

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

Volume XXX

December, 1979



President's Letter

By any measure, our recent meeting in Las Vegas was an unqualified success. Dr. Joseph Maroon, Dr. J. Charles Rich, and their committees did an outstanding job in organizing and running our various activities, as attested to by the record-breaking attendance.

Even so, we hope to make next year's meeting in Houston even better. The dates for our **30th Annual Meeting** will be **October 5 - 10, 1980**. The weather should be mild and Houston's size and central location make it easily accessible by air travel. Dr. Rich will be the Annual Meeting Chairman and Dr. Clark Watts will be the Scientific Program Chairman.

Dr. Eben Alexander, Jr. of Winston-Salem, North Carolina has graciously accepted the invitation to be our Honored Guest, and has begun the year-long chore of preparing his three formal addresses and numerous informal presentations. (I'm sure he must be having second thoughts about now).

The themes of the meeting will be Practical Pharmacology for the Neurosurgeon, Scientific Communication, and Neurosurgical Updates. The first portion of the General Scientific Session will concern the use of anticonvulsants, antibiotics, anticoagulants, blood products, and the other medicinal agents used in everyday neurosurgical practice. The second day's activities will center around effective medical writing and speaking, and the last two days will be devoted to presentations that emphasize the current

(Continued p. 8)

Executive Committee Report-1979

Under the superb leadership of our Past President, Dr. David Kelly, the Executive Committee met five times between the 1978 and 1979 Annual Meetings, including a special day-long Long Range Planning Session in July and a Joint Session of the Long Range Planning Committees of both the Congress and the AANS. During this latter meeting, the Congress took the posture of attempting to aid the AANS in all of its efforts to become a more effective spokesman for neurosurgery in general. The Congress has supported the revision of the AANS nominating process and the plans to change the structure of the AANS Board of Directors. The Congress is particularly pleased to note that the very effective Joint Committee activities will continue under the proposed revision within the AANS.

The Congress Long Range Planning Committee addressed the desirability of increasing the role of the resident in the Congress. To this end, a Resident Committee has been established under the leadership of Dr. George Sypert, and plans will be made for the Houston meeting to increase significantly the involvement of neurosurgical residents in Congress activities. The Long Range Planning Session also considered a feeling on the part of the Executive Committee that the Congress should attempt to help uncertified neurosurgeons who desire assistance to achieve certification.

The basic format of the Annual Meeting was largely unchanged, however, a new feature of an audience participation workshop on medical writing has been added and the popular Cine Clinics and Audiotape Library have been continued and will be established as an ongoing Congress activity. The fifth annual Scientific Program for the Auxiliary was held during this year's meeting.

A detailed evaluation of the 1978 program has been accomplished by Dr. John Tew, based on a questionnaire filled out by those attending last year's meeting. The program was judged to be highly satisfactory and the overall

(Continued on page 6)

1980 ANNUAL MEETING

New Site: Houston, Texas
Hyatt Regency Hotel

New Dates: October 5 - 10, 1980

Abstract Form in this NEWSLETTER
April 30, 1980 Deadline

Twenty-Ninth Annual Business Meeting

The meeting was called to order at 5:45 p.m. by President David L. Kelly, Jr. The minutes of the 1978 Annual Business Meeting were read by the Secretary, Dr. Edward R. Laws, Jr. Dr. Laws then read the report of the Executive Committee. The minutes and report of the Executive Committee were approved as read by the membership.

Dr. Edward Downing then presented the Treasurer's Report. A motion to accept this report was made, seconded, and approved without dissent.

Dr. Sydney Peerless then presented the report of the By-Laws Committee. A new By-Law, establishing the Publications Committee, was presented to the membership and a motion was made, seconded and approved without dissent that this By-Law Change would be implemented.

Dr. Edward Laws, in the absence of Dr. Rhoton, presented the report of the Nominating Committee. The following slate of nominees was recommended:

President-elect: J. Fletcher Lee; **Vice President:** Julian T. Hoff; **Executive Committee:** J. Charles Rich (term of three years), Christopher B. Shields (term of three years).

There being no other nominations, a motion was made, seconded, and approved without dissent that this slate be accepted.

Dr. Kelly then presented Certificates of Service for Drs. Sydney Peerless and Albert Rhoton.

Dr. Kelly called for new business. A question from a member regarding the Luncheon Discussion Groups and refund policy was answered by Dr. Kelly. There being no further business, a motion for adjournment was heard, seconded, and approved unanimously at 6:11 p.m.

Edward R. Laws, Jr., M.D.
Secretary

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Vice-President:

Julian T. Hoff, M.D., San Francisco, CA

Secretary:

Edward R. Laws, Jr., M.D., Rochester, MN

Treasurer:

Edward F. Downing, M.D., Savannah, GA

Editor:

George A. Ojemann, M.D., Seattle, WA

Joint Socio-Economics Committee Report

Dr. Louis Finney was nominated for election to the Board of the AANS by the Southwest quadrant to replace Dr. George Ablin in April 1980 and Dr. David Storrs was appointed by Dr. Robert Wilkins to serve as the Vice-Chairman for the CNS for JSEC for the current year.

Both the Executive Committee of the CNS and the Board of the AANS were appraised of the fact that the Maine Medical Association can now by court ruling, act as a negotiating agent for physicians in the State of Maine with respect to determining fees paid by the Department of Human Services in the State of Maine. The effect of the federal court ruling regarding the suit between the Justice Department and the National Anesthesia Society was discussed and the significance of this court ruling was related to the two pending national health insurance plans in Congress now which call for physician's fees to be negotiated. It was strongly recommended that the joint officers of the CNS and AANS be in a position to constructively influence government policies as they develop regarding physician reimbursement.

The fact that the Joint Socio-Economic Committee voted unanimously to retain its present name rather than changing it to the Committee on Professional Practice was relayed to both executive bodies at the meeting in Chicago and as a result of that feeling and others, it has been decided that a moratorium would be called on further committee re-organization at this time.

Plans are being made to have a symposium on brain death on the Saturday prior to the AANS meeting in New York under the sponsorship of the Joint Socio-Economic Committee.

The multifaceted concerns of the Joint Socio-Economic Committee will be heard more carefully by a special meeting of the long range planning committee of the AANS to include the Chairmen of JSEC, the Chairman of the Council of State Neurosurgical Societies, and the four quadrant chairmen in January 1980.

Plans are being made to hold the Third Annual Meeting of the State Neurosurgical Society Presidents on the Wednesday afternoon of the meeting in October of 1980 in Houston.

Donald H. Stewart, Jr., M.D.
CNS Co-chairman

Joint Neurosurgical Committee on Devices and Drugs Report

The Joint Neurosurgical Committee on Devices and Drugs of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons has the responsibility of monitoring developments pertinent to devices and drugs used in neurosurgery. This committee is charged with maintaining adequate neurosurgical representation in professional, scientific, governmental, and standards writing organizations related to devices and drugs.

Many subcommittees are currently in existence and are working in a variety of areas. For example: the development of standards of performance for aneurysm clips, CSF

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1979 Presidential Address David L. Kelly, Jr., M.D.

On a brief personal note, let me say that I am greatly indebted to the many persons who are responsible for my being here—Drs. Eben Alexander and Courtland Davis, who gave me guidance and a milieu in which to develop and mature; the late Dr. Donald Matson, with whom I was privileged to work for a brief but important part of my residency; Dr. John Shillito, a past president of the Congress; and Drs. Sidney Goldring and Henry Schwartz, who suffered through a year of trying to make a scientist of me, and who exposed me to a standard of excellence in research. In addition, I am fortunate in having a wife and children who have never been overly jealous of my time and activities, but have always been very supportive. A stable family life is one of the greatest blessings that one can have in our specialty.

