable limits on non-economic damages in malpractice cases.

The report also suggests ways to reform the way lawsuits are conducted and to avoid litigation in the first place. It suggests adoption of a plan called Early Offers that would encourage doctors to offer economic compensation to injured patients soon after an adverse event and encourage patients to accept them. In this way patients would be assured of fair compensation quickly, and without having to undergo the long delays, great expense and trauma of litigation.

The report also suggests adoption of strengthened medical review panels that would provide streamlined disposition of malpractice claims, with incentives for doctors and patients to use them and accept their judgments.

“California led the way for the nation by establishing statewide limits on malpractice claims 25 years ago, with bipartisan support,” Secretary Thompson said. “We should learn from the successes of California and other states that have successfully reformed their malpractice systems. The billions of dollars we could save would permit increased benefits such as a reasonable prescription drug benefit for seniors and help for the uninsured to obtain insurance.”

The report is available at <http://aspe.hhs.gov/daltcp/reports/litrefm.pdf>. The section on malpractice is included below.

Note: All HHS press releases, fact sheets and other press materials are available at www.hhs.gov/news.

The Increasingly Unpredictable, Costly, and Slow Litigation System Is Responsible

Reprinted from Confronting the New Health Crisis, Department of Health and Human Services, July 24, 2002.

Insurance premiums are largely determined by the expensive litigation system. The malpractice insurance system and the litigation system are inexorably linked. The litigation system is expensive, but, at the same time, it is slow and

provides little benefit to patients who are injured by medical error. Its application is unpredictable, largely random, and standardless. It is traumatic for all involved.

Most victims of medical error do not file a claim—one comprehensive study found that only 1.53% of those who were injured by medical negligence even filed a claim (33). Most claims—57 to 70%—result in no payment to the patient (34,

35). When a patient does decide to go into the litigation system, only a very small number recover anything. One study found that only 8-13% of cases filed went to trial; and only 1.2-1.9% resulted in a decision for the plaintiff (36).

Although most cases do not actually go to trial, it costs a significant amount of money to defend each claim—an average of \$24,669 (37). The most dramatic cost, however, is the cost of the few

cases that result in huge jury awards. Even though few cases result in these awards, they encourage lawyers and plaintiffs in the hope that they can win this litigation lottery, and they influence every settlement that is entered into.

A large proportion of these awards is not to compensate injured patients for their economic loss—such as wage loss,

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health care costs, and replacing services the injured patient can longer perform (such as child care). Instead, much of the judgment (in some cases, particularly the largest judgments, perhaps 50% or more) is for non-economic damages. Awarded on top of compensation for the injured patient's actual economic loss, non-economic damages are said to be compensation for intangible losses, such as pain and suffering, loss of consortium, hedonic (loss of the enjoyment of life) damages, and various other theories that are imaginatively created by lawyers to increase the amount awarded.

Non-economic damages are an effort to compensate a plaintiff with money for what are in reality non-monetary considerations. The theories on which these awards are made however, are entirely subjective and without any standards. As one scholar has observed: "The perceived problem of pain and suffering awards is not simply the amount of money expended, but also the erratic nature of the process by which the size of the awards is determined. Juries are simply told to apply their 'enlightened conscience' in selecting a monetary figure they consider to be fair." (38).

Unless a state has adopted limitations on non-economic damages, the system gives juries a blank check to award huge damages based on sympathy, attractiveness of the plaintiff, and the plaintiff's socioeconomic status (educated, attractive patients recover more than others) (39).

The cost of these awards for non-economic damages is paid by all other Americans through higher health care costs, higher health insurance premiums, higher taxes, reduced access to quality care, and threats to quality of care. The system permits a few plaintiffs and their lawyers to impose what is in effect a tax on the rest of the country to reward a very small number of patients who happen to win the litigation lottery. It is not a democratic

process.

The number of mega-verdicts is increasing rapidly. The average award rose 76% from 1996-1999 (40). The median award in 1999 was \$800,000, a 6.7% increase over the 1998 figure of \$750,000; and between 1999 and 2000, median malpractice awards increased nearly 43% (41). Specific physician specialties have seen disproportionate increases, especially those who deliver babies. In the small proportion of cases where damages were awarded, the median award in cases involving obstetricians and gynecologists jumped 43% in one year, from \$700,000 in 1999 to \$1,000,000 in 2000 (42).

The number of million dollar plus awards has increased dramatically in recent years. In the period 1994-1996, 34% of all verdicts that specified damages assessed awards of \$1 million or more. This increased by 50% in four years; in 1999-2000, 52% of all awards were in excess of \$1 million (43). There have been 21 verdicts of \$9 million or more in Mississippi since 1995—one of \$100,000,000 (44). Before 1995 there had been no awards in excess of \$9,000,000 (45).

These mega-awards for non-economic damages have occurred (as would be expected) in states that do not have limitations on the amounts that can be recovered, as shown in Table 1.

Mirroring the increase in jury awards, settlement payments have steadily risen over the last two decades. The average payment per paid claim increased from approximately \$110,000 in 1987 to \$250,000 in 1999 (46). Defense expenses per paid claim increased by \$24,000 over the same period (47).

The winning lottery ticket in litigation, however, is not as attractive as it may seem at first blush. A plaintiff who wins a judgment must pay the lawyer 30-40% of it, and sometimes even more. Lawyers, therefore, have an interest in finding the most attractive case. They develop a portfolio of cases and have an incentive to gamble on a big "win." If only one results in a huge verdict, they have had a good payday. Thus, they have incentives to pursue cases to

the end in the hope of winning the lottery, even when their client would be satisfied by a settlement that would make them whole economically. The result of the contingency fee arrangement is that lawyers have few incentives to take on the more difficult cases or those of less attractive patients.

One prominent personal injury trial lawyer explained the secret of his success: "The appearance of the plaintiff [is] number one in attempting to evaluate a lawsuit because I think that a good healthy-appearing type, one who would be likable and one that the jury is going to want to do something for, can make your case worth double at least for what it would be otherwise and a bad appearing plaintiff could make the case worth perhaps half..." (48).

For most injured patients, therefore, the litigation process, while offering the remote chance of a jackpot judgment, provides little real benefit, even for those who file claims and pursue them. Even successful claimants do not recover anything on average until five years after the injury, longer if the case goes to trial (49).

The friction generated by operating the system takes most of the money. When doctors and hospitals buy insurance (sometimes they are required to buy coverage that provides more "protection" than the total amount of their assets), it is intended to compensate victims of malpractice for their loss. However, only 28% of what they pay for insurance coverage actually goes to patients; 72% is spent on legal, administrative, and related costs (50). Less than half of the money that does go back to injured patients is used to compensate the patient for economic loss that is not compensated from other sources—the purpose of a compensation system (51). More than half of the amount the plaintiff receives duplicates other sources of compensation the patient may have (such as health insurance) and goes for subjective, non-economic damages (a large part of which, moreover, actually goes to the plaintiff's lawyer).

The malpractice system does not accurately identify negligence, deter bad conduct, or provide justice. The results it obtains are unpredictable, even random. The same study that found that only 1.53% of patients who were injured by medical error filed a claim also found, on the flip side, that most events for which claims were filed did not constitute negligence (52). Other studies show the same random results (53). "The evidence is growing that there is a poor correlation between injuries caused by negligent medical treatment and malpractice litigation." (54).

Not surprisingly, most people involved in health care delivery on a day-to-day basis believe that the system does not accurately reflect the realities of health care or correctly identify malpractice. A recent survey indicated that 83% of physicians and 72% of hospital admin-

istrators do not believe the system achieves a reasonable result (55).

With this randomness, the litigation system cannot be expected to deter error or set meaningful standards of care. That this is, in fact, the case is evidenced by the IOM's estimate that as many as 98,000 people die each year from medical error (56). If so, the system is failing not only to compensate patients fairly, but even more importantly to ensure quality care.

Yet our current system forces injured patients to sue their doctors in order to obtain compensation and forces both patients and doctors to go through what is a traumatic process for all. Patients must wait years for recovery (if they ever win any). Doctors are subject to minute scrutiny of actions they took, often years before, and their actions are judged on the basis of hindsight and perhaps even on the basis of changed medical standards. The process consumes the time and energy of the doctor that could better be spent in patient care. It is essentially punitive in nature, yet random. Rather than helping doctors do better, it causes them to engage in defensive medicine. It is a process that benefits no one except those who live off it—trial lawyers, both those who represent plaintiffs and those who represent defendants.

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TABLE 1. Mega Awards in States Without Caps

State	Jury Award	Year
Arizona	\$ 3,000,000	1998
Kentucky	\$ 13,000,000	1998
Mississippi	\$ 100,000,000	2002
Nevada	\$ 6,000,000	2001
	5,400,000	2001
	4,600,000	2001
North Carolina	\$ 23,500,000	1997
	4,500,000	2001
	8,100,000	2001
Pennsylvania	\$ 100,000,000	1999
Washington	\$ 3,790,000	1998

Source: ASPE Review of Media Reports from The Advocate, Las Vegas Review, North Carolina Lawyers Weekly, and other select sources.

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NEUROSURGERY://ON-CALL® Update

Joel D. MacDonald, M.D.
Editor, NEUROSURGERY://
ON-CALL®



For the last quarter, utilization of NEUROSURGERY://ON-CALL® has remained strong. Unique visitors to the site range in number between

2,000 and 6,000 a day. Each visitor tends to view at least three pages. For the Spring Quarter of 2002, site visitation was near record pace averaging just over 450,000 page impressions per month. The analysis of the top requested pages within NEUROSURGERY://ON-CALL® indicates that the Web site is meeting its goals. By far the largest portion of site traffic is directed towards the Health Resources section (<http://www.neurosurgery.org>). This section serves as a routing point for public visitors. Interested patients can access a series of articles on common neurosurgical diagnoses. These articles are written for the lay public and are comprehensive including epidemiology, symptoms, diagnosis, treatment options, and outcome. Patients can also use this area to locate a neurosurgical care provider in their region.

NEUROSURGERY://ON-CALL® also seems to be achieving its mission to serve neurosurgical clinicians. The professional portion of the site garners over 75% of the traffic, which is divided among many areas including the home pages for both the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.

It seems that wherever you go these days, the prevalence of handheld computing devices is on the rise. Hospitals and medical practices are no exception. As evidenced by the popularity of the recent Palm i705 project at this year's annual meeting of the Congress of Neurological Surgeons, neurosurgeons are increasingly interested in using handheld computing devices. These devices have the advantage of being much more portable and flexible than traditional desktop computers. There are several realms of clinical practice where tools are now available to facilitate efficiency and improve patient care. There are a number of clinical assistant tools, for instance, which offer calculators for drug doses and disease assessment. Reference materials are now widely available on the PDA platform, ranging from neurosurgical textbooks to drug references. A myriad of tools to improve practice efficiency are available including coding and documentation software programs as well as prescription writing tools, to name a few.

In an effort to support this burgeoning technology for the neurosurgeons, NEUROSURGERY://ON-CALL® has created a new handheld computing resource page. This web page, <http://www.neurosurgery.org/pda> provides a litany of available software solutions for various handheld platforms. Links are provided to various software manufacturers. Each offering is categorized according to its core function. There are also links to each of the largest hardware manufacturers such as Palm, Inc., Handspring, Compaq, and Sony. A system for rating each of the software programs is currently under development and, in the future, should assist the individual neurosurgeon on selecting the most appropriate product.

NEUROSURGERY://ON-CALL® continues to be a strong resource for both the neurosurgical patient population and practicing neurosurgeon. WE hope that the new PDA handheld computing resource center will increase interest in use in NEUROSURGERY://ON-CALL® and ultimately support the mission of organized neurosurgery to promote improved neurosurgical care. □

Washington Committee

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CSNS NEWS

National Leadership Development Conference July 21-23, 2002

William E. Bingaman, M.D.

The second National Leadership Development Conference took place in the nation's capitol July 21-23, 2002. The conference was sponsored by the Council of State Neurosurgical Societies, the American Association of Neurological Surgeons, and the Congress of Neurological Surgeons. This year's event was attended by 60 neurosurgeons and established a neurosurgical presence on Capitol Hill during this election year. Katie Orrico, Director of Neurosurgery's Washington Office, planned visits with members of Congress for most attendees. In addition, the Washington Office was instrumental in arranging four members of the House of Representatives to talk during the 3-day course.

Items of concern this year include **professional liability reform, medicare physician payment updates, and resident work hour issues.** Congress is addressing these items with various bills, only one of which will likely get resolved by the end of the 107th Congress. The Medicare physician payment formula is flawed and will cause dramatic decreases in Medicare reimbursement over the next decade if not corrected. Bipartisan agreement exists in the House and Senate to correct the problem, but funds to do so (billions of dollars) do not exist. The House has passed the Medicare Modernization and Prescription Drug Act on June 28 to give temporary relief over the next 3 years. It helps but does not correct the problem, and by 2006, physicians again will see a steep drop in Medicare reimbursement. The Senate is considering other alternatives, and a resolve will likely be reached during the fall of 2002. I encourage all neurosurgeons to write to their members of Congress requesting that they write a letter to CMS Secretary Tommy Thompson to ask CMS to fix the flawed Medicare update formula directly.

Professional liability is being addressed in both the House of Representatives and the Senate by similar bills (HR 4600: HEALTH Act of 2002) that seek to limit noneconomic damages to \$250,000. The bills are modeled after California's Medical Injury Compensation Reform Act (MICRA), which has successfully kept professional liability



premiums down since 1975. Despite interest, the prognosis is grim that meaningful action will occur before the end of this year's session. The Washington Committee has put together a neurosurgical task force to address the liability crisis at both the national and state levels. More information should be forthcoming as the task force gets underway.

Resident work hour limitations are before the House of Representatives in the form of a bill sponsored by Representative John Conyers (D-MI). This calls for 80-hour resident work weeks, shift limits of 24 hours, 10 hours minimum between shifts, and 100,000 dollar fines with "whistle-blower" protection. This bill currently has 65 cosponsors and a companion bill in the Senate. In a parallel move, the Accreditation Council for Graduate Medical Education approved new restrictions on resident work hours similar to those in the Conyers bill. Instead of monetary fines, the ACGME will use adverse accreditation actions as enforcement. ACGME limits are scheduled to be implemented by July 2003.

New Organization of Neurosurgery Practice Managers and Administrators

Mark Linskey and Greg Przybylski

On Friday, September 20, 2002, from 0800 to 1200, an organizational meeting will be held to establish a brand new organization for neurosurgery practice managers and administrators. The new organization will be a separate and free-standing society, but will maintain close ties with the Council of State Neurosurgical Societies (CSNS) as the socioeconomic arm of both the AANS and the CNS. This initiative stems from the efforts of the CSNS Ad

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CSNS News

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Hoc Neurosurgery Practice Manager and Administrator Organization Committee over the last 6 months. The agenda for the organizational meeting, which will take place during the first day of the CSNS meeting prior to the CNS meeting in Philadelphia, is listed below.

All neurosurgeons are asked to consider the importance of this project to neurosurgery and the potential benefit to

your own practices. We are asking everyone to actively support and encourage membership of your own practice managers and administrators in the new organization by informing them of this new initiative and supporting travel expenses and time away from practice for organization-related activities. If you feel that your practice manager or administrator has "the right stuff," please discuss this initiative with them and encourage them to get in on the ground floor level with the formation of this new society by attending this historic event. □

1ST ORGANIZATIONAL MEETING OF NEUROSURGERY PRACTICE MANAGERS AND ADMINISTRATORS

DATE *Friday September 20, 2002*

During the Council of State Neurosurgical Societies (CSNS) Bi-Annual Meeting Sept 20-21, 2002 immediately preceding the 2002 CNS meeting this September 21-26, 2002 (sponsored by the CSNS)

LOCATION

Congress Room C of the Loews Philadelphia Hotel, Philadelphia, PA

INVITED GUEST SPEAKERS

Ms. Julie Kahlfeldt Society Director, Bones Society, Inc – A National Society of Orthopaedic Administrators

Mr. Bruce Sanders Executive Director, Association of Dermatology Administrators & Managers (ADAM)

PRELIMINARY PROGRAM

0730	CONTINENTAL BREAKFAST
0800–0815	Introductory Remarks, Introduction & Explanation of CSNS Ad Hoc Neurosurgery Practice Manager & Administrator Org Committee <i>M. Linskey</i>
0815–0900	Neurosurgery Coding Update & Controversies <i>G. Pryzbyski</i>
0905–0925	Potential Advantages & Benefits of Forming an Independent Surgical Subspecialty Practice Management Society <i>J. Kahlfeldt</i>
0925–0945	Lessons Learned & Essential Strategies for Ensuring New Subspecialty Practice Management Society Health and Growth <i>B. Sanders</i>
0945–1000	BREAK
1000-1200	Group Organizational Meeting/Discussion Ad Hoc Organizing Committee Development of bylaws Establishment of organizational timeline Establishment of interim officers Establishment of program committee and first meeting date
1200	ADJOURN

JOINT SECTION ON TUMORS

Message from the AANS/CNS Section on Tumors

Ronald E. Warnick, M.D.

AANS/CNS Section on Tumors
Membership Chair

As an Active member of AANS and/or CNS, you may be eligible to become an Active member of the AANS/CNS Section on Tumors. Below, you will find a list of member benefits. Apply now to begin the processing of your membership application and begin receiving the great benefits offered through this Section. Annual Membership dues are \$75, mere "pennies a day" to enjoy the many benefits of the Section on Tumors.

Benefits of Membership in the AANS/CNS Section on Tumors The AANS/CNS Section on Tumors is the official voice of the CNS and AANS for matters related to tumors of the nervous system. The Section provides a forum for education and research and coordinates activities and programs relating to nervous system tumors. It also represents the AANS and CNS when requested by executive action and advises the AANS and CNS on activities that relate to central nervous system tumors.

Membership in the Section on Tumors provides individuals with access to the totality of expertise available among the members. Members' interests range from peripheral nerve tumors and primary CNS tumors to spine and skull base tumors. Membership represents a setting in which the treatment and understanding of brain tumors can be advanced within a formal organization within the AANS/CNS.

Membership includes:

- Receipt of the Tumor Section newsletter, *Tumor News*, which is published quarterly and contains up-to-date information regarding activities within the Section, minutes of Executive Board meetings,

and interesting discussions on tumor-related topics.

- Discounted subscription rate of greater than 60% to the *Journal of Neuro-Oncology*, the official journal of the AANS/CNS Section on Tumors.
- Reduced registration fee to the Tumor Satellite Symposium, an exciting biennial meeting where the most up-to-date clinical and basic research on nervous system tumors is presented by leaders in the field.
- Provides interested individuals access to participation in a variety of multicentered clinical research trials that investigate novel therapies for nervous system tumors.
- Overall, the Section on Tumors is dedicated to the conquest and cure of nervous system tumors, and members have the opportunity to directly advance this cause by shaping the policies and direction of organized neurosurgery.

