



NEUROSURGERY NEWS

THE OFFICIAL NEWSMAGAZINE OF THE CONGRESS OF NEUROLOGICAL SURGEONS

President's Message

Nelson M. Oyesiku, M.D., Ph.D., F.A.C.S.
President, CNS



As I write this, Thanksgiving and Eid-al-Fitr are in the history books, Hanukkah and Christmas are in the rear-view mirror, New Year's Day has

passed. I wish everyone a safe, healthy and prosperous 2005.

CNS Annual Meeting San Francisco 2004

The CNS is pleased to report another successful Annual Meeting. We had a record number of attendees and posted a healthy return. On behalf of the Annual Meeting and Scientific Program Committees, I wish to thank all the members, spouses, faculty, exhibitors, and staff whose individual and collective efforts made this an extremely satisfying and rewarding meeting.

CNS Annual Meeting Boston 2005—*Quo Vadis?*

Planning is well underway for the 2005 CNS Annual Meeting in Boston. The abstract center is open and will remain so until March 24, 2005. The meeting dates are October 8–13, and the meeting theme is "*Quo Vadis?*" Our Honored Guest will be Dr. Roberto Heros. In addition, for this meeting, we will partner with the European Association of Neurosurgical Societies (EANS). We invite all to join us for another celebration of science and camaraderie in the convivial and historical ambience of one of the world's truly great cities. Further information can be found at <http://www.neurosurgeon.org>.

The First 60 Days

It has been a little more than 60 days since I took over the reins as President of the CNS. I thought it would be helpful to provide the membership with a brief account of some of the executive transactions that have already taken place.

Transitions

Vincent Traynelis is Past-President and continues on the Executive Committee (EC), serving on the Professional Conduct, Awards, and Nominating Committees. Richard Ellenbogen is President-Elect and chairs the Strategic Planning Committee. Dr. Hadley (Past-Past-President) has concluded more than a decade of extraordinary service on the EC and will chair the Nominating Committee. All of us at the CNS extend our heartfelt gratitude and appreciation to Dr. Hadley for his years of remarkable service and dedication to the CNS. His countless contributions to the CNS will continue to benefit our

members and profession for many years. Dr. Camarata has also completed many years of service on the EC and the CNS commends him for his significant contributions.

Anthony Asher is Vice-President and will continue as *SANS Wired* "guru." He is also contributing to several other important projects this year. Dr. Chris Getch has taken over as Scientific Pro-

gram Chair for Boston 2005, and Dr. Chris Wolfla is Annual Meeting Chair. Dr. Michael Cawley, newly elected Member-at-Large, will assume the chair of the Leadership Development Committee. Dr. Karin Muraszko completes her service as Editor of *Neurosurgery News* and continues on the EC. She also will serve on the Strategic Planning Com-

Continued on page 2

A Day in the Life of a Neurosurgeon in Iraq

Jeff Poffenbarger, M.D., LTC MC USA
Neurosurgery
Baghdad, Iraq

Thanksgiving Day, 25 November 2004 in Baghdad. Great efforts were made to provide a good meal for all of us. The chow hall was open from 0900 to 2200 hours—all day long. *Good Morning America* showed up and interviewed a few soldiers so their families could see them on TV at home. I did not see the reporters, but by the time the day was over, I ate two separate Turkey dinners.

It was a very busy day. Early in the

morning, a U.S. patrol was hit by rockets and one Nebraskan soldier took shrapnel to the head, with a right sided open depressed skull fracture, deeply indriven bone, with shrapnel, debris, and brain extruding from the scalp defect. Despite the magnitude of the injury, he was relatively awake and he asked me how his buddies were doing. I took him to the Operating Room and we cleaned up his right frontal lobe, performing a partial right frontal lobectomy, orbital roof reconstruction, titanium mesh cranioplasty, and scalp flap advancement to close the soft tissue defect. Surgery went very well and postop he was doing great. I was in such

Continued on page 4



The author on the ground in Iraq.

INSIDE THIS ISSUE

Editor's Note	3
Washington Committee Report	6
Laws Address 2004 American College of Surgeons	7
International Committee Report	8
Meet the Officers	10
Technology Committee Report	12
CSNS News	14

CONGRESS OF NEUROLOGICAL SURGEONS®

10 N. Martingale Road
Suite 190
Schaumburg, IL 60173

NONPROFIT ORG.
U.S. POSTAGE
PAID
EASTON, PA
Permit # 470

NEUROSURGERY NEWS

WINTER 2005
Volume 6—Number 1

Editor-in-Chief

Guy M. McKhann, II, M.D.

Co-Editor

Linda Liaw, M.D.

Editorial Board

P. David Adelson, M.D.

Laurie L. Behncke

William Bingaman, M.D.

Holly S. Gillmer-Hill, M.D.

Gerald A. Grant, M.D.

Joel D. MacDonald, M.D.

Katie Orrico, J.D.

Kevin A. Walter, M.D.

Congress of Neurological Surgeons® 2004–2005 Officers

President—Nelson M. Oyesiku, M.D.

President-Elect—Richard G. Ellenbogen, M.D.

Vice-President—Anthony L. Asher, M.D.

Secretary—P. David Adelson, M.D.

Treasurer—Douglas Kondziolka, M.D.

Past President—Vincent C. Traynelis, M.D.

NEUROSURGERY NEWS is the official newsmagazine of The Congress of Neurological Surgeons®, located at 10 N. Martingale Road, Suite 190, Schaumburg, IL 60173. Members of The Congress of Neurological Surgeons® may call 866-489-0443 with inquiries regarding their member subscription to NEUROSURGERY NEWS. NEUROSURGERY NEWS is published bimonthly by Lippincott Williams & Wilkins, 351 W. Camden St., Baltimore, MD 21201-2436. Copyright © 2004 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 \$86; International institution \$121; Single copy \$27. 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:

Guy M. McKhann
Editor-in-Chief
Columbia Presbyterian Medical Center
710 West 168th Street
New York, NY 10032
gm317@columbia.edu

President's Message

Continued from page 1

mittee. Dr. Guy McKhann, new ex officio member, replaces Dr. Muraszko as Editor of *Neurosurgery News* and is the new Vice-Chair of the Publications Committee; he will also remain as Editor of *Clinical Neurosurgery*. Dr. Linda Liaw, newly elected Member-at-Large, will function as Co-Editor of *Neurosurgery News*. Dr. Greg Thompson rounds out service as Member-at-Large and Chair of the Education Committee. The CNS thanks him for his years of meritorious service. Dr. Dan Resnick has assumed the portfolio of the Education Committee; he relinquishes the task of Exhibits and Marketing to Dr. Saleem Abdulrauf, new ex officio member and current poster chair. Dr. Mark Linskey continues as ex officio member, while also serving as the Guidelines liaison and the newly appointed CNS representative to the Washington Committee.

Dr. Mitesh Shah takes over the future meeting sites responsibilities, in addition to overseeing by-laws. Dr. Gerald Rodts, erstwhile secretary, continues on the EC as ex officio and will be deployed to develop the *SANS Wired* specialty modules and the CNS Document Archival and Retrieval System (CDARS) project. IT chair Dr. Joel MacDonald will be assisted by Dr. Ashwini Sharan, vice-chair of IT and new ex officio member. Dr. Kristen Riley (previously Resident Committee Chair) has entered into a new role as Fellowships and Job Placement Chair. Dr. Michael Steinmetz becomes the new Resident Committee Chair. Dr. Cheryl Musynski joins the EC as the WINS representative.

New CNS Appointees

Drs. Craig Van der Veer and Mark Linskey are the new CNS appointees to the Washington committee, replacing Drs. James Bean and Robert Harbaugh, who have completed their tours. The CNS thanks both gentlemen for their contributions.

Several appointees involving joint representation have been made in conjunction and consultation with the AANS. These include: Dr. Russell Travis, to the committee revising and updating the AMA's Guides to the Evaluation of Permanent Impairment; Dr. Kim Burchiel, to the Medicare Coverage Advisory Committee; and Dr. John Popp, to NPHCA/DMLR, replacing Dr. Stewart Dunsker. The CNS thanks Dr. Dunsker for his efforts in the important mission of medicolegal reform.

Initiatives in Motion

The new quarterly supplement to the journal, *Operative Neurosurgery*, will make its first appearance in January 2005. Please provide submissions to the editor to ensure the success of this venture.

The Lumbar Fusion Guidelines have been approved by the Guidelines

Committee headed by Dr. Beverly Walters and are proceeding through the final stages of examination and review for ultimate consideration for final approval.

The CNS Personal Assistant (CNS-PA) has recently been launched by Dr. MacDonald, along with his consistently remarkable and innovative IT committee. As part of your membership benefits, you are entitled to complimentary access to the new CNS-PA service. The CDARS project, jointly led by Gerald Rodts and Joel MacDonald, is designed to provide the CNS an instrument for retention, query, and retrieval of corporate information for the future. The *SANS Wired* specialty modules in pediatrics and spine are in development.

The CNS is expending significant effort in its leadership development program. Our goals are to provide new and challenging avenues for entry and growth in our organization by young members and to facilitate leadership development in the CNS through our very successful merit-based systems and goals.

The Education Committee is developing the Socioeconomic Education Series, a topically organized educational series covering socioeconomic concerns in neurological surgery. This committee is also updating and expanding the resident curriculum.

The CNS guidelines for corporate relations are being developed. They will be complementary to a similar document by the AANS and will help facilitate interactions between and among the parent organizations and their sections.