At this time, I would also like to thank you, the members of the Congress of Neurological Surgeons, for the honor and the privilege of serving as your President. Particularly, I would like to thank the members of the Executive Committee for their support and commitment to ensure that the Congress maintains a true and steady course of leadership in neurosurgery.

This will not be a political address because there is no need for such at this time. The leaders of the Congress of Neurological Surgeons and the American Association of Neurological Surgeons have worked very hard—both groups showing that men of good will and purpose can resolve their problems and differences. As a result of the negotiations of the long-range planning committees of both organizations, the Congress and the AANS have made significant changes to ensure effective, representative leadership for the whole of neurosurgery. They have strengthened their joint activities and cooperation, without sacrificing the unique features of each organization. I make this statement with considerable relief and pleasure. It can only be made because the leaders of both the Congress and the AANS were willing to put in the many hours of hard work necessary to make this possible. I wish to thank them all.

Nor will this address be a message of doom and gloom. The prophets of doom and gloom are rarely listened to and are received only with disfavor. I believe that we, as much as any other professional group, have the ability and the means to control our destiny. What is even more important is that we, alone, shoulder the responsibility for making neurosurgery better for our patients and, subsequently, ourselves. We cannot hide from that responsibility, nor do I think that we will.

Instead, my message is related to maintaining excellence in our chosen field. The three points I wish to emphasize are: 1) that we must, without fail, maintain our present high standards for residency training by attracting well-qualified students into our specialty; 2) that we should endorse mandatory certification for residents finishing training; and 3) that we should make a concerted effort to attain certification for all practicing neurosurgeons.

I know that some of these points are controversial—I did not assure you that this would not be a controversial address—therefore, I will attempt to show you the ideas and ideals on which I have based them.

Neurosurgery and other medical specialties have reached their present levels of development primarily because their practitioners have observed two principles: 1) adherence to the scientific method, and 2) maintaining the ethic and ideal of doing what is best for the patient, as expressed in the Hippocratic Oath. Thus, it remains our duty as neurosurgeons to hold the interests of our patients above all else and to continue to develop the art and science of neurological surgery. The Congress of Neurological Surgeons was founded upon that principle and has maintained that goal. We must remember to keep peripheral those things that are less important.

Good patient care cannot be legislated, neurosurgeons cannot be mass-produced, and major scientific discoveries cannot be purchased. Few bureaucrats have removed a brain tumor or clipped an aneurysm. If we keep our house in order by fulfilling our moral obligation of training outstanding young men and women for neurosurgery, if we conduct ourselves individually on a day-to-day basis with the best interests of our patients at heart, and if we are left to set our own high standards and are given the freedom to control our specialty, we can ensure the further development of neurological surgery. I maintain that if we do those things, we will earn continuing respect and trust from the public.

Why is public trust necessary? The public has always had to trust the intentions more than the abilities of its healers, because the public, on the whole, does not have the knowledge that would enable it to judge competence. The public's trust is based on the ethic of the healing profession, which was not formulated by the founders of the AMA in 1847, but was already in practice when St. Luke related the tale of the Good Samaritan. That same ethic still stands and the public still wishes to believe in the good intentions of its medical profession.

As professionals, we neurosurgeons form a privileged group. We have a moral commitment and responsibility to serve the public, and it is public trust that maintains us as a privileged group.

What threatens us now is that certain government and certain special interest groups may try to pressure our profession and its institutions into abandoning the ethical principle that has been our most ennobling characteristic.

Within a representative form of government, the public has the right to expect, and even to demand, accountability. But the public, as everyone knows, consists of highly variable groups. The affirmative action supporters, for example, believes that democratic associations are the remedy for all things. Some groups create guidelines and propose rules to outwit and confuse the professional organizations. Others would have us believe that society determines the professional's skills and knowledge, based on what the public believes it needs or desires: an that even the privilege of establishing the requirements of professional training, practice, and compensation belongs to society rather than to the professional associations. This philosophy, which would make civil servants of physicians, is the philosophy of too many of our citizens, both within and without the federal bureaucracy.

To quote Oliver Wendell Holmes, "The truth is that

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