To view a copy of the most recent Tumor News, please visit <http://www.neurosurgery.org/tumor/newsletter/0402tumor.pdf>

To apply, please visit http://www.neurosurgery.org/tumor/tumor_app.pdf. □

The 2003 meeting of the Joint Section on Stereotactic and Functional Neurosurgery

will be held May 18–21, 2003 at the Plaza Hotel in New York City. Come immerse yourself in the latest science on movement disorder surgery, radiosurgery, epilepsy, robotics and technology, pain surgery, and image-guided neurooncology.

Come enjoy New York at its finest hotel location!

For further information, visit the Web site of the American Society for Stereotactic and Functional Neurosurgery at www.assfn.org.

Douglas S. Kondziolka, M.D.,
F.R.C.S.
President, American Society for Stereotactic and Functional Neurosurgery

Surgical Traumatic Brain Injury Guidelines

The Surgical Traumatic Brain Injury Guidelines have now been approved by the Joint Section on Trauma Guidelines Committee and the Joint Committee for the Assessment of Quality. They are available for review at:

www.neurosurgery.org/guidelines/surgicalguidelines.pdf

Neurosurgeons in the Arctic: The Third Arctic Stereotactic Conference

Longyearbyen, Spitsbergen, Norway, June 16–20, 2002

**Douglas Kondziolka,
M.D.,M.Sc., F.R.C.S.C.,
F.A.C.S.**

At over 78 degrees North latitude, one cannot go further north in the world and stay in a hotel replete with a conference facility and sauna. The 2002 Arctic Stereotactic Conference, built on the adventure experience of the 1998 meeting in Arctic Canada, and the 1986 meeting in Sweden, was held this year less than 800 miles from the North Pole. A group of 25 that included surgeons from the United States, Canada, France, Belgium, Sweden, Japan, Turkey, and Saudi Arabia met in Oslo and then traveled to Longyearbyen on the island of Spitsbergen for a full schedule of adventure activities, naturalism, camaraderie, and science. The honored guest of the meeting was Dr. Björn Meyerson of the Karolinska Institut in Stockholm.

Meeting activities included mountain hiking, photography of Arctic flora and fauna, a wonderful lunch in a Laplander's hut, sea kayaking, coal mine excursions, and a 1-day cruise through the fjords to the Russian settlement of Barentsburg. The 5-mile sea kayaking trip across the fjord was a first time experience for most, and when it started snowing on the ocean, one seemed to dip their paddle a little more frequently. A simple snack of coffee and cookies awaited those who made it to the abandoned mining community with ruins left intact since the early 1940s. The carcass of a German World War II airplane, shot down over Spitsbergen, still lies there in an old shed. In Barentsburg, we walked into the Mining Hospital, hoping to meet one of the physicians working there. We were treated to an impromptu tour of the hospital by their only surgeon, conducted in the original lingua franca, French. He showed us almost every room, including the small ward, and discussed how he dealt with neurosurgical emer-

gencies in that isolated setting (burr holes and vodka if necessary).

One unexpected highlight of the trip occurred on the cruise through the Isfjord. The crew had heard of a polar bear that had been spotted at the base of a glacier approximately 6 miles from Barentsburg. As we worked our way over there and came closer to the ice floes at the base of the glacier, a small yellowish speck could be seen through binoculars. It turned out to be a lone male bear that certainly showed no fear at our arrival. As we got a little closer, we feared the bear might run off, but it remained over a seal it had recently killed. Our boat then worked its way through the ice, slowly getting closer to the bear. Everyone on board, passengers and crew, remained in silence for over 45 minutes, as we came within 100 feet of the bear, who even had begun to wander closer to us once our ship had halted. Thousands of photographs must have been taken during that time. I had a digital camera, and kept taking more pictures of the bear as we got closer, while at the same time deleting the ones that were taken from a greater distance. Others got superb digital video images of the bear moving across the ice, which we all enjoyed on the boat trip back.

