



NEWSLETTER



Congress of Neurological Surgeons

Volume XXIII

December 1973

Number 1

A NEW YEAR BEGINS

This issue of the Newsletter ushers in a new year of Congress activity. The Newsletter will continue to keep the membership abreast of these activities and developments relating to neurosurgical practice.

The addition of Residents to the Newsletter mailing list in the past year has received a favorable response and will therefore be continued. Residents whose names were inadvertently omitted but who would like to receive the Newsletter may write to the Secretary, Dr. Robert G. Ojemann, Massachusetts General Hospital, Boston, Mass. 02114.

Members and Residents are invited to contribute news items and comments, addressed to the Editor.

Perry Black, Editor

HAWAII MEETING SUCCESS

Educationally and socially, the 23rd Annual Meeting of the Congress of Neurological Surgeons proved outstanding. Attendance totalled 1125. During the week prior to the Honolulu meeting, five simultaneous Pre-Convention Tours were held on the outer Islands, attended by 282 people. The scientific sessions in Honolulu centered around symposia on pain, aneurysms, and the pituitary. Dr. Henry Schwartz, Honored Guest, delivered two major addresses on surgery of pituitary adenomas, and on the future of neurosurgical training. The Special Courses program offered intensive review sessions on Pain, Immunology, Neuroradiology of the Spine, and Neuroophthalmology. The Special Interest Workshops covered a variety of topics ranging from Microneurosurgery to Peripheral Nerve Injuries. The Luncheon Discussion Groups again proved popular.

The success of the meeting was the culmination of more than a year's detailed planning by the Annual Meeting Committee, masterfully orchestrated by Albert L. Rhoton, Jr. The Scientific Program was under the direction of Jim L. Story. Among those whose committees played leading roles were: Warren C. Boop, Jr. (Program, Supplementary Scientific Session), William A. Buchheit (Exhibits), J. Clayton Davie (Arrangements, Supplementary Scientific Session), Gary Gieseke (Host), William and JoAnn Goebert (Local Arrangements), Robert G. Grossman (Special Interest Workshops), David L. Kelly, Jr. (Registration), Glenn W. Kindt (Sergeant-at-Arms), David G. Kline (Residents), J. Fletcher Lee (Member Participation Program), Donlin M. Long (Special Courses), Mrs. Bernard Patrick (Auxiliary Program), Edward Reifel (Public Relations). Behind the scenes were many committee members, too numerous to mention, who made a vital contribution to the meeting.



Dr. Henry Schwartz, Honored Guest, addressing Congress in Honolulu.

. . . Aloha Hawaii '73

GEORGE TINDALL ELECTED PRESIDENT

At the 23rd Annual Meeting of the Congress in Honolulu, Dr. George T. Tindall of Atlanta, Georgia, was elected to the Presidency, succeeding Dr. Bernard S. Patrick of Jackson, Miss. Other newly elected officers were: James T. Robertson, President-Elect, and Albert L. Rhoton, Jr., Vice-President. Robert G. Ojemann, Secretary, and Bruce F. Sorensen, Treasurer, remain in office to complete their 3-year terms.



Installation ceremony: Dr. George Tindall (r) taking over Presidency from Dr. Bernard Patrick (l).

Newly elected members of the Executive Committee for 3-year terms are: William Buchheit (who had previously completed a 1-year term to fill a vacancy on the Executive Committee) and Robert H. Wilkins. Apart from the Officers of the Congress, other current members of the Executive Committee are: Perry Black, Donald F. Dohn, David L. Kelly, John N. Meagher, Bernard S. Patrick, Kenneth R. Smith, and Jim L. Story.

The new Officers of the Auxiliary are: Mrs. George Tindall (Suzie) - President; Mrs. James Robertson (Valerie) - President-Elect; Mrs. Albert Rhoton (Joyce) - Vice-President; Mrs. David Kelly (Sally) - Secretary; Mrs. Bruce Sorensen (Suzanne) -

Treasurer. The Board of Directors of the Auxiliary will consist of: Mrs. Bernard Patrick (Jo), Mrs. William Goