

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

Volume XXIV

December 1974

Number 1

The Congress begins its 25th year with 1592 members, the largest neurosurgical organization in the world. This newsletter is designed to keep the members informed of Congress news including information about the next annual meeting, appointments and honors received by members, reports of various Congress committees, a calendar of coming events, and other items contributed by members. It is sent to all neurosurgery residents. Any additions or corrections to the mailing list should be sent to the secretary, Dr. David Kelly, Bowman Gray School of Medicine, Winston-Salem, North Carolina 27103.

Members and residents are invited to contribute news items and comments to the editor.

—Kenneth Smith, *Editor*

VANCOUVER MEETING



The 24th annual meeting was attended by more than 1500 people including 537 members. The first day was devoted to simultaneous special courses in neuropathology and neuroradiology. The scientific program focused on monitoring the neurosurgical patient. Dr. Guy Odom, honored guest, spoke on cerebral arterial spasm and neurosurgical manpower and training. Workshops, luncheon discussion groups and the open scientific session again were popular features.

The Annual Meeting Committee and the many members of each of its subcommittees deserve our thanks for their long hours of work. Dave Kelly was program chairman assisted by Gary Vander Ark, George Ojemann, Fred Simeone, Thor Sundt, John Tew and Don Becker. Other committees were headed by Dave Kline (exhibits), Bob Grossman (host), Gordon and Sally Thompson (host), Bill Buchheit (public relations), Fletcher Lee (registration), Don Long (residents registration), and Byron Annis (sergeant-at-arms). Ian and Janis Turnbull made the arrangements for the supplementary scientific session in Victoria which was enjoyed by more than 250 participants.

RESIDENT AWARD

An innovation this year was the Residents' Award for the best paper presented by a resident. Dr. Arthur Kobrine of Washington, D. C. received the award for his paper "Autoregulation of Spinal Cord Blood Flow."

The second annual Resident Award for the best paper submitted by a resident in neurological surgery will be presented at the annual meeting October 25, 1975 in Atlanta, Georgia. The paper should be primarily related to a clinical problem or clinical research. It is open to any resident from an approved residency program in the United States or Canada. The work must be submitted while a resident or within one year of completing residency. It must not have been published or presented by the time of the annual meeting of the Congress. The resident should have been the principal author and investigator and the paper should be certified by the program director.

The applicants should submit a 1,000 word abstract by May 1, 1975. The winner will receive an award at the open scientific session. His transportation and room will be paid by the Congress.

Please submit abstracts to Stewart B. Dunsker, M.D., Chairman, Resident Award Committee, 506 Oak Street, Cincinnati, Ohio 45219.



JIM ROBERTSON ELECTED PRESIDENT

At the 24th annual meeting in Vancouver, Dr. James Robertson of Memphis, Tennessee was elected to the presidency, succeeding Dr. George Tindall of Atlanta, Georgia. Other newly elected officers were: Robert Ojemann, president-elect, Kenneth Smith, vice-president and David Kelly, secretary. Bruce Sorensen remains in the office of treasurer.

Newly elected members of the Executive Committee for 3-year terms are: John Tew, Cincinnati, and Fletcher Lee, San Antonio. Other members of the executive committee are: Perry Black, William Buchheit, Jim Story, Robert Wilkins, George Tindall, Albert Rhoton, Bernard Patrick and Don Dohn.

The new officers of the auxiliary are: Valeria Robertson-president, Jean Ojemann-president elect, Marjorie Smith—vice-president, Helen Buchheit, secretary, Suzanne Sorensen, treasurer. The Board of Directors includes: Suzie Tindall, Sally Thompson, Sally Kelly, Gloria Wilkins, Ann Peerless, Joyce Rhoton, Phyllis Vander Ark.



**CONGRESS OF NEUROLOGICAL SURGEONS
TWENTY-FOURTH ANNUAL BUSINESS MEETING**

Hotel Vancouver

September 26, 1974

Vancouver, British Columbia

The meeting was called to order at 5:00 p.m. by President George T. Tindall. The minutes of the 1973 meeting were read by the Secretary, Dr. Robert G. Ojemann. The minutes were approved by the membership.

Dr. Ojemann then presented the Annual Report of the Executive Committee. A copy of this report is attached.

The report of the Treasurer was presented by Dr. Bruce F. Sorensen. This report has been submitted in writing to the Executive Committee and has been made a part of the permanent record. A written statement was presented. Dr. Sorensen presented a series of slides summarizing the financial position of the Congress. It was recommended that the dues remain at \$40 for members in the United States, Canada, Mexico, and Puerto Rico and \$15 for International members. A motion was made and seconded to accept this recommendation. The motion was approved.

Dr. Albert L. Rhoton gave a report of the Bylaws Committee. The proposed bylaws changes concerning sexual discrimination and committee organization were presented. A motion was made to approve the proposed changes in the bylaws. The motion was seconded. The motion was approved.

Dr. Bernard S. Patrick gave a report regarding the status of the collaboration between the Congress of Neurological Surgeons and Surgical Neurology. A history of the negotiations was presented. The relationship will be on a continuing trial basis.

Dr. Bernard S. Patrick, Chairman of the Nominating Committee, proposed the following slate of nominees:

- President-Elect Robert G. Ojemann
- Vice President Kenneth R. Smith, Jr.
- Secretary David L. Kelly, Jr.

Executive Committee (Terms of three years each)

- J. Fletcher Lee
- John M. Tew, Jr.

There being no other nominations made, it was moved and seconded that the slate of nominees be accepted. The motion was unanimously approved.

Dr. Tindall called for new business. There was none.

A motion for adjournment was heard, seconded, and all approved.

— David Kelly

Neurosurgical Procedure Terminology

All Congress members please note that the AANS-CNS is printing a new corrected Neurosurgery Procedural Terminology book. The section on the nervous system in the AMA Current Procedural Terminology (3rd. ed.) is out of date and should be replaced by this new publication edited by Dr. Byron Pevehouse and promised for distribution to all members of CNS and AANS in 1974. All neurosurgeons and state neurosurgical societies should use this revised terminology.

NEWSLETTER

Published quarterly by the
Congress of Neurological Surgeons

President — James T. Robertson, M.D.
Memphis, Tennessee

President-Elect — Robert G. Ojemann, M.D.
Boston, Massachusetts

Vice-President — Kenneth R. Smith Jr., M.D.
St. Louis, Missouri

Secretary — David L. Kelly, Jr., M.D.
Winston-Salem, N. C.

Treasurer — Bruce F. Sorensen, M.D.
Salt Lake City, Utah

PRESIDENTIAL ADDRESS CONTINUING EDUCATION FOR THE NEUROSURGEON*

George T. Tindall, M.D

* An abridgment of the address by Dr. Tindall at the 24th Annual Meeting of the Congress of Neurological Surgeons, Vancouver, B.C., September 26, 1974. The complete text will appear in *Clinical Neurosurgery*, Vol. 22.



President Tindall

Introduction

I believe that the establishment of continuing education programs for the practicing neurosurgeon is one of the most important, unresolved items facing our specialty today. True, socioeconomic matters are ever pressing and potential governmental involvement in many of our professional affairs is a growing area of concern, and often we become overly preoccupied with these issues, usually at the expense of structuring and pursuing some types of continuing educational program. The importance of continuing education is obvious when one considers that one of our primary goals is the constant delivery of high quality neurosurgical care and the most important key toward this end is an effective, on-going continuing education program in neurosurgery.

Rationale for Continuing Education in Neurosurgery

The modern physician is confronted by what often seems to be an impossible task in attempting to keep himself abreast of the latest developments. The only hope of catching up would appear to be a well-planned continuing education program designed and implemented by individuals knowledgeable in medical education. Howard believes that physicians have been stimulated and encouraged to greater efforts in continuing education by pressures both inside and outside the profession.¹

Item 1. — There has been a substantial annual growth in participation of physicians in continuing education programs in recent years. In 1972, it was estimated that there were more than 300,000 physician registrations in formal continuing education programs:

Item 2. — There is increasing emphasis on continuing medical education by state, medical and medical specialty societies (25 state medical associations sponsored formally structured courses for physicians in 1972-73).

Item 3. — Action has been taken by at least three state legislatures to make formal participation in continuing medical education a requirement for periodic relicensure.

Item 4. — There has been major growth and development of self-assessment procedures by medical specialty societies. There are now 14 national medical specialty societies with self-assessment programs in operation.

Goals

The broad general goals of continuing medical education programs include:

1. Improved quality of patient care.
2. Self-satisfaction in learning.
3. Preparation for some type of recertification or relicensure process.

There are several state medical associations that have already made policy decisions that will in effect require continuing education as a condition of membership. Of the twenty-two specialty boards, 19 now endorse recertification and 4 of these specialty boards have even announced dates to activate this plan. The only specialty that is on record as

opposing recertification is neurosurgery and I am not at all certain that this decision reflects the beliefs of all neurosurgeons. At any rate with this momentum among the various specialties, it is reasonable to anticipate that, when a sufficient proportion of physicians have passed recertification, the Joint Commission for Accreditation of Hospitals will probably use recertification as a criterion for granting hospital staff privileges.² It is essential that the movement toward recertification or relicensure be under the control of the medical profession.

As an alternative to recertification examination of neurosurgery, a system could be devised similar to that which has been developed by many state medical organizations which requires proof by the physician of a certain number of credit hours spent in continuing education programs over a specified period of time. Both the Congress of Neurological Surgeons and the American Association of Neurological Surgeons have been formally approved for an accredited program in continuing medical education by the AMA Council on Medical Education.

Characteristics Desirable in Continuing Education Education Programs:

Any national plan that intends to implement continuing professional education runs the risk of becoming an inefficient bureaucratic system unless it meets highly personalized criteria. According to Dryer³ these criteria are: personal satisfaction, freedom of choice, continuity, accessibility and convenience. To this list I would add a 6th criterion — relevance.

One may justly argue that we already have ample opportunity for continuing education. Several neurosurgical organizations meet annually and conduct excellent scientific programs that range from 2 to 6 days. But there are at least 2 shortcomings to medical societies providing continuing education at their annual meetings. First, the programs are usually restricted to the members of the particular society and thus denied to the majority of other neurosurgeons. The other and more important reason is that annual meetings do not provide an on-going curriculum, i.e., they lack continuity of learning. What is needed is a high quality opportunity arranged in some practical way suited to the physician's pattern of work, with a long-range, organized, sequential plan of participative learning,

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i.e., a modern curriculum. Continuity is probably best achieved on a local level with well-planned weekly conferences, ward rounds, clinical-correlation basic science presentations, and the regional workshop on specific and needed topics. Continuity could also be effectively maintained by well-designed and available home study course similar to that available for all ophthalmologists.

Proposal for Organizing and Implementing Continuing Education in Neurosurgery

Among the first major steps to consider is the concept of a single continuing education committee to represent all neurosurgery, i.e., a central committee on continuing education in neurosurgery. It is my opinion that one committee should be empowered with the authority to plan, approve, alter, implement, and accredit all continuing education programs in neurosurgery in the United States. It is essential that this committee be truly representative of all neurosurgeons. It will serve the purpose of consolidating and coordinating all aspects of continuing education. It should have a line of communication to other organizations (AMA, ACS, etc.) and this should be through the official spokesman organization for neurosurgery, the American Association of Neurological Surgeons.

Practically all five of the national neurosurgical societies have in one way or another made independent attempts to develop continuing education programs and in some instances there were concerted endeavors to establish liaison committees in continuing education between two or more societies. However, in general, the efforts have been identified with the individual society and consequently, there has been no real fusion of effort. Even now, there are at least three and possibly four committees actively and largely independently involved in some aspect of continuing education in neurosurgery. Fortunately, there is a current opinion among many of the individual members of these committees that only through amalgamation into a single committee with appropriate representation from the community of neurosurgery, can we accomplish and develop worthwhile continuing education programs.

I believe that appropriate representation can be achieved by the American Association of Neurological Surgeons and the Congress of Neurological Surgeons taking combined action and forming a joint committee on continuing education in neurosurgery. In the beginning, the size of the committee should be kept relatively small and initially, I would recommend that 5 members be appointed from each organization. Election of officers, term of office, etc., should be decided within the committee, not by the parent organization.

I am aware of the interest of other national neurosurgical societies in continuing education. I would not want anyone to conclude from my recommendations that I am intentionally ignoring the important input from other societies. However, virtually no one in the other national neurosurgical societies is being deprived of representation as most, if not all, of these members belong to either the AANS or Congress, or both, and thus, will be represented on the continuing education committee. The establishment of standards for continuing education programs by this committee will be one of the several important tasks to be accomplished.

The executive director: There is a need for a single executive administrative director of the continuing education programs in neurosurgery. Determining specific educational needs, leading, supervising and coordinating an effective program is best done when this type of responsibility rests with one individual holding and exercising administrative

authority. Budgetary support for this individual should come from the two parent societies. Ultimately, as our programs become well established, much of the cost can be covered by tuition and registration fees. Among the responsibilities of the director would be:

1. Determining the specific needs and desires of the profession in a given region for the subjects of courses and other programs.
2. Stimulating the faculty to plan programs well in advance, with stated specific objectives for each program.
3. Making certain that the facilities needed will be available at the time scheduled.
4. Supervising adequate enrollment records in courses.
5. Serving as liaison with local and national medical societies.

Budget: Solid financial support must be available, and in my opinion, should be provided on a 50-50 basis from the Congress of Neurological Surgeons and the American Association of Neurological Surgeons. As the programs become established they will gradually begin to partially support themselves through tuition, etc.

Curriculum: We must provide a curriculum that fills the educational needs of the majority of practicing neurosurgeons. Educational emphasis should be placed on those diseases which are seen most frequently and which result in the greatest disability for the neurosurgical patient population. Methods requiring active participation including live clinics, seminars, workshops and small group activities could be evolved. Also, a practical home study course in neurosurgery should be developed and made available. The curriculum should insure that the appropriate areas of neurosurgery are systematically covered to insure incorporation of new knowledge and skills.

Faculty-Teaching Staff: Faculty will need proper orientation and appropriate guide lines regarding the courses. This indoctrination will be a function of the continuing education committee and the executive director.

Facilities: Regional workshops will play a prominent role in our programs and these can be conducted in a variety of geographic settings including teaching hospitals, large clinics, medical schools, motels adjacent to airports, etc.

Assessment Methods:

1. Self-assessment: This has value but considerable limitations. It may well be that the audit of care to determine true performance may represent a more reliable means of determining educational needs than the self-assessment examination.

2. Professional peer review: The value of PSRO as a means of determining the educational needs of physicians has been overshadowed by other aspects of this system. Standards of care for a specific neurosurgical disorder can be defined. The continuing education committee and faculty could then structure appropriate programs to remedy these educational needs. Some form of protocol evaluation aimed at producing tangible results in terms of improved quality of medical care must be forthcoming on our part. We should determine our own educational needs rather than allow a third party to assume this responsibility.

The AANS subcommittee on self-evaluation, merit award, and recertification, chaired by Dr. Richard DeSaussure, have actively accepted this responsibility as their charge and their findings and recommendations will be extremely valuable in this regard.

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Joint Socio-Economics Committee Recommends Action on Terminology and Medico-Legal Aspects

At its April meetings in St. Louis, the Joint Socio-Economics Committee proposed the following resolutions for consideration by their respective governing bodies, namely, the American Association of Neurological Surgeons, and the Congress of Neurological Surgeons:

1. That the Subcommittee on Terminology and Task Assignment assume continuing responsibility for identifying and evaluating new procedures in neurological surgery, with revision of the Procedural Terminology at regular intervals.
2. That the Socio-Economics Committee request the Boards of Directors of the AANS and the CNS to instruct their representatives and delegates to the AMA to support and implement our recommendation that the section on Nervous System of the third edition of the AMA "CPT" be deleted as soon as possible and replaced by our Procedural Terminology as published.
3. That the Joint Committee request both parent organizations to advise their governors of the ACS to petition for neurosurgical representation on the ACS Committee on Professional Liability.
4. That the AANS arrange overlapping membership between the AANS Committee on Professional Liability and this committee and that minutes be exchanged between the two committees.
5. That State neurosurgical societies be encouraged to form committees on Professional Liability.
6. That all neurosurgeons be encouraged, as a civic duty to appear as witnesses for both plaintiffs and defense in professional liability suits.
7. That the parent neurosurgical organizations support Federal and State efforts to provide comprehensive catastrophic health care coverage and rehabilitation programs.

The above resolutions were approved by the Executive Committee of the Congress of Neurological Surgeons at its meeting in Atlanta, July 12-13, 1974.

The Joint Committee welcomes comments and suggestions from the general neurosurgical community.

Russel H. Patterson, Jr., M.D. Co-Chairmen
Edwin W. Amyes, M.D.

George Ablin, M.D., Liaison Secretary
2828 H St., Bakersfield, California 93301

Presidential Address — *continued*

Summary

1. The continuing education of the neurosurgeon is perhaps the most important problem facing our specialty today.

2. The goals of an effective program in continuing education are to deliver high quality neurosurgical care, provide self-satisfaction in learning, and ultimately, to prepare for some type of recertification process.

3. Neurosurgery should proceed now to move forward aggressively and establish an effective, well-organized continuing education program. The important steps are:

(a) A single, representative national committee charged with responsibility and authority for the management of all continuing education in neurosurgery should be established;

(b) An executive director for our continuing education programs who can assist in developing programs and can coordinate and provide continuity for our nationwide programs should be appointed;

(c) The necessary facilities and budget should be provided by the parent organizations — the AANS and the Congress — for the continuing education committee;

(d) A teaching faculty that will develop and teach the programs should be identified and properly indoctrinated;

(e) A curriculum which places educational emphasis on those diseases which are seen most frequently by the practicing neurosurgeon and which result in greatest disability for the neurosurgical patient population should be developed; and

(f) A practical method for assessment and evaluation of these programs should be evolved.

Effective and useful educational programs are on-going in other specialties such as plastic surgery, ophthalmology and orthopedic surgery. These specialties have taken the necessary steps to provide their membership with ample opportunity to continue their education. It is time the discipline of neurosurgery moved in the same direction.

REFERENCES

1. Howard, R., Editorial. Continuing medical education, *JAMA* 225: 730-731, 1973.
2. Galambos, J. T., and Stone, H. H., Editorial. Continuing medical education and professional competence. *S. Med. J.*, 67: 757-759, 1974.
3. Dryer, B. V. Lifetime learning for physicians. *J. Med. Educ.*, 37: 1-134, 1962.

CONGRESS OF NEUROLOGICAL SURGEONS
Report of the Executive Committee

Hotel Vancouver

Twenty-Fourth Annual Meeting, September 26, 1974 Vancouver, British Columbia

The Executive Committee has met four times since the last Annual Meeting.

The format of the Annual Meeting, which has been quite successful during the past two years, was continued for this meeting. A detailed assessment of the 1973 meeting was undertaken by Dr. Bruce Sorensen, based on the response to the questionnaires filled out from the program book. The location in Hawaii was enthusiastically endorsed. No change in the format was indicated by the comments made. The members are asked to please fill out the evaluation page in the front of this year's program book and leave it at the registration desk. Dr. Albert Rhoton will be responsible for evaluation of the 1974 meeting.

This year Dr. Kenneth Smith has done an excellent job in his capacity as Chairman of the Annual Meeting. Special recognition must be given Dr. David Kelly for his overall planning of the Scientific Program. Dr. Tindall will recognize at the evening banquet, the chairmen of the committees that make up the Annual Meeting Committee who have done such an outstanding job. We should again stress that the functions of the Congress are carried out by members who have given an extraordinary amount of time and energy to making this a dynamic organization.

Dr. George Ojemann reported that an exceptionally large number of papers had been submitted for the Open Scientific Session. Only a small portion of the papers could be taken because of the limited time available for this session. The Executive Committee evaluated this problem and is considering having simultaneous sessions so that more members may present their own work. On the other hand, one of the important features of the Congress program has been the planned program with invited speakers in order to insure a high quality presentation on specific subjects.

The Executive Committee voted to establish a resident's award for the outstanding paper covering original clinical or laboratory investigation. This award will be open to any resident graduating from an approved residency program in the U. S. or Canada and must be submitted while the resident is in training or within one year of completing the residency and must not have been published or presented prior to the time of the Annual Meeting of the Congress. The resident should be the principal author and investigator and the paper should be certified by the Program Director. The paper is to be presented at the open scientific session. The paper would be published in *Clinical Neurosurgery*. The first award was made at this meeting.

The problems centering around the difficulties with the Beltz Travel Agency have been the subject of considerable discussion and have been outlined to the membership in reports from Dr. Rhoton. The Congress has retained legal counsel to handle its dealings with Beltz and has presented to those members having residual problems regarding refunds with Beltz the opportunity to utilize the same counsel under the arrangements detailed by Dr. Rhoton.

The increasing problem regarding the handling of registration has been the subject of discussion. A proposal has been submitted by the Williams & Wilkins Company to handle some aspects of the registration function. It is planned to try this at the 1975 Annual Meeting.

Dr. Fletcher Lee, Registration Chairman, gives the following information on this year's meeting:

537	Members
358	Members' Wives
169	Guests
95	Guests' Wives
156	Residents
33	Residents' Wives
4	Press
15	Guest Speakers
5	Guest Speakers' Wives
13	Miscellaneous

1,518 TOTAL

Dr. Kline reports that 32 commercial and 19 scientific exhibits were present at this meeting.

The Membership Committee under the Chairmanship of Dr. Jim Story recommended 105 applications for membership which were approved by the Executive Committee. Prior to this Annual Meeting, the membership of

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Congress of Neurological Surgeons — Report of the Executive Committee — *continued*

the Congress was as follows:

1,574 TOTAL Membership
1,520 Active Membership
21 Senior Members
15 Inactive Members
18 Honorary Members

The following changes have occurred since the last Annual Meeting:

71 New Members accepted and paid
5 Members Suspended
1 Member Resigned
3 Transferred to Senior Membership
2 Transferred to Inactive Membership

During the past year the Congress has been informed of the death of seven members. They are as follows:

Norman M. Dott (Past Honored Guest)
Gian-Fortunat Hoessley
Peter Pillone
Paul Rosenbluth
Alvin Szojchet
Tom M. Nash
Latunde Odeku

At this point the membership is asked to stand for a moment of silent tribute to deceased members.

The Treasurer, Dr. Sorensen, and the Executive Committee considered the overall financial structure of the Congress. At the present time the financial condition is sound. The dues will remain unchanged.

Volume 21 of Clinical Neurosurgery published the proceedings of the Hawaii meeting and was completed expeditiously under the excellent supervision of Dr. Robert Wilkins. It was mailed to the membership in the latter part of August.

The following sites have been selected for future meetings:

October 19 — 24, 1975 Atlanta, Georgia
October 24 — 29, 1976 New Orleans, Louisiana
October 9 — 14, 1977 San Francisco, California
October 15 — 20, 1978 Washington, District of Columbia
October 21 — 26, 1979 Las Vegas, Nevada
October 13 — 17, 1980 Bal Harbour, Miami, Florida

Plans are well underway for the 25th Annual Meeting to be held at the Regency Hyatt Hotel in Atlanta, Georgia. Dr. William Buchheit will be the General Meeting Chairman and Dr. Robert Wilkins, the Scientific Program Chairman.

The Executive Committee approved several By-Laws changes which will be presented to the Membership later in this meeting by Dr. Rhoton.

The problem of continuing education of the neurosurgeon has been extensively discussed by the Executive Committee. The Executive Committee has been told that an extensive program will need to be developed which will require an Executive Director and include regional workshops and home study courses. A collaborative effort with the AANS is being formulated in this regard.

The problems regarding the possible conflict of interest regarding the members of the Committee on Materials and Devices were reviewed and guidelines were defined to avoid any problem in this regard.

The Newsletter was published four times during the past year. Dr. Perry Black is to be commended on the high quality of this publication.

The Congress continues its sponsorship of the Interurban Neurosurgical Society, an informal society holding an annual one day meeting in Chicago, dealing with controversial neurosurgical subjects. The Interurban Neurosurgical

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Board is appointed by the Executive Committee of the Congress.

Dr. Kelly has maintained a resident training registry since October, 1971. Since that time, 121 individuals have contacted the registry for help and 23 men have been placed in neurosurgical programs.

The Socio-Economic Committee presented a detailed report regarding their activities. Several resolutions were outlined in the December, 1973 Newsletter.

All back issues of *Clinical Neurosurgery* are available through the Congress Bookstore under the direction of Dr. Bernard Patrick.

After a number of preliminary discussions the Congress entered into an agreement with Paul C. Bucy and Associates to make Surgical Neurology an official publication of the Congress. With the July issue this trial collaboration has started. At the present time, Dr. Bucy maintains full editorial and financial responsibility for the journal. A Surgical Neurology Committee has been appointed with Dr. Bernard Patrick as Chairman, and Drs. Wilkins, Sorensen, and Rhoton as members. This committee will develop with Dr. Bucy a mechanism for the Congress to eventually assume full control of the journal.

The representatives of the Congress to the American Board of Neurological Surgeons, American Association of Neurological Surgeons, AMA Section on Neurosurgery, and the American College of Surgeons actively represented the interests of the Congress during the past year.

Dr. John Meagher completed his term as Congress Representative to the American Association of Neurological Surgeons. Dr. George Tindall was appointed to replace him.

Signed by Robert G. Ojemann, M.D., Secretary

Special Course on the Management of Peripheral Nerve Injuries to be presented at the University of Tennessee School of Medicine, January 30-31, 1975 in Memphis, Tennessee. Two full days of lectures and panel discussions will be given by a distinguished faculty including Drs. Paul Brand, James Campbell, Kemp Clark, Tom Ducker, Lee Happel, Frank Howard, Alan Hudson, Mike Jabaley, David Kline, Donlin Long, Frank Mayfield, Frank Nulsen and Howard Thistle.

For information write to: Joseph H. Miller, M.D.
220 South Claybrook
Memphis, Tennessee 38104

Lost Members

Robert C. Aliff	Gary E. Kaufmann
Ralph A. Bentz	David B. Maline
Donald S. Bickers	K. K. Murthy
Ivan L. Butler	Richard E. Newquist
Kalman A. J. Cseuz	H. R. Oberhill
Fredric L. Edelman	Lito Porto
O. Weems Hollowell	Robert J. Valin
Dale K. Johns	Joel E. White

Anyone who has information about the current address of any of the above members please write to Dr. David Kelly, Secretary.

CALL FOR PAPERS, MOVIES, EXHIBITS

Deadline May 1, 1975

**25th Annual Meeting
Congress of Neurological Surgeons
Atlanta, Georgia — October 19-24, 1975**

Information

Members of the Congress of Neurological Surgeons, and residents in neurosurgery are invited to submit abstracts of papers or movies for the Member Participation Scientific Session in Atlanta, October 23. Scientific exhibits for the Atlanta meeting are also invited.

Supplementary Scientific Program (Ponte-Vedra Beach) — October 25-26. If a paper or movie cannot be included in the Member Participation Program, authors will be given the option of having the abstract considered for the Supplementary Program.

All abstracts selected for presentation in Atlanta or in Ponte-Vedra Beach will be printed in the program booklet and should, therefore, be prepared with care.