A Few Thoughts on Political Action

Thematically, this message was in part to address the issue of political action. I have done so below by using some quotes from political figures and then making my own commentary on the political arena. The quotes and short bios of the personalities are derived from the online encyclopedia. *As a disclaimer, I neither espouse nor endorse any of the quotes; they merely serve to catalyze the discussion.*

“Politics is the art of the possible.”—Otto von Bismarck

Otto von Bismarck was one of the most prominent leaders of the 19th century. As Prime Minister of the Kingdom of Prussia, he unified Germany with a series of successful wars and became the first Chancellor of the German Empire. The above quote is an expression of the “political realism” with which Bismarck became synonymous and that set him apart from his political friends; while they were principled and tradition-bound, Bismarck was pragmatic. What mattered to him were concrete interests and the power to defend or satisfy them.

As we reflect on the course of political action confronting our profession, one wonders whether they are quixotic mis-

sions, or if they are grounded in “political realism.” In a conventional sense, we are outnumbered and outgunned in political arenas. To be sure, there have been some successes. However, can we truly emerge from token periodic quantum changes to major reversals that are required to stem trend lines? The malevolent effects of politics in medicine and the devastating effects on patient care have been long in the making and will require time, effort, and resolve, not to mention money, to change them. Our one underrecognized resource remains our patients, who paradoxically are drawn from the very society that elects the politicians who craft the policies that are so adversely affecting those patients' care and medical well-being. Reaching out to our patients and making them part of our coalition is a major part of the initiative we seize in order to facilitate our mutual interests in the best patient care possible.

“Do not wait to strike till the iron is hot; but make it hot by striking.”—William B. Yeats

William B. Yeats was a renowned Irish poet and the 1923 Nobel laureate for literature, but lesser known is his role as a politician. He was a member of the Seanad (Seanad Éireann, or Senate of Ireland, which is the upper house of the Oireachtas, the parliament of the Republic of Ireland). Yeats also was actively involved in Irish nationalist politics.

Political action aimed at change must be instigated early. But, first, knowledgeable observers of political events and trends must recognize the need for such action. We have such observers at the Council of State Neurosurgical Societies and in the Washington Committee. They provide critical monitoring and insight and also serve as catalysts of change at the local and national levels. Given the dawdling rate of change in mature political societies, we should not wait for the iron to get hot. Rather, we need to move quickly before more devastating trends settle into place and become the “norm.” The longer we take to recognize and react, the longer it will be before we can remedy the devastating effects of these trends on patient care and our profession.

“The golden rule has no place in a political campaign.”—John James Ingalls

John J. Ingalls was an attorney and a politician in mid-19th century America. He joined the antislavery forces and worked to make Kansas a free state. He became secretary of the first state senate and state senator. He was elected to the U.S. Senate and served as president pro tempore.

The golden rule is a major teaching of several of the world's major religions and philosophies. Essentially, it is summarized as “Do unto others as you would be done by” and may be found in the major books of Christianity

Continued on page 5

Editor's Note

Guy M. McKhann II, M.D.
Editor, *Neurosurgery News*



It is my pleasure to assume the role as Editor of *Neurosurgery News*. I am privileged to work in this capacity over the next three years, together with Linda Liau as co-Editor.

On behalf of the CNS, Linda and I would like to thank Karin Muraszko and Greg Thompson for their editorial leadership over the past three years and for making the editorial transition as seamless as possible.

Neurosurgery News is the bimonthly "Official Newsmagazine of the Congress of Neurological Surgeons". The success of the publication depends on the input from the membership. We have adopted a thematic approach for coming issues, and welcome both submissions for potential future publications as well as letters commenting on previous articles. Over the next year, we will highlight the following topics: Political Action, Education, Publications, International Outreach, CNS Meeting Highlights, and Volunteerism. We welcome contributions related to these specific topics or of general interest to the neurosurgical community.

In addition to topical articles, each issue will present a Presidential Message from Nelson Oyesiku, as well as a report from another CNS Executive Committee member. *Neurosurgery News* will continue to update neurosurgeons on the activities of the various Joint Sections of the AANS/CNS, the CNS Standing Committees, and the Council of State Neurosurgical Societies (CSNS). Changes in the CNS bylaws will be presented, as will applications for CNS Membership.

The current issue focuses on Political Action. This theme is reflected in the Presidential Message from Dr. Oyesiku, the Washington Committee Report, and in the contribution from Jeffrey Poffenberger, an Army neurosurgeon currently stationed in Iraq. The three articles share various aspects of political involvement, commitment, and sacrifice. Every one of us is already overburdened in our daily lives, trying to balance the complexities of neurosurgical practice, the malpractice and reimbursement crises, teaching and education, academia, and family life. However, the contributions in this publication help us realize that we must look beyond ourselves at the issues that effect us as a neurosurgical community. The future of neurosurgery is dependent on each of us taking personal responsibility for the specialty, in all of its facets.

There are many ways that we can par-

ticipate in Political Action on national, regional, local, and personal levels. Two of the major issues confronting Neurosurgery are tort reform and Medicare reimbursements. As exemplified in the Washington Committee Report, many neurosurgeons are leading the way in their communities to impact national representation in these critical areas. The American Neurological Surgery Political Action Committee (ANSPAC) raised more \$900,000 during the 2004 election cycle to support Neurosurgery's medical liability reform campaign, a

dramatic increase over the 2000 election. It is only by increased individual personal and financial effort that Neurosurgery will continue to gain ground.

Political Action can also take the form of contributions to organized Neurosurgery. The CNS welcomes members and resident members interested in contributing to any of the organizational committees to contact C. Michael Cawley of the Leadership Committee (charles_cawley@emoryhealthcare.org). As outlined in Past-President Mark

Hadley's article in the Fall 2004 issue of *Neurosurgery News*, the CNS is "looking for a few (a lot) good women and good men." While the workload of this volunteer organization is considerable, the benefits and satisfaction of contributing are equally large.

In my mind, Dr. Poffenberger's insights into a day in the life of the Army neurosurgeon in Iraq exemplify the most impressive form of Political Action that

Continued on page 6

Porex Surgical New 4/c

Iraq

Continued from page 1

a festive holiday mood that I obtained an early postop CT scan, performed serial exams, and then let him eat the night of the surgery to get some turkey and dressing before it ran out. He was a big corn-fed Nebraska farm boy and really appreciated the chance to get some food on Thanksgiving. I thought it was only right because some thoughtful soul had gone to the chow hall and obtained large plates of food for the entire operative team while we were operating on him and we had eaten heartily.

Later in the day, I was on the roof of the hospital with several other doctors when a bunch of rockets hit two compounds away. There was a large explosion and then a huge, dense cloud of black smoke that went several hundred feet in the air. We went downstairs to the Emergency Room and awaited casualties. They arrived in short order. Three dead and 15 wounded. There was considerable soft tissue trauma, but no real intracranial injuries, so I helped the Orthopedic Surgeons get their patients ready for the OR. Several would need amputations. As the other surgeons were busy, and I had no operative cases from this missile, I had to declare two of the dead. They were burned beyond recognition. As I opened the body bag, the smell was

atrocious. I frankly had never smelled a human who smelled like a steak on a grill. It was a nauseating experience. The whole idea of Thanksgiving dinner instantly lost its appeal. I filled the death packets out as neatly and succinctly as I could, trying to give a last bit of honor to those who had died, and then helped get the bodies over to the morgue.

Early in the evening, an Iraqi man was run over when he tried to cut in front of an American armored vehicle. He suffered an unbelievable fracture of the frontal fossa, with bifrontal contusions, midface fractures, and evisceration of both eyes. The fracture was complex, comminuted, bilateral, displaced about 5-mm posterior, and went from the glabella to the anterior clinoid, and further through all the skull base foraminae that you can imagine. I performed a bicoronal craniotomy, frontal sinus exenteration, reduced the free floating anterior skull base very carefully, and plated and fixated with our craniofacial set. Then, I laid down a generous pericranial graft that I tacked back to the sphenoid wings bilaterally, augmented by fibrin glue, surgicel, and temporalis muscle packing. There are very few kitchen sinks in Iraq, but I would have put one in if I had it to try and stop what I felt was a guaranteed postop cerebrospinal fluid leak. At the conclusion, he looked almost normal. It was a technically demanding surgery, and I was very concerned that his bifrontal injury



The neurosurgical operative team at work.



Rockets strike the adjoining compound.



Rounding on a trauma patient.

would be worsened by my own surgical manipulation. When I was done, Ophthalmology eviscerated his two flattened globes and placed prostheses. As we were concluding the case, the whole OR shook from a nearby explosion. I never found out if it was a car bomb or a mortar, but it produced no casualties that I saw. Our patient just off the table had a high risk of carotid dissection, but we have no angiographic capability. My good friend Rocco Armonda (the previous Army Neurosurgeon here in Baghdad) could do an angio if he was here, but he was not. Rocco had more than earned the right to be home this night, having previously served for a year in Iraq, during the arduous drive northward in the initial phase of combat. We obtained a CT angiogram, and it suggested that all was well.

You get over nauseating experiences faster the more time you spend here, so I was hungry again by the end of the case and ate my second Thanksgiving dinner. By that time, the chow hall had run out of stuffing, so I was reduced to only mashed potatoes to augment my turkey.

Around midnight, Mrs. Smith (not her real name) called me on my government cell phone. It is a receive-only phone that I allow soldier's families to call me on to get personal updates on

their wounded family members. Mrs. Smith is the mother of a soldier who died in this hospital about 3 weeks ago, after a massive head injury from a roadside bomb that left him GCS 3T with fixed and dilated pupils. We optimized him with several units of PRBC, warmed him, gave mannitol, maximized his ABG, and normalized all his labs, but he stayed a GCS 3T with fixed, dilated pupils. After about 8 hours in the hospital, he developed bradycardia and passed away. Prior to that, I had assisted the nurses in cleaning him, putting him in fresh hospital clothes, applying clean dressings to all his wounds, and calling the chaplain to the bedside. A nurse, the chaplain, and myself were all present when this brave young American died. Now, his mother was calling several weeks later because she wanted to know the details of how he died. She wanted some closure, some direct word of what happened; not from a telegram or a letter, but from a human being. On Thanksgiving Day, I sat down and over the course of an hour, gently told this American mother about how her son died in combat. She cried and cried. I did my best to comfort her and help her. Such a sacrifice had been made. These families will never be the same again. You begin to understand

Continued on page 5

Iraq

Continued from page 4

what being thankful is all about. At the end of the conversation, she thanked me for taking the time to talk to her, and to care for her son. Wow...I was spent. This was too much for one 24-hour period.