The 1-day scientific program included presentations with intense debate and discussion on brain tumor surgery, microthalamotomy effects, tumor and pain radiosurgery, epilepsy physiology, deep brain stimulation, the biol-



The midnight sun in Longyearbyen, Svalbard .

ogy of radiosurgery to the spinal column, pallidotomy, artificial vision, PET imaging, and the history of stereotactic surgery. Lunch during the scientific sessions was held at the University of Svalbard (www.unis.no), a small but elegant building housing modern research facilities and lecture halls for faculty and students who participate in study programs of Arctic biology, Arctic geology, Arctic geophysics, and Arctic technology at the undergraduate and graduate levels. Rolf Langvatn, a Professor in the Department of Arctic Biology, addressed our group and gave us a thrilling account of the wide variety of research conducted there as well as plans for future expansion of the site. We were interested to learn that there was no tuition fee and that the courses were conducted in English, so that students from a variety of different countries could attend.

The last evening was spent in the restaurant Huset, voted to be the best restaurant in all of Norway in 1999, where we were treated to a sumptuous meal

Continued on page 23



Attendees at the Third Arctic Stereotactic Conference .



Alain deLotbiniere, Doug Kondziolka, and Mark Bernstein off the coast of Barentsburg .



Ron Tasker and Alain deLotbiniere on the watch for birds and bears.



Neurosurgeons encounter a bear on the Arctic coast .

NEW PRODUCTS

Cook Neurological Inc. Releases VentriClear™ Antibiotic Impregnated EVD Catheter

Leechburg, PA—Cook Neurological Incorporated has begun market release of the VentriClear™ antibiotic impregnated ventricular drainage catheter. This catheter has been clinically proven via a Class 1 clinical study to significantly reduce the rate of catheter related infection following placement in the brain.

External ventricular drainage (EVD) catheters are used in care of patients with head trauma, subarachnoid hemorrhage, and during times of elevated intracranial pressure (ICP). These catheters aid in monitoring ICP and controlling increased pressure by draining cerebrospinal fluid. History has shown that catheter related infection is a severe and often life-threatening complication with standard EVD catheters. A common reason for this type of infection is bacterial infestation of the

catheter and migration of the bacteria to the brain. Besides increased morbidity and mortality rates, individual infections typically have a health care cost of tens of thousands of dollars.

A prospective, randomized, clinical study of the VentriClear™ catheter was conducted at six medical centers across the United States involving 288 patients, well matched in terms of age, sex, implant duration, and indication for catheter placement. The study showed that the VentriClear™ catheter impregnated with antibiotics significantly reduced the risk of catheter related infection and bacterial colonization as compared with standard EVD catheters.

The VentriClear™ catheter is impregnated with rifampin and minocycline, which



provide a broad spectrum of activity against both gram-positive and gram-negative bacteria. This feature makes the VentriClear™ catheter effective in reducing rates of infection. Also of interest is the physical design of the kit and catheter. A range of unique and enhanced components, including a single suture silicone tie down and red closure cap, round out an extremely functional and beneficial EVD system.

The VentriClear™ catheter became available to the U.S. market August 1, 2002. Plans to market this device overseas are currently underway.

For more information please call toll-free 1-800-245-4715.

SILVERGlide® Nonstick Bipolar Forceps

SILVERGlide® nonstick bipolar electro-surgical forceps virtually eliminate the frustrating problem of tissue sticking and tissue buildup normally associated with coagulation during electrosurgery. These forceps utilize a proprietary nonstick metal alloy. According to the manufacturer, unlike nonstick electrosurgical electrode coatings, SILVERGlide® does not wear off, nor lose its nonstick properties over time. The forceps are equipped with the standard bipolar forceps connector, work with most common electrosurgical generators, and can be steam autoclaved.

SILVERGlide® nonstick forceps are available in a variety of bayonet, curved, and straight styles. The forceps come in lengths ranging from 4 to 10 inches and tip sizes of 0.7 mm, 1.0 mm, 1.2 mm, 1.5



mm, and 2.0 mm. SILVERGlide® allows the surgeon to keep working by eliminating the annoying and time-consuming need to stop surgery to vigorously scrape and clean the forceps tips.