USE ABSTRACT FORM OVERLEAF

Detach Here

Abstract Form

Congress of Neurological Surgeons
Atlanta, Georgia — October 19-24, 1975

A. For abstract of paper or movie

If this abstract cannot be included in the Member Participation Program in Atlanta, October 23,
I am willing to have it considered for the Supplementary Scientific Program (October 25-26)

B. For scientific exhibit

Title: _____

Senior Author: _____ Address: _____

Telephone No. _____

Co-Authors: _____

Who will present paper, or attend exhibit: _____

Paper — Visual aids needed: _____ Exhibit — Back wall length needed: _____

Abstract of paper or movie, or description of exhibit (up to 200 words, typewritten):

***** DEADLINE May 1, 1975 *****

Abstracts: Stewart B. Dunsker, M.D.
Send to 506 Oak Street
Cincinnati, Ohio 45219

Exhibits: John M. Tew, M.D.
Send to 506 Oak Street
Cincinnati, Ohio 45219

CONTINUING EDUCATION CALENDAR

- Nov. 30-Dec. 4, 1974 **American Medical Association** Portland, Oregon. E. B. Howard, M.D., Exec. Vice-Pres., 535 Dearborn Street, Chicago, Ill. 60610
- Jan. 6-9, 1975 **Neuro-Ophthalmology Course** Miami Beach, Fla., Doral Beach Hotel, Bascom Palmer Eye Institute, P. O. Box 520875, Biscayne Annex, Miami, Fla. 33152.
- Jan. 23-25, 1975 **Neoplasia and the Central Nervous System** Annual Barrow Neurological Institute Symposium, Barrow Neurological Institute of St. Joseph's Hospital and Medical Center, 350 West Thomas Road, Phoenix, Ariz. 85013
- Jan. 27-31, 1975 **Neuropathology** 40 hrs. \$125. Armed Forces Institute of Pathology, 6825 16th Street NW, Washington, D. C. 20306
- Jan. 30-31, 1975 **Management of Peripheral Nerve Injuries** Memphis, Tenn., Joseph H. Miller, M.D., 220 South Claybrook, Memphis, Tenn. 38104
- Feb. 6-8, 1975 **Rocky Mountain Neuro-Ophthalmology Course**. Santa Fe, New Mexico, Santa Fe Hilton Inn. Dept. of Neurology, University of New Mexico School of Medicine 1007 Stanford Dr. N.E., Albuquerque, New Mexico 87131
- Feb. 1-9, 1975 **Specialty Review Course in Neurological Surgery** 90 hrs. Registrar, Cook County Graduate School of Medicine, 207 South Wood St., Chicago, Ill. 60612
- Feb. 12-15, 1975 **Southern Neurosurgical Society**, Annual Meeting. San Antonio, Texas, Hilton Palacio del Rio. G. T. Tindall, M.D., Sec., Neurological Surg., Emory University Clinic, 1365 Clifton Road, N.E., Atlanta, Georgia 30322
- March 10-15, 1975 **Review Course in Neuropathology** 40 hr. \$225. Cook County Graduate School of Medicine, 707 South Wood Street, Chicago, Ill. 60612
- March 12-15, 1975 **Neurological Society of America** San Diego, Ca., Hotel Rancho Bernardo. Shelley Chou, M.D., Sec., University of Minnesota Medical School, Minneapolis, Minnesota 55455
- March 16-20, 1975 **IV Mexican Congress of Neurological Surgery** Mexico City, Mexico, Camino Real Hotel. Javier Verdura, M.D., Sec. Gen., Apartado Postal 12-779, Mexico 12, D.F.
- April 6-10, 1975 **American Association of Neurological Surgeons** Miami Beach, Fla., Americana Hotel. Michael I. O'Connor, Exec. Sec., 428 East Preston Street, Baltimore, Md. 21202
- April 13-15, 1975 **Myelomeningocele** American Academy of Orthopaedic Surgeons, John Raycroft, M.D., 85 Jefferson Street, Hartford, Conn. 06103
- April 28-May 3, 1975 **American Academy of Neurology** Bal Harbour, Fla., Americana Hotel. S. A. Nelson, Exec. Dir., 4015 W. 65th Street, Suite 302, Minneapolis, Minnesota 55435
- May 15-17, 1975 **Neurosurgery** 18 hr. University of California, Dept. of Continuing Education, 3rd & Parnassus Avenues, San Francisco, Ca. 94122
- May 21-23, 1975 **Society of Neurological Surgeons** Dallas, Texas. William E. Hunt, M.D., Sec., 410 West 10th Ave., Columbus, Ohio 43210
- May 29-31, 1975 **Microneurosurgery Symposium** Cincinnati Convention Center, Cincinnati, Ohio. John M. Tew, M.D., 506 Oak Street, Cincinnati, Ohio 45219
- June 2-4, 1975 **American Neurological Association** New York, Hilton. Peritz Scheinberg, M.D., Sec/Treas. Dept. of Neurology, P. O. Box 520875, Biscayne Annex, Miami, Fla. 33152
- June 3-7, 1975 **American Society of Neuroradiology** Annual Meeting Vancouver, B.C. A. Rosenbaum, M.D., Sec., Dept. of Radiology, Peter Bent Brigham Hospital, 721 Huntington, Boston, Mass. 02115
- June 7-9, 1975 **American Association of Neuro-pathologists** San Francisco, Ca., Hyatt Regency. Richard L. Davis, M.D., Sec/Tres., LAC-USC Medical Center, 1200 Lake Street, Los Angeles, Ca. 90033
- June 8-11, 1975 **Rocky Mountain Neurosurgical Society**, 10th Annual Meeting, Cozumel Island, Yucatan Peninsula, Mexico. Hotel Cozumel Caribe. Post-convention seminars: June 12-13, Merida, Yucatan Peninsula, Mexico. Pan-American Hotel. Richard H. Moiel, M.D. Sec., 601 Medical Towers, 1709 Dryden Street, Houston, Texas 77025
- June 10-12, 1975 **American Neurological Association**, Annual Meeting. Boston, Mass. Statler Hilton Hotel. Samuel A. Trufant, M.D., Sec/Treas., Cincinnati General Hospital, Cincinnati, Ohio 45229
- June, 1975 **International Symposium on Cerebral Circulation and Metabolism** Invernessshire, Scotland, Aviemore Convention Centre. Dr. A. Murray Harper, University of Glasgow, Glasgow, Scotland.
- July 27-30, 1975 **Neurosurgery Techniques** 21 hrs. \$165, Colby Coll, Mayflower Hill, Waterville, Me. 04901