As an epilogue, the Nebraskan soldier did very well and was evacuated to the United States in 48 hours. The Iraqi man had a period of deep abulia that resolved within 7 days and he recovered to intact cognition and was normal, except for his blindness. He never had any evidence of a carotid dissection or cerebrospinal fluid leak when I saw him at the 6-week postop mark. Mrs. Smith later wrote me a very nice letter. I am still here in Baghdad, along with about 135,000 other American soldiers, proudly fighting the global war on terrorism. We all appreciate your support. □

President's Message

Continued from page 2

(Matthew), Judaism (Talmud), Islam (Forty Hadith of an-Nawawi), Buddhism (Udana-Varga), and Hinduism (Mahabharata).

So, is it a guiding principle of political campaigning? Of course not. As even the most cursory observer will note, these are messy affairs, typified by mudslinging, misquotes, misrepresentations, and malignancy. It is small wonder that most physicians, unaccustomed to these tactics, are turned off by the very thought of getting into the ring. Nonetheless, political interaction is a means of changing the dialogue. Thus, in joining the fray we may get muddied or may find ourselves violating the golden rule, whether directly or indirectly, through those we retain to plead our case. But, in the end, we simply must not let the reality of the political process deter us from our missions of promoting the best interests of patient care and of our profession.

“In politics, nothing is contemptible.”—Benjamin Disraeli

Benjamin Disraeli was a British politician and author, known for his defense of the Corn Laws in opposition to fellow conservative Sir Robert Peel. The debate was a crossroads in the transition of Britain from a feudalism to an industrial society. Disraeli lost the fight, but Peel's betrayal of conservative ideology cost him as well. Disraeli quickly rose to fill the leadership void from Peel's fall and became Chancellor of the Exchequer, Leader of the Commons and Prime Minister.

Wise counsel from one who should know? There is the high road, and then there is the low road. Our natural

instincts, professional ethics, and mores lead us to stay on the road less traveled by our opponents. Some of the recent antimedicine propositions proffered by our opponents are worthy only of being despised and rejected. And, thankfully, many were turned back. But, if we wear silk and they are attired in mail, can we long prevail?

Staying in Touch

The next CNS EC Committee meeting is the 2005 spring session, and will be held on April 15, 2005 at the CNS headquarters in New Orleans, Louisiana. If you wish to reach me directly, you may do so by e-mail at noyesik@emory.edu or by phone at (404)

778-5770. Alternately, CNS staff members are also available for your assistance at info@1cns.org or by phone at (847) 240-2500.

Thanks for your assistance and support and for all each of you does to make the CNS such a wonderful organization. □

CNS Call for Abstracts New 4/c

WASHINGTON COMMITTEE REPORT

Playing Politics: Leaving Neurosurgery's Mark on the Campaign Trail

Barbara Peck, J.D.

AANS/CNS Washington Office
Senior Washington Associate

Four years ago, one of the last places neurosurgeon Charles Branch of Winston-Salem imagined he would be on January 20, 2005 was dancing the night away at a formal ball while decked out in his Inaugural finest. But, Dr. Branch made the trip to Washington, D.C. to participate in the Inauguration of President George W. Bush after a whirlwind of political activity that started with a fundraiser last year. Dr. Branch is an official "pioneer" of Bush/Cheney '04, a distinction that is bestowed on those who have raised a minimum of \$100,000 for the campaign.

"When George Bush ran in 2000, I was involved a little, but not much," Dr. Branch said. "This year, I heard through a friend that the President was coming to town, made some calls and committed myself to raising \$100,000 so when the President came there would be a noticeable physician presence in the room. If you want things done, you have to establish yourself as a player."

Dr. Branch's plan worked. After rounding up dozens of physicians from the two hospitals he currently serves, there were five tables of physicians at the fundraising event.

From there, Dr. Branch continued his efforts and earned a spot as an official delegate from the Tar Heel state to the Republican National Convention in New York City last August. As a delegate, he spent the week attending official events and was on the floor of Madison Square Garden during all of the major speeches.

"The Convention was really invigorating," Dr. Branch said. "This whole election cycle experience has made me keenly aware of how we as physicians must engage ourselves in the process in a very active way. Like it or not, our access to the decision makers is very dependent upon our participation in the process."

Dr. Branch, and his neurosurgery colleagues John Wilson and Stephen Tatter also took an active role in supporting Senator Richard Burr, a former member of the U.S. House of Representatives who ran and won the Senate seat vacated by John Edwards (D-NC), a former personal injury lawyer who made a name for himself by suing doctors. Together, the trio has raised more than \$80,000 for the Burr campaign and replaced a "nay" vote on medical lia-

bility reform with a "yea." Another North Carolina neurosurgeon, Craig Van Der Veer, M.D., was also active in the Burr campaign and was featured in a number of television and radio commercials that aired in the state during October. Dr. Van Der Veer's efforts were critical to raising the public's awareness of the medical liability crisis and helped convince the public to vote for Burr.

"You have to either be part of the process, or take what you are handed," Dr. Branch said. "Neurosurgeons are taking a leadership role through the AANS/CNS Washington Office, Doctors for Medical Liability Reform, and other activities. We are waking up and doing what is right. Threatening not to treat lawyers and leaving hospitals uncovered is not the right way in my book—it's just scare tactics. You need political muscle to implement your cause and the name of the game is fundraising. Fundraise for those who support you, and fundraise for the opponents of those who do not."

Dr. Branch is not the only neurosurgeon who is leaving his mark on the campaign trail. Neurosurgeon Gene Barnett hosted his first political fundraiser in June, raising more than \$30,000 for Senator George Voinovich's (R-OH) reelection campaign. Like Dr. Branch, Dr. Barnett looked mostly to his colleagues to raise the money. A host committee of 13, comprised mostly of Cleveland-area neurosurgeons, contributed \$1,000 each while guests chipped in \$250. Senator Voinovich has taken the Senate floor and given passionate speeches during all three votes on medical liability reform this year and is currently trying to negotiate a modified bill.

"Senator Voinovich has done everything he can to help physicians," Dr. Barnett said. "We needed to show him his efforts have not gone unnoticed and we need to keep our issues—primarily medical liability reform—at the forefront of his agenda. We definitely want him representing us for the next six years and the way to ensure that happens is to fundraise on his behalf."

After hearing Washington State Senatorial candidate George Nethercutt speak and learning his view on medical liability reform, neurosurgeon Steve Klein took decisive and fast action—he cut two checks for \$4,000 each made out to the candidate's campaign.

"I donated \$4,000 in my name and \$4,000 in my wife's name on the spot," Dr. Klein said. "This is an investment

in the future of my practice. When you pay what I do in liability insurance, \$8,000 is nothing and will easily be made back when medical liability reform passes. We have to get the right people in the Senate or the future of our profession is in serious jeopardy." Dr. Klein also took his message directly to the people of Washington State, by participating in the Doctors for Medical Liability Campaign, where he was featured in the Protect Patients Now initiative's television newsmagazine. He also was featured in candidate Nethercutt's television commercials.

Neurosurgeons Gary Bloomgarden, Philip Tally, and Troy Tippett, all fundraising veterans, could not be more pleased by the recent upsurge in political interest by neurosurgeons. Dr. Bloomgarden has given to, and hosted fundraisers for, various candidates in the Connecticut area, including Representative Nancy Johnson (R-CT), who is chairman of the powerful House Ways and Means Health Subcommittee, and is a strong advocate for physician issues. Drs. Tally and Tippett have both taken an active role in Florida and national political races, raising money for U.S. Senate and Congressional candidates, as well as for gubernatorial and presidential candidates. All three neurosurgeons are actively involved in the American Neurological Surgery Political Action Committee (ANSPAC). ANSPAC raised more \$900,000 during the 2004 election cycle, almost all of which was spent in support of neurosurgery's medical liability reform campaign. This is almost triple what ANSPAC raised in the last election cycle.

"Fundraising is not something very many neurosurgeons enjoy because we are all very busy taking care of our patients and our practice," Phil Tally, ANSPAC's immediate past-chair said. "But, it gets our Washington Office staff and our physicians in front of policymakers. It's a lot easier to ask a legislator to introduce a bill, or answer a letter, or take a position when they know your name."

Dr. Tippett echoed these sentiments, "Political contributions don't buy votes or guarantee legislative results, but I guarantee you that when I call [Governor] Jeb Bush's office, they know who Troy Tippett is, which a big leg-up over those individuals who have not supported the governor."

As for Dr. Branch, he is ready to dive in and get some of neurosurgery's key issues moving and is already looking forward to 2006 and 2008.

"We have our work cut out for us. The President has our litigation reform issue on his agenda, but we must help him get it through the Congress," he said. "If we can get Medicare physician payment reform as well, then we hit a home run and we'd better remember how important our participation is for the next election cycle, which has already begun."

For more information on how to get involved in the political process, please call Katie Orrico or Barbara Peck in the AANS/CNS Washington Office at (202) 628-2072. □

Editor's Note

Continued from page 3

any of us can take. The neurosurgical field, and residency training in particular, are often described in military terms and with battlefield characterizations. However, our various experiences pale in comparison to those described by Dr. Poffenberger. The commitment made by Dr. Poffenberger, his predecessor Dr. Rocco Armonda, and all of the other military neurosurgeons who have served or are serving in Iraq, Afghanistan, or at military bases directly affected by the ongoing conflicts, such as in Landstuhl Germany, is truly inspirational. The sacrifices of our brave neurosurgical compatriots overseas are astounding and, at times, nearly beyond comprehension. Our daily trials and tribulations are dwarfed by the realities of war faced by our friends and colleagues in the military.

I urge all neurosurgeons to take Political Action in whatever form best suits them, whether it be through financial commitment, direct personal involvement, or both. The only unacceptable form of Political Action is inaction. □

THE OFFICIAL NEWSMAGAZINE OF THE CONGRESS OF NEUROLOGICAL SURGEONS

ADVERTISING inquiries regarding advertising in *Neurosurgery News* should be directed to:

Kelly Adamitis
Lippincott Williams & Wilkins
530 Walnut Street, Philadelphia, PA 19106-3621
Tel: 215/521-8402
Fax: 215/521-8411
email: kadamiti@lww.com



2004 Presidential Address American College of Surgeons: Harvey Cushing and the Unity of Surgery

Edward R. Laws, M.D.,
F.A.C.S.

Editor's note: *The Congress of Neurological Surgeons would like to congratulate Edward R. Laws, M.D., F.A.C.S., the W. Gayle Crutchfield Professor of Neurosurgery at the University of Virginia, on his recent elevation to become the 85th President of the American College of Surgeons. His Presidential Address was originally delivered on October 10 at the Convocation in New Orleans, LA, and was subsequently published in the December issue (Volume 89, Number 12) of the Bulletin of the American College of Surgeons. It is reproduced here for the benefit of the neurosurgical community.*



It is a pleasure and a privilege to be able to address you today. As young surgeons—superbly educated, armed with the best technical support that has ever existed, and bolstered by the fellowship of the American College of Surgeons—you represent the future not only of surgery, but of our entire approach to health care for America.

As the fifth neurosurgeon who has been elected President of the American College of Surgeons, it is appropriate for me to speak about the unity of surgery, emphasizing the powerful bonds of collegiality that all surgeons share and the need for us to be united as we try to

preserve our principles and the welfare of our patients.

The life and surgical career of Harvey Cushing, M.D., F.A.C.S., serve as examples of many of the positive and wonderful aspects of surgery as it evolved in the twentieth century. He benefitted enormously from collegial relationships within and outside of American surgery as it gained momentum in the early 1900s.

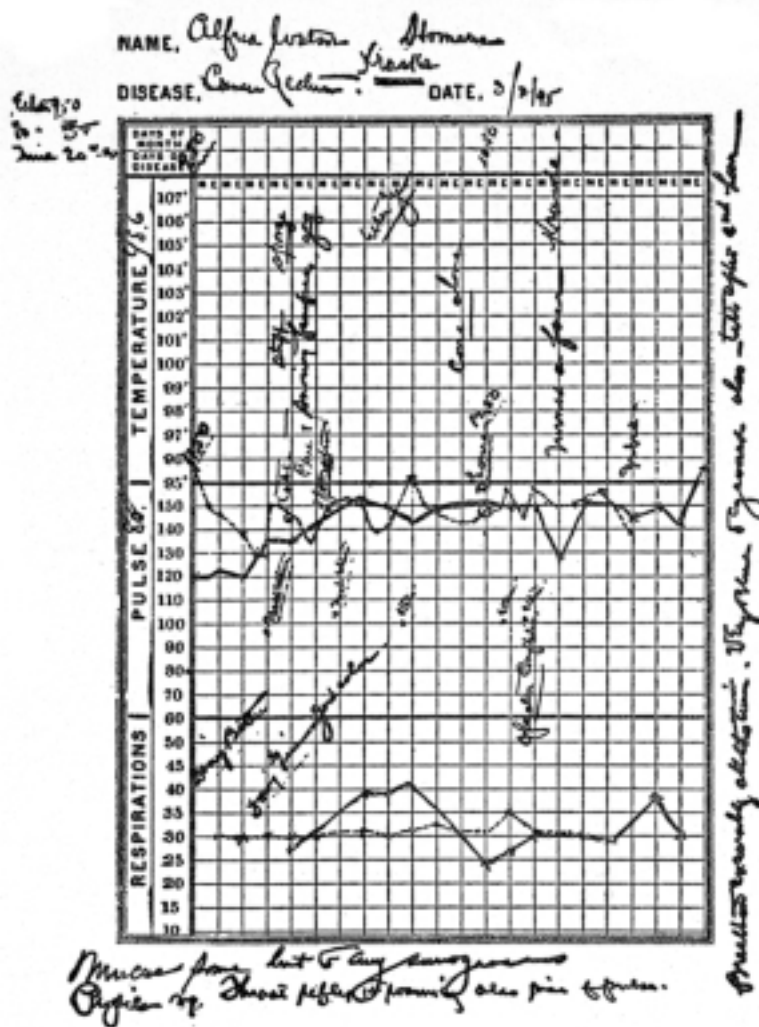
After a less than superlative undergraduate record at Yale (Fig. 1), Cushing became an excellent student at Harvard Medical School. His initial contributions to surgery began when he and a medical school classmate, Avery Codman, M.D., were responsible for giving ether anesthesia to surgical patients. They devised the first anesthesia record (Fig. 2), and this feat represented the first of a series of revolutionary advances in surgery. Dr. Cushing had some experience with X rays at Harvard, and took a Roentgen tube with him to Johns Hopkins University in 1898 (Fig. 3). He made his



Cushing at Yale.



Johns Hopkins Hospital in 1898.



One of the first charts introduced by Cushing and Codman in 1895 to increase safety in surgical procedures.



One of the first surgical Roentgenograms.

own plates and emulsions and published one of the early papers on the use of Roentgen images in surgery (Fig. 4).

Dr. Cushing's early contributions to surgery reflected the major influences of the time. Remember that infectious disease was rampant at the turn of the twentieth century, and that a case of cancer was unusual enough to warrant the attention of all the faculty and students. Trauma, of course, was ever-present. Dr. Cushing's publications of 1898–1900 (early in his residency) focused on a variety of contemporary problems, including: intestinal perforation in typhoid, cholecystitis and cholelithiasis, gunshot wound of the spine, thoracic duct injury, splenectomy for splenic anemia, jejunal fistula,

gonococcal peritonitis, anesthesia for hernia and thyroid surgery, amputation, and carotid thrombosis.

These publications reflect the basic principles set forth by William S. Halstead, M.D.: a keen sense of observation; attention to the details of history and physical diagnosis; and thorough and honest reporting of the outcomes. These remain the foundation of our current evidence-based approach to clinical and research problems in all of surgery. These concepts were embraced and perfected by a resident in surgery, and residency education as we know it began at Johns Hopkins. Cushing was one of the first young surgeons to benefit from this revolutionary concept in

Cushing

Continued from page 7

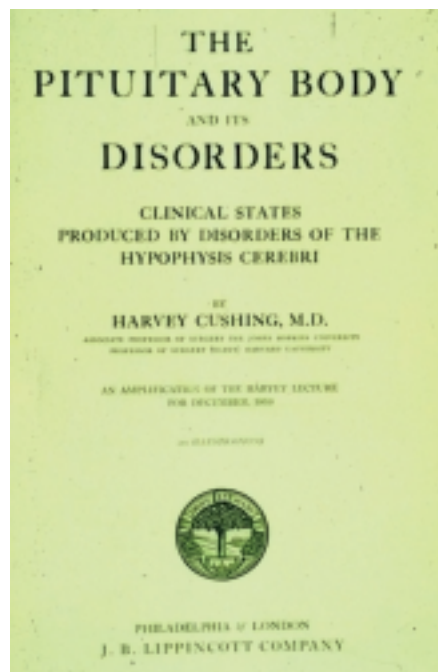
medical education.

Before returning to Johns Hopkins to complete his residency, Cushing spent

the year 1900 abroad, visiting a number of famous European cities and performing experimental work in the laboratories of Kocher and Kronecker in Berne, Switzerland. There he demonstrated the physiological alterations that accompany increases in intracranial pressure (later known as the Cushing



The Hunterian surgical research laboratory.



Dr. Cushing's monograph on the pituitary.

response).

Upon Dr. Cushing's return to Baltimore, Dr. Halsted asked him to develop and head the Hunterian Research Laboratory (Fig. 5), where fundamental

Continued on page 9

The Roles of the Surgeon

The Surgeon as Student & Lifelong Learner

The Surgeon as Innovator

The Surgeon as Scientist

The Surgeon as Educator

The Surgeon as Role Model



Dr. Cushing embodying the surgeon as humanist.

Come, and Be "Astonished by Morocco"

Gail Linskey Rosseau, M.D.

Chairman, CNS International Committee



Marrakesh.

Winston Churchill first went to Morocco in 1935. He was, in his own words, "captivated" by Marrakesh. "Here in the spacious palm growths rising from the desert, the traveler can be sure of perennial sunshine, of every comfort and diversion and can contemplate with ceaseless satisfaction the stately and snow-capped panorama of the Atlas Mountains." He was "astonished by Morocco." This was to be the first of six visits by Churchill to Morocco over the course of 23 years.

The walls of the old city of Marrakesh have hardly changed from the times when they were painted by Churchill during his visits in 1936 and 1943. He was particularly delighted to have the opportunity to share his favorite view of the Atlas Mountains from the tower of a villa in Marrakesh, where he was meeting with President Franklin Roosevelt during World War II. Roosevelt was lifted from his wheelchair and carried some 60 steps up the winding stairs to the rooftop. There, the two world leaders spent a long time gazing at the beautiful play of soft light at sunset on the snow-covered Atlas Mountains. "It's the most lovely spot in the world," England's Prime Minister remarked.

Like the neurosurgeons who will soon be traveling to Morocco, Churchill was always on a working holiday while in Marrakesh. While there, he wrote three chapters of his well-known biography of his famous ancestor, Lord Marlborough; he also wrote a number of newspaper articles and painted seven landscapes. Of course, like neurosurgeons at the WFNS meeting, he also

enjoyed the opportunities Marrakesh provided to sit in a lovely palm-covered courtyard, discussing topics of mutual interest with his colleagues.

The 13th World Congress of Neurological Surgery to be held in Marrakesh, Morocco June 19–24, 2005 is a historic occasion. It will be the first time such a Congress is held on the African continent. The meeting will celebrate the 50th anniversary of the World Federation of Neurological Societies. The theme of the Congress is "Bridging the Gap in Neurosurgery in Marrakesh: Cross Road of World Cultures." The Congress will feature updates from recognized leaders in international neurosurgery and a number of outstanding programs to encourage the participation of young neurosurgeons.

A variety of social events will introduce the visitor to the richness of the Moroccan people and their culture. A typical Moroccan evening of spectacular horsemanship, belly dancing, and fireworks is planned, along with a gala dinner and a concert of the Moroccan Philharmonic Orchestra. Proceeds from this concert will benefit the WFNS Foundation for the Training of Young Neurosurgeons from Developing Countries.

Continuing to follow in the footsteps of Winston Churchill, neurosurgeons participating in the WFNS Congress at Marrakesh may wish to take advantage of pre- and postmeeting programs designed to acquaint the international visitor with the other sights Morocco has to offer, including Fez, Rabat, and Tangier. It was at the American legation in Tangier that Harry Hopkins, special assistant to President Roosevelt, painted this striking picture of Churchill after a breakfast consultation with the English Prime Minister. He was "in bed, in his customary pink robe," drinking red wine because of his "profound distaste for tea with skimmed milk."

The CNS International Committee encourages North American neurosurgeons to follow in the footsteps of this 20th century hero and be captivated by Marrakesh. □



Churchill, world leader and world traveler, was captivated by Morocco, visiting the country 6 times. Of Marrakesh, he said, "It's the most lovely spot in the world."

Cushing

Continued from page 8

problems with surgery were to be investigated and where the medical students were given surgical experience in the “dog lab.” The experiments done in the Hunterian lab again reflected the evolving interests of the time, and the contributions of the surgical mind-set to solving basic problems in medicine. Many medical students and resident surgeons worked on and elucidated such problems as: cerebrospinal fluid circulation; carbohydrate metabolism, saline irrigations and infusions; the bacteriology of the upper gastrointestinal tract; pituitary and hypothalamic blood supply and physiology; neuro-ophthalmology; cardiac valvular surgery, neuromuscular physiology; and the transplantation of glands.

Dr. Cushing was a strong and uncompromising taskmaster in the laboratory. At times he became prematurely convinced about the outcomes of certain experiments and was unhappy when results were contradictory. This was one of the sources of controversy between Dr. Cushing and his brilliant pupil, Walter Dandy.

By the time Dr. Cushing joined the faculty at Johns Hopkins in 1908, he had begun to concentrate on neurosurgical problems. He published articles about the treatment of trigeminal neuralgia, peripheral nerve surgery, and pediatric neurosurgery, and, in 1912, produced a definitive monograph on the pituitary and its disorders (Fig. 6). The most inspiring aspect of this book, which contains the basic aspects of all we know about pituitary disease, is that it was derived from the careful clinical observation of only 47 patients!

In 1912, after rejecting several other offers, Dr. Cushing became surgeon-in-chief at the Peter Bent Brigham Hospital and professor of surgery at Harvard. Thus he was responsible for all of surgery, and superb progress in many areas of surgery flourished under his leadership. He went to France in 1915 and again in 1917–18 to assist the Allies in the war effort, and there he made many important and lasting contributions to modern military surgery.

The ability to adopt modern techniques and to apply them scientifically continues to characterize American surgery. These characteristics allowed Dr. Cushing and his students to develop the field of neuropathology, to apply the principles of blood transfusion to neurosurgical cases, to study and experiment with hormone replacement therapy and the control of hypertension, and to introduce electrosurgery (the “Bovie”).

The residents and students who worked with Dr. Cushing at Johns Hopkins, at the Brigham, and later at Yale, formed the nucleus of American surgeons who would carry on the traditions that Dr.

Cushing exemplified.

And so, in an historical review of one individual we can admire many aspects of surgery as we now know it, and note the many roles that we as surgeons may play: the surgeon as humanist (Fig. 7); the surgeon as student and lifelong learner; the surgeon as innovator; the surgeon as educator; the surgeon as scientist; the surgeon as role model (Tab.

1). These facets of a brilliant surgeon reflect the collegial aspects of his evolution as a surgical leader and remain of vital importance to us today.

In closing, I would ask that you enjoy every confidence in your knowledge and skill as surgeons and that you constantly strive to increase those capacities. Use technology and innovation wisely and well. Most of all, cherish

your gifts: the gift of technical skill; the gift of cognitive excellence; the gifts of your colleagues; and, most of all, the gift of our surgical patients who depend on us in so many ways.

Dr. Laws is W. Gayle Crutchfield Professor of Neurosurgery, University of Virginia, Charlottesville, and the 85th President of the American College of Surgeons. □

CNS San Wired New 4/c

Meet the Officers

Nelson M. Oyesiku, M.D., Ph.D., F.A.C.S. President, CNS

Nelson 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 as a Commonwealth Scholar, where he obtained a Masters of Science degree. He obtained his neurosurgical training at Emory University in Atlanta. During his residency, he also completed a Ph.D. 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 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 a Medical Faculty Development Award from the Robert Wood Johnson Foundation. He recently received an NIH RO1 Award for the molecular imaging and targeting of pituitary tumors. He has authored several manuscripts, book chapters, and a book in the fields of neurosurgery and basic science. Dr. Oyesiku's laboratory has identified unique aspects of pituitary adenoma gene expression and is

developing a new modality for imaging and targeted therapy of pituitary tumors.

Dr. Oyesiku has served Emory University, Emory Clinic, and the Emory Hospital on various committees and has also served on several state and regional committees. He is Secretary and Treasurer of the Georgia Neurosurgical Society and is President-Elect of the Georgia Neurosurgical Society.

He has served as Vice-President of the Congress of Neurological Surgeons and serves on the Executive Committee of the CNS and the Executive Committee of the Joint Section of Neurotrauma/Critical Care. As President-Elect, he served as Chairman of the Strategic Planning Committee of the CNS. He was co-Chair of the Scientific Program Committee for the CNS 2002 Annual Meeting and was Scientific Program Chairman for the CNS 2003 meeting. He was Annual Meeting Chairman of the CNS 2004 meeting. He has also served as Chairman of the CNS International Committee and served on the CNS Publications Committee. He is on the Editorial Board of Neurosurgery, the official journal of the CNS. He is an ad hoc reviewer for several peer-reviewed journals. He is also on the Board of Directors of the Federation for International Education in Neurosurgery, serves as a CNS Dele-



(Clockwise, left to right): Linda, Angela, Nelson III, Lola, Nelson.

gate to the World Federation of Neurosurgical Societies, and is chair of the Neuroendocrine Committee of the World Federation of Neurosurgical Societies.

He has been selected by his peers as one of The Best Doctors in America and was selected by the Consumer Research Council of America as one of America's Top Surgeons. He is a Fellow of the American College of Surgeons. His name also appears in Marquis Who's Who in America, and he has been a visiting professor at several departments of neurosurgery.

Dr. Oyesiku and his wife, Lola, have been married for 22 years. Lola is an R.N. with specialty training in Obstet-

rical Nursing, and is a certified midwife. She works part time for Grady Hospital in Atlanta, Georgia. Lola enjoys gardening and cooking. Dr. Oyesiku's hobbies include golf, football, cricket, and reading. They have three children. Angela (21) is a junior at University of Georgia at Athens. Linda (17) and Nelson III (14) both attend Pace Academy in Atlanta. Linda plays the piano and Nelson III plays the trumpet. Angela enjoys volleyball and singing. Linda and Nelson III play soccer and basketball for their school teams. The Oyesiku family has enjoyed seeing a great deal of the world together, and has made the quadrennial pilgrimage to the World Cup finals, a regular feature of their travels. □

Publications Committee Report

P. David Adelson, M.D., F.A.C.S.

Chairman, CNS Publications Committee

As Chairman of the Publications Committee, I have seen firsthand the impact and scope that the different media can have in disseminating important and state-of-the-art information. Important CNS publications include: *NEUROSURGERY*, *Neurosurgery News*, *Clinical Neurosurgery*, and the CNS Web site.

NEUROSURGERY

As one of our most important educational vehicles, *NEUROSURGERY* had a very successful year in 2004 and continues to thrive under the leadership of its Editor, Dr. Michael Apuzzo. The publisher, Jim Mulligan, of LWW, reports that the journal is in good financial standing, with increasing revenues, increasing advertising, and an overall increased net income.

Dr. Apuzzo has noted that there is a movement from print to online journals, and *NEUROSURGERY* is at the fore-

front of this. It is likely that the print journal will eventually be produced from the online format. The overall feeling and approach will be that *NEUROSURGERY* will have ties to the science presented at the CNS Annual Meetings and document the educational and scientific progression of neurosurgery and neuroscience. In addition, *NEUROSURGERY* has begun including links to meeting calendars with titles of talks and names of authors. It is possible that an online evaluation could assist in the CME process and be integrated in the development of a CME product utilizing the journal. In addition, *NEUROSURGERY* has obtained funding to digitize all of its journals starting with Volume 1, Number 1, as part of a new project. *NEUROSURGERY* was chosen over all other neurosurgical journals to be the representative surgery journal for this project.