For more information contact Silverglide Surgical Technologies at 800-259-6156 or visit their Web site at www.silverglidesurgical.com.

Möller-Wedel Introduces the Perfect Balance Surgical System

Mason, Ohio—Möller Wedel will introduce the Möller 20-1000 operating system at the Congress of Neurological Surgeons in Philadelphia in September. The system contains the new FS 4-20 floor stand, the Möller HI-R 1000 microscope, and the LR 1000 Light Router.

According to the manufacturer, the Möller 20-1000 can be configured for cranial as well as spinal procedures and it is designed to stay in perfect balance even

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after reconfiguration. The key to the balance is in the unique design of the overhead arm, which contains a storage compartment for the microscope accessories. As long as all of the parts of the microscope are in place, the instrument will remain in perfect balance. Not only will the operating room staff save time in balancing, but it will also save time in carrying the parts to a separate storage place.

The Möller Hi-R 1000 microscope features apochromatic optics to provide high resolution and crystal clear images. The

microscope contains a 6x zoom and variable objective for working distances of 224 to 510 mm. Fine XY corrections can be made via the joy pad on the 14 function handle, foot switch or with the navigation system.

As a replacement for the double eyepiece and beam splitter, the light router LR 1000, is equipped with new eyepiece heads that are inclinable by $\pm 100^\circ$. The light path can be switched between an observer scope and a facing eyepiece. Optional image injection is visible for all

observers. Camera attachments allow mono or stereoscopic video recording and electronic picture-in-picture viewing.

Möller Wedel, a Haag-Streit company, specializes in operating microscopes. A manufacturer of precision optics since 1864, Möller-Wedel is based in Wedel, Germany, with an additional sales, service, and distribution center at Haag-Streit USA, in Mason, Ohio.

For more information, please contact Ed Rae at 1-800-440-9105.

Arctic

Continued from page 21

accompanied by several fine French wines. The owner of the restaurant proudly informed us that he had 27,000 bottles of wine in his cellar! The evening ended with entertainment by a Norwegian singer, Susi Varming, after which we headed back to our hotel bathed in the glaring light of the midnight sun.

CLASSIFIED ADVERTISING

POSITIONS AVAILABLE

stable group practice that has an integrated program combining clinical work and teaching. Virtually any special interest in neurosurgery can be accommodated since the general practice is open to new program development. The practice is described as "hands on, high trust private practice in an academic setting." This opportunity is ideally suited for a senior resident available for summer 2003 or a neurosurgeon in practice who wants to affiliate with an academic medical center and teach. For more information call (913) 341-7655 or e-mail michael@mshirleyassociates.com

EQUIPMENT FOR SALE

Zeiss Ceiling Mounted Neuro Contraves-1 W/OPMI MD Optics

Attention neurosurgeons. If you are looking for a great used microscope consider this one. This is a well maintained neurosurgical microscope in excellent working condition and ready to be installed in your facility. Comes equipped with inclinable surgeon's binoculars and observer's straight binoculars. Your choice of center-mount or trach-mount. Installation is available worldwide. Price: 20,000 USD. Contact us for more information and take advantage of this whole sale pricing. Recovery 25, Inc; Sam Liotta; office (770) 291-2130; Cel: (404) 643-9780; Fax: (770) 291-2131; E-mail: recovery25mail@yahoo.com Address: 720 Murphy Ave., Suite F-5, Atlanta, GA 30310.

Editorial Profile

Neurosurgery News, a topical reader-friendly compendium of timely information, is designed to keep readers abreast of all the new and significant events in the field of Neurosurgery. *Neurosurgery News* offers the latest in research and clinical advances, socioeconomic issues, CNS membership information, CME credits and where to earn them, fellowship information, meeting and symposia dates, and more!

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Richard A.A. Day, M.D.
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2002 CNS Annual Meeting

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**This list represents 19 private practice openings. A site visit was made to each practice. Read about these opportunities@*

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