Membership Committee Lists New Applicants

Otmar Wolf Albrand
Ronald I. Apfelbaum
Edward B. Byrd
John Louis Carroll, Jr.
Melvin Lee Cheatham
Hari Gopal Chopra
Richard H. Corales

Joseph F. Cusick
Theodore C. Dela Cruz, Jr.
Luiz Carlos Mendes Faleiro
Gary Gilbert Ferguson
Allan L. Gardner
Robert Lee Grubb
Alan Roy Hudson
Abdur-Rahman Yusuf Ibn-Tamas

Jit Kim Lim
Roger Henry Kaye
Kamil H. Kazi
Frederick Charles Kriss
Louis A. Levy
Stephen Lawrence Nutik
Theodore G. Obenchain

Robert Allan Ratcheson
Theodore L. Sawyer
Paul Robert Schwetschenau
Andrew Talalla
Kenneth Turek
Alfred Byron Young
Ronald F. Young

Congress members who have comments on any of the above should contact Jim L. Story, M.D., chairman of the Membership Committee, 7703 Floyd Curl Drive, San Antonio, Texas 78284.

Atlanta 1975

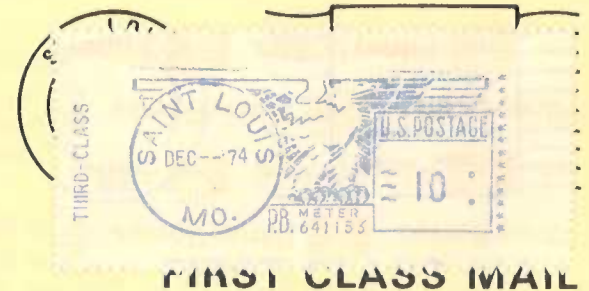
Our silver anniversary meeting in Atlanta will be the largest ever, with headquarters in the Regency-Hyatt Hotel, it will run from Sunday, October 19 through Friday October 24. The Honored Guest will be Dr. William Sweet of Boston, Massachusetts. The Annual Meeting Committee will be directed by Bill Buchheit. Bob Wilkins is in charge of the program committee. The program theme will be the Stroke Syndrome and will cover a large amount of interesting and valuable material. The regular features will include special courses covering neuroanatomy and neurophysiology on Monday, luncheon discussion groups, special interest workshops and the open scientific session. Dr. and Mrs. Ellis Keener will be in charge of local arrangements. The supplementary scientific session will be held October 24-26, at the Ponte-Vedra Club, Ponte-Vedra Beach, Florida, and will be supervised by Dr. and Mrs. Ernest Fokes.

Members and residents are invited to submit abstracts for papers, movies, and exhibits for the Atlanta and Ponte-Vedra Beach sessions. A form is enclosed in this Newsletter. The deadline is May 1, 1975. Now is the time to start planning for the silver anniversary celebration in Atlanta!

NEUROLOGICAL SURGEONS NEWSLETTER

Kenneth R. Smith, Jr. M.D.
Saint Louis University School of Medicine
1325 South Grand Boulevard
Saint Louis, Missouri 63104

CALL FOR PAPERS & EXHIBITS
FOR ATLANTA



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3260 FANNIN
BEAUMONT, TEX. 77701