NEUROSURGERY has been involved in a number of supplements. With the great success of the recent spinal cord injury supplement, *NEUROSURGERY* is very interested in continuing to be the potential supplemental publisher of the *Guidelines for Neurosurgery*. Of note, such

guidelines will still need to be peer-reviewed for content, volume, and originality. The concepts of guidelines for head trauma, endovascular, craniocervical junction, and hydrocephalus supplements are in various stages of development.

According to Dr. Apuzzo, *NEUROSURGERY* is still in the process of polishing the functionality of the Pegasus system. Paul Gee, a primary operative of the Editorial Manager technical support group, has recently spent time with the staff at *NEUROSURGERY* to help refine the functionality of the Pegasus system and to help to hone it to our needs. Rod Faccio and the Editorial Staff are becoming more comfortable and familiar with the technical features of the resource and are all gaining more confidence in its performance.

To enhance the review experience and potentially widen the use of reviewers, one consideration is to provide CME credit. The concept of providing CME credit to reviewers has already been implemented by other journals. This would be AMA Level I. Of note, to achieve CME credit for reviewing journal submissions, there are a number of things that need to be completed first:

- Formulation of learning and objectives

- Determination of time spent on activity, showing the educational aspect
- Verification, thus requiring review
- Review of the educational activity, with a written evaluation of that activity after each review
- Maintenance of CME record for 7 years

These tasks were designated to the CNS Education Committee for possible development and implementation in the near future.

In addition, a principle effort over the past few months has related to the launch of *Operative Neurosurgery*. *NEUROSURGERY* has initiated a promotional and informational campaign through the journal, letters, and e-mail. These initiatives are already bearing fruit. The first issue was recently distributed: the material is rich, and the enthusiasm is great. All involved are quite excited. The CNS and its members have not only been supportive, but many share in the great enthusiasm regarding its future.

Neurosurgery News

Drs. Guy McKhann and Linda Liau have taken over the stewardship of *Neurosurgery News* from Dr. Karin Muraszko,

Publications Committee

Continued from page 10

who did an outstanding job during her tenure as editor of this publication. *Neurosurgery News* presently puts out 6 issues per year, and the content will be transitioned over the next few months. There has been a recently implemented suggestion of a thematic approach to each issue. Discussions have also arisen as to the potential for having larger cover images, including upcoming meeting city visitors' bureaus and Web home page covers, all of which will be determined by the editors and the publisher.

There has been an increase in the CSNS section. Editorials have been good overall, but there is a need for new types of content. As a result, the chairs of each of the CSNS committees and regional neurosurgical societies will be approached to provide updates and content. Katie Orrico has been asked to identify a socioeconomic article regarding a recent survey that was completed by Dr. David Jimenez. Overall, *Neurosurgery News* provides an excellent ongoing newsletter for the CNS membership.

Clinical Neurosurgery

Dr. Guy McKhann serves as the editor of *Clinical Neurosurgery* and has done a commendable job in reducing the cost of this publication. Despite the increased number of speakers at the 2003 CNS meeting and thus the last issue being larger than the previous, the publication of Volume 51 resulted in a \$70,000 savings compared with previous editions (\$100K vs. \$31K). This savings can be attributed to the change in format to a soft back version. For Volume 52, seven chapters were received in advance of the 2004 CNS meeting. Letters were enclosed in the packets sent to CNS speakers upon agreeing to speak, indicating the need for a submitted chapter and encouraging early submission. If the speakers have data they wish not to be published, the chapter can be dropped from publication in *Clinical Neurosurgery* if requested by the author.

Dr. McKhann, in collaboration with Dr. Joel MacDonald and Dr. Ali Rezai, will place *Clinical Neurosurgery* in the CNS Online Library. Jim Mulligan of LWW will provide the Neocode versions of *Clinical Neurosurgery* from the last few years, which are in an electronic version. The other previous versions will be scanned and downloaded to the Online Library. This archiving will be of previous back volumes to Volume 1. These would then become part of our electronic archive, with continuous annual additions to our catalog.

The goal with *Clinical Neurosurgery* by further enhancing the electronic version would be to:

- Archive each edition
- Match up the program to the annual meeting

- Potentially add video of the lectures provided at the annual meeting
- Potentially provide CME

As a result, the science presented at the CNS Annual Meetings could potentially be used to further the CME and maintenance of certification needs of our membership. The guidelines of different aspects of neurosurgery will also be incorporated into the archive, either

through links or publication on the Web site.

CNS Web Site

Under the guidance and leadership of Dr. Joel MacDonald and Dr. Ali Rezai, the CNS Web site has been revitalized and structured to serve as the portal for many of the CNS educational resources and publications in the future. The new features of the Web site include the

CNS Personal Assistant (see article by Joel MacDonald in this issue), which has the potential for an individualized experience for each CNS member. In addition, a video library is being finalized and linked to Video Perspectives. Direct links to *NEUROSURGERY* and *Operative Nuances* are also available, an excellent member benefit.

□

CNS PA New 4/c

CNS Information and Technology Committee Report

The CNS-PA: A Personalized Internet Experience

Joel D. MacDonald
Chairman, CNS Information and
Technology Committee

The Congress of Neurological Surgeons recently unveiled a new component of its Web site called the Personal Assistant. The CNS-PA is a user-specific portion of the Web site that is tailored to the needs of the individual member. This area can be accessed by clicking on the handheld computer icon on the CNS Web site homepage.

The user will then be prompted to enter his or her unique username and password. Once logged in, the welcome page greets each visitor with a message containing late-breaking news from the CNS administration. The welcome page also displays pending messages for the user to attend to.

The navigation of the CNS-PA is a familiar tab-driven interface. Buttons across the top will rapidly take the user to the integral features of the Personal Assistant.

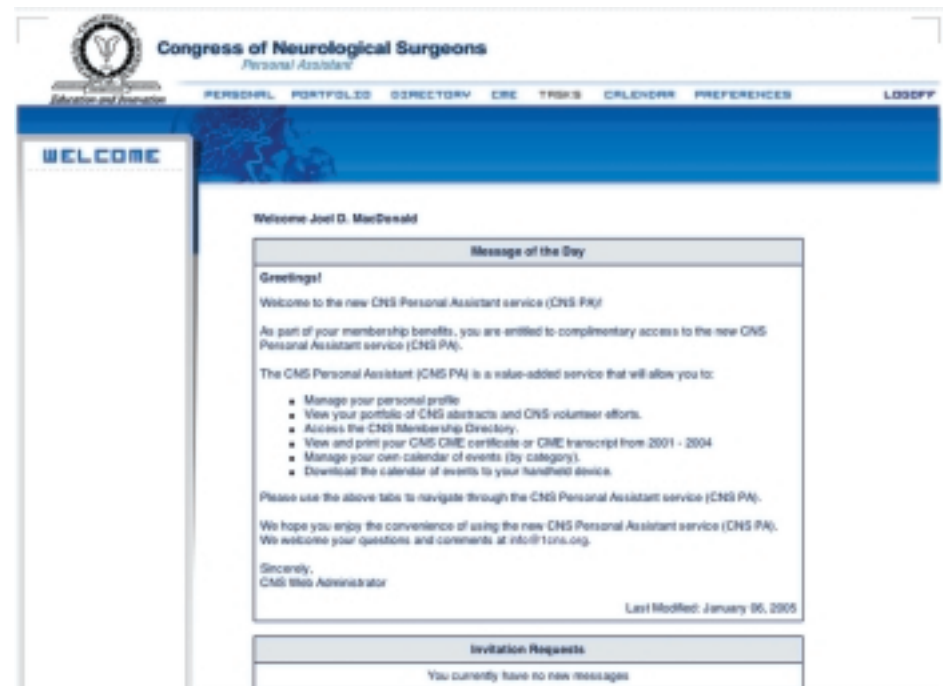
The Personal tab allows the user to view and edit his or her demographic infor-

mation. Basic contact information, subspecialty interests, and academic background are listed. The navigation bar along the left edge of the page displays each of the subsections in the personal information section.

The Portfolio tab allows users to review past contributions to the educational aspect of the CNS and volunteer efforts on behalf of the organization. A mini curriculum vitae can be generated listing all previously contributed abstracts and all previous volunteer efforts and committee memberships. This information is automatically linked to the leadership development process for the CNS.

Perhaps the most powerful function of the CNS-PA presently is the CME feature. The CME tab provides a mechanism for the user to research and generate documentation for CNS-sponsored CME activities. For example, the user can print certificates for CME credits earned at past annual meetings dating back to 2001. In the future, users will also be able to retrieve certificates for credits earned using the *SANS Wired* Self-Assessment test.

The Tasks tab is currently inactive, but will eventually be used to manage the Annual Meeting production process. Prospective faculty members and participants in courses at the Annual Meeting will be notified of invitations by e-mail and will respond to these invitations through the CNS-PA. Other documents, such as disclosures, will also be coordinated through this area. Once the user agrees to participate in the



The Personal Assistant page on CNS Web site homepage.

Annual Meeting by accepting an invitation, the activity will be posted to their calendar as well as to the portfolio.

The Calendar tab not only displays a wide variety of neurosurgical related meetings, but also provides mechanisms for the individual user to enter his or her own events. The display of events can be filtered to display only meetings of a particular subspecialty. Ultimately, confirmed speaking engagements for the Annual Meeting and other CNS activities will be automatically posted to the calendar. As an added feature, listings and schedule information on the calendar can be exported in a format that is readable by handheld computing devices.

The Preferences tab allows the user to change his or her login password and

set configurations for the behavior of the CNS-PA interface. Filters for the calendar and colors for each specific subspecialty category can be assigned.

The CNS Personal Assistant is a powerful member service that improves the individual member's ability to manage his or her activities with the organization. The days of having to call the central office to modify contact information or request copies of CME certificates are gone. CNS members have already been notified by mail of their unique username and password. If you need a reminder, contact the central office at info@1cns.org and request your username and password. Log in today and experience the CNS-PA as the hub of your Congress of Neurological Surgeons Web site experience. □

CNS Treasurer's Report January 2005

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

Treasurer, CNS



Now in the middle of our fiscal year and budget cycle, the CNS finances remain in good order. Budget planning for the 2006 year has begun. Dues remain flat at \$335 per year, and we anticipate no changes for the upcoming year. Continued efficiencies in our headquarters office and committee activity should allow us to transfer funds into our long-term portfolio. Investment return from the CNS Endowment for Fellowships and Education now fully supports several CNS fellowships. Total CNS assets currently exceed 12 million

dollars. Nevertheless, the majority of CNS initiatives are performed by neurosurgeon volunteers, with the smallest headquarters staff of any medical organization this size.

The recent annual meeting in San Francisco was not only a scientific tour de force, but was also a financial success. The main revenue streams to our organization are dues, annual meeting revenues, and publications revenues. All three remain healthy. This month we start our new 5-year contract with our publisher, Lippincott Williams & Wilkins, which publishes *NEUROSURGERY*, *Clinical Neurosurgery*, and *Neurosurgery News*. An increase in our journal royalty together with increased editorial office support will support the organization as a whole in addition to our journal. The CNS remains the best membership value in medicine through efficient management and neurosurgical volunteerism. □

JOINT SECTION ON PEDIATRIC NEUROSURGERY

Highlights from the 33rd Annual Meeting of the Joint Section on Pediatric Neurological Surgery

Nalin Gupta, M.D., Ph.D.
Annual Meeting Chair

Richard Anderson, M.D.

The 33rd Annual Meeting of the Joint Section on Pediatric Neurological Surgery was a huge success. Held from December 8–11, 2004 at the Hyatt Regency Embarcadero Hotel in San Francisco, it was the most comprehensive forum for the subspecialty. Pediatric neurosurgeons, residents, nurses, physician assistants, and other health care personnel from all over the world met together to share insights, research, and experience regarding the most innovative and exciting topics in pediatric neurosurgery. Attendees took advantage of the waterfront location and the diverse neighborhoods to explore the many exotic shops, famous restaurants, food markets, and eclectic museums.

This year's meeting was opened by the Chair of the Pediatric Section, Dr. Andrew D. Parent, M.D. Two notable highlights of the program, the Raimondi Lecture and the presentation of the Lifetime Achievement Award, recognize outstanding achievement by individuals. This year, the Raimondi Lecture was delivered by Dr. J. Michael Bishop, Chancellor of the University of California San Francisco (UCSF). Dr. Bishop, along with Dr. Harold Varmus, was awarded the Nobel Prize for Medicine in 1989 for their discovery of the oncogene. Dr. Bishop's presentation reviewed the scientific history that led to their landmark discovery. His personal reflections as a scientist during the past 25 years provided a unique perspective on the future direction of modern medicine and biology. The Lifetime Achievement Award was presented to Dr. Fred J. Epstein by Dr. Rick Abbott. Well known throughout the broader neurosurgical community, Dr. Epstein's distinguished contribution to pediatric neurosurgery and his energetic commitment to his patients was recognized. Despite recent health difficulties, Dr. Epstein accepted the award and delivered a moving address to the members of the Section.

The general format for the meeting was similar to other years. An educational

day consisting of a nurses' seminar, a coding course, and a spine instrumentation course held at UCSF's Department of Anatomy preceded the start of the main meeting. The spine course instructors, Drs. Doug Brockmeyer, Henry Bartkowski, and Paul Grabb led the participants through a range of upper cervical instrumentation techniques. The course was facilitated through the use of predissected cadavers, the latest instrumentation hardware, and Stealth stations for surgical planning, courtesy of Medtronic Inc. (Minneapolis, MN).

The scientific program was divided into broad topics such as Trauma, Oncology, Spine, Hydrocephalus, and Congenital Disorders. Seventy-nine scientific oral abstracts and 40 electronic and conventional posters were presented. Additional sessions highlighting specific areas of interest were also scheduled. The first special session was devoted to pediatric head injury and was chaired by Dr. A. Christine Duhaime, with presentations by Drs. David Adelson, David Hovda, and Susan Durham. It was clear that despite ongoing scientific advancements, head injury management in the pediatric population remains driven by Class II and III data. A renewed emphasis was placed on encouraging members to both develop and participate in clinical trials that will provide a sound scientific basis with which to guide therapy.

Other special sessions included discussion on the management of occult spinal dysraphism and the tethered spinal cord syndrome. Varying points of view were presented in a 'Controversies' session chaired by Dr. Paul Steinbok. Especially lively this year was discussion regarding the indications for surgery in children with urinary incontinence, abnormal urodynamics, and a normal lumbosacral MRI. The topic was first addressed by Dr. Laurence S. Baskin, M.D., a pediatric urologist who reviewed the role and reliability of urodynamics in these children. Nathan R. Selden, M.D., Ph.D. and James M. Drake, M.D. then discussed the pros and cons regarding surgical intervention, respectively. With many attendees offering additional opinions, much controversy arose and the only point of agreement seemed to be the need for more information, ideally from a randomized clinical trial.

Future directions for pediatric neurosurgery were highlighted by a primer on advanced diagnostic and interventional techniques presented by three faculty members from the Department of Radiology at UCSF. Specific topics that directly impact neurosurgery were reviewed: MEG-DTI tractography for

Continued on page 14

From the American Society of Stereotactic and Functional Neurosurgery

Konstantin Slavin, M.D.
Executive Council, ASSFN

Over the past several years, we have witnessed a tremendous surge in interest in the field of functional neurosurgery among the medical community, society as a whole, and, most of all, neurosurgeons. This translates into constant widening of surgical indications, improvement of surgical techniques, development of new devices and technologies, and, ultimately, a tireless effort to improve functional outcomes and quality of life for our patients. In this time of change, exchange of scientific information among specialists becomes extremely important and drives further progress of the field. Timely delivery of ideas and experiences, along with the peer review of provided information, is an important priority of the American Society of Stereotactic and Functional Neurosurgery.

The change in frequency of ASSFN meetings is probably the best indicator of this increase in volume of information. Making these meetings biennial (rather than quadrennial) will provide the American functional neurosurgery community with the opportunity to meet twice as often, in an attempt to keep up with the rapid developments in all areas of our work.

The last meeting of the ASSFN in Cleveland in October of 2004 was an excellent illustration of this growing interest, as evidenced by the record attendance and number of submissions. The intensity of the program and high quality of presentations were supplemented by an informal spirit and excellent local arrangements. The World Society of Stereotactic and Functional Neurosurgery meeting will take place

in June 2005 in Rome (visit www.wssfn.org for information), and the next ASSFN meeting is scheduled for June 2006 in Boston.

In addition to these dedicated meetings, Joint Section sessions during the annual meetings of AANS and CNS have become an established tradition and attract many "general" neurosurgeons. In particular, recent special symposia of the Joint Section that took place in Orlando and San Francisco enjoyed rooms full of attendees, because of the relevance of the topics and the high caliber of the speakers. At the next AANS meeting in New Orleans in April 2005, our symposium will be dedicated to "Pain and the Brain," a topic sure to be the center of everybody's attention.

A change in the format of *Stereotactic and Functional Neurosurgery* is another major development for ASSFN. This journal is now published in a large format, and will appear more often. Six issues will be published in 2005, and the time from submission to publication has been minimized as a result of the efforts of the journal's editor, Dr. David Roberts, and the editorial board. The time from acceptance to publication has been further decreased by having all articles appear online before the printed issue is mailed. As a reminder, the subscription to this valuable resource, including its online version, is one of the many benefits of membership in the ASSFN.

In this age of electronic technology and the Internet, Web presence and online delivery of information have become an important part of the ASSFN's activity. Our Web site may be found at <http://www.assfn.org>. This site provides all the necessary information concerning membership, publications, fellowships,

Continued on page 14



Drs. Starr, Rezai, and Cosgrove, and Professor and Mrs. Benabid enjoying the recent ASSFN meeting in Cleveland.

Pediatrics

Continued from page 13

surgical planning (Pratik Mukherjee, M.D.); perfusion and spectroscopy for diagnostic refinement for brain tumors (Soonmee Cha, M.D.); and endovascular techniques for Vein of Galen aneurysms (Christopher Dowd, M.D.). Dr. Mukherjee's presentation, in particular, highlighted the revolution that will occur when detailed anatomic and functional maps of deep brain structures are available during routine neurosurgical procedures.

A special lecture near the close of the meeting drew a large audience. A lecture by Dr. Michael R. Harrison, a pedi-

atric surgeon at UCSF, titled "The Future of Fetal Surgery," highlighted the impact of fetal interventions. Dr. Harrison is an internationally recognized pioneer in the field of fetal surgery and he reviewed the evolution of early, invasive procedures to treat lethal conditions such as congenital diaphragmatic hernia and sacrococcygeal teratomas into more sophisticated physiologically-guided endoscopic interventions.

The total number of medical registrants was close to 300, making this meeting one of the most successful in the recent past. The meeting was adjourned on December 11 with the next meeting planned for Point Clear, Alabama on December 6-9, 2005. □

Stereotactical and Functional Neurosurgery

Continued from page 13

upcoming meetings, and much more in an easy-to-navigate format. ASSFN members can be found by searching either the doctor's name or the location of the practice in question. Listing of a physician's name and address is another benefit of ASSFN membership.

This is just a short list of some of the ASSFN activities that serve to facilitate the exchange of opinions and promote the spread of knowledge in the field of stereotactic and functional neurosurgery. As the growth of our subspecialty continues, we will be seeing the further development of each of these features and many other areas of progress, all with the ultimate goal of making our field more effective, efficient, and safe. □

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 Robert M. Friedlander, M.D., Chairman Membership Committee, phone: (847) 240-2500; e-mail: info@1cns.org

Alfredo Abundo
Arun Amar
Alexander Andreou
Giancarlo Andrioli
Manali Barua
Clark Bernard
Francesco Biroli
Paolo Bolognese
Christian Bonasso
Simona Buonamassa
Paul Cho
Samuel Critides
Elias Dagnew
Ruben Del Toro
Ara Deukmedijan
Daniel Donovan
Eduardo Fernandez
Munish Goyal
Patrick Graupman
Karl Greene
Roger Hartl
Tatsushi Inoue
Ajaya Jha
Saad Khairi
Steven Klein
Brian Kopell
Frank LaMarca
Charles Liu
Alan Lozier
Patricia Ann Mancuso

Kyle Mangels
Mehryar Mashouf
Torstein Meling
Marcos Mercado
Ashok Modha
Tung Nguyen
Scott Paquette
Chul Park
Brian Pikul
Michael Prudhomme
John Ratliff
Kristen Riley
Donna Saatman
Antonio Signorelli
Joseph Sim
Edward Smith
Thomas Steineke
Todd Stewart
Brian Sullivan
Takashi Takase
Trent Tredway
Janos Vajda
Pablo Vasconez
Giacomo Vecil
Alan Waitze
Christopher Winfree
Kevin Yao
David Yeh
Gregory Zipfel
Alexander Zouros

CSNS NEWS

Chairman's Corner

Frederick A. Boop, M.D.
Chairman, CSNS



The CSNS is scheduled to have its winter executive committee meeting March 12th in Memphis. Anyone wishing to submit a resolution for the upcoming April plenary session must have it to me or to the secretary, Dr. Mick Perez-Cruet, by closing time on March 11th.

In follow up to our last plenary session, a study was performed by Dr. Debra Benzil and Andrea Strayer, looking at the scope of practice of neurosurgical assistants, both physician assistants and neurosurgical nurse practitioners. This was presented to the AANS Board in November, along with a position paper by Dom Esposito on behalf of our neurotrauma committee. Both of these papers have been forwarded to the Joint Section on Neurotrauma and Critical Care for consideration and for a formal position paper to be developed.

The CSNS leadership has also followed up on the resolution dealing with osteopathic neurosurgeons. Dr. Dan Piper of Michigan has been invited to attend our plenary session in April in New Orleans to share with us the current DO Neurosurgical training standards and to discuss with us how DO neurosurgeons might influence neurosurgical man-



power in the future.

The CSNS is working closely with the education committee of the Congress to develop a socioeconomic curriculum for residents. This will hopefully be a CD-ROM of several lectures by experts in the fields of Coding and Reimbursement, Office Practice, Contracting, Professional Liability, Asset Protection, and a number of other topics. A similar videotape series was produced by the CSNS a decade ago. This current series will include new lecturers, a computer-based format, and a lower cost. It is anticipated that the series should be completed and be available by the end of the year.

As the new year begins, I wish to remind all that the spring plenary session will be election time for the CSNS. The CSNS nominating committee will develop a slate of officers to including chairman, chairman-elect, treasurer, and northwest and southeast quadrant chairmen. Names of potential officers should be forwarded to Dr. David Jimenez, now at the University of Texas Health Science Center San Antonio. Remember that, with the new changes to our bylaws, AANS and CNS appointees are now eligible to run for CSNS office. □

AANS 2005 Meeting Listings

General information for all listings: American Association of Neurological Surgeons, 550 Meadowbrook Drive, Rolling Meadows, IL 60008. Toll free: (888) 566-AANS; Phone: (847) 378-0500; Fax: 847-378-0600; Web site: www.AANS.org.

Advanced Managing Coding and Reimbursement Challenges in Neurosurgery
March 18-19, 2005
Dallas, Texas

Managing Coding and Reimbursement Challenges in Neurosurgery
May 20-21, 2005
San Francisco, California

Neurosurgical Practice Management: Managing Your Practice by the Numbers
May 22, 2005
San Francisco, California

Neurosurgery Review by Case Management: Oral Board Preparation

May 22-24, 2005
St. Louis, Missouri

Basic Principles of Anatomy and Terminology for Neurosurgery Office Staff
August 25, 2005
Chicago, Illinois

Managing Coding and Reimbursement Challenges in Neurosurgery
August 26-27, 2005
Chicago, Illinois

Advanced Managing Coding and Reimbursement Challenges in Neurosurgery
September 17-18, 2005
Nashville, Tennessee

The contact information for all of the listings above is:
Contact: Vanessa Garlisch
E-mail: epm@aans.org
Phone: (847) 378-0500
Web site: www.AANS.org

CLASSIFIED ADVERTISING

POSITIONS AVAILABLE

NEUROLOGIST

Lovelace Sandia Health System, located in Albuquerque, New Mexico where outdoor adventures range from bike trails along the Rio Grande valley to skiing the slopes of the spectacular 10,900 foot Sandia Mountains, is seeking: Neurologist: An outstanding opportunity currently exists for a full-time Neurologist. You will work in a collegial atmosphere with 4 Board Certified Neurologists whose careers range from 1 to 19 years and an exceptional support team. To qualify, you must be Board Certified or Board Eligible. We offer an attractive salary, call schedule of 1-5, single hospital coverage, minimal admissions, CME allowance plus an attractive vacation and leave policy. Lovelace employs over 300 physicians in all specialties, with an excellent group of doctors who assist in the care of your patients. Lovelace Sandia Health System offers a competitive compensation and benefits package. Please submit your CV online at: www.lovelacesandia.com If you are unable to apply online, forward your CV to: **Human Resources Dept. Attn: Deborah Baca, 7850 Jefferson Blvd. NE, Suite 100, Albuquerque, NM 87109; E-mail: Deborah.baca@lovelacesandia.com or call (505) 727-4313.** EOE

CLASSIFIED Advertising 2005 Neurosurgery News

• POSITIONS/OPPORTUNITIES AVAILABLE • FELLOWSHIPS • COURSES • SEMINARS • MEETINGS •

RATES

Page Size	Dimensions	1 Time	3 Times
1 page	10" x 12½"	\$1,145	\$1,090
1/2 page (horiz)	10" x 6"	725	705
1/2 page (vert)	4⅞" x 12½"		
1/4 page	4⅞" x 6"	440	430
1/8 page	4⅞" x 2⅞"	375	360

Send your ad via e-mail to:

Jennifer Williams, jwilliam@lww.com

If e-mail is unavailable, please fax typewritten copy to the number below:

Neurosurgery News
Classified Advertising
351 W. Camden Street-5N
Baltimore, MD 21201-2436

JENNIFER WILLIAMS

(800) 528-1843

(410) 582-4049

Fax: (410) 528-4452



CLOSING DATES

Neurosurgery News is published bi-monthly. The deadline for ad placement is the 9th of the 2nd month prior to the month of publication.

PREFERRED MATERIAL

PDF, EPS or TIFF files, at a minimum of 600 dpi. Microsoft Word documents are accepted (for text only). Typesetting is available for an additional fee. Please contact your Sales Representative for specific details.

WEB POSTINGS

Ads may be posted online at a rate of \$100 for posting in conjunction with the print edition, \$200 for 2-month (prior to journal publication) posting with print and \$315 per month for web-only.

BOX NUMBERS

Replies may be forwarded to a LWW Blind Box for a charge of \$40 per ad.

CANCELLATION POLICY

Cancellation requests must be made in written form, by fax, mail or e-mail, and will be honored for the earliest applicable issue.

NORTH CAROLINA PRIVATE PRACTICE

Excellent Opportunity for BC/BE Neurosurgeon
in the eastern North Carolina area.

We are a congenial 4-person group with a stimulating practice opportunity, which includes a wide variety of surgery (intracranial, complex spine, pediatric, and vascular cases). Generous benefits package with competitive salary and bonus, health insurance, malpractice coverage, and excellent retirement package. Stealth station available in hospital (with access to surgical planning interface in office); ceiling mounted microscope; Fluoro Nav; dedicated neurosurgical unit.

Close to North and South Carolina Beaches and Mountains, 30 minutes from the Golf Capital of the World - Pinehurst, NC.

For additional information, please forward a brief CV and cover letter to:

Lib Whittington, Physician Recruiter
Cape Fear Valley Health System
P.O. Box 2000
Fayetteville, NC 28302
www.capefearvalley.com
Toll Free: (800) 948-1579
Fax: (910) 829-1714
E-mail: mwilliams@capefearvalley.com

N • E • U • R • O • S • U • R • G • E • O • N

Solo practice being sponsored by a highly recognized 411-bed hospital in an extremely desirable city that offers an excellent balance of low cost of living and excellent amenities. As for the hospital, it has been recognized by U.S. News & World Report as one of the "100 Top Hospitals." Earn unlimited income in your own practice with no trauma call. ER call is handled by neurosurgery residents and all non-surgical patients are handled by hospitalists. Impressive guaranteed income or salary plus production and benefits. Loan Forgiveness Available along with Sign-on bonus! Facility has Image guided equipment and increased budget for more state-of-the-art instrument purchases in 2005.

Contact: **Mark Nolen at (888) 260-4242 x 227**
Fax: (972) 759-0336 • E-mail: mnolen@medicuspartners.com

CONGRESS OF NEUROLOGICAL SURGEONS

CONTACT INFORMATION

To become a member, renew your membership, update your address, or for CNS inquiries, contact:

ERUDITIO OBSERVANTIA SOCIETAS
CONGRESS OF NEUROLOGICAL SURGEONS
10 N. Martingale Road, Suite 190
Schaumburg, Illinois 60173

Tel: 1-847-240-2500 / Fax: 1-847-240-0804
Email: info@1cns.org

Integra
p/up Fall 2004 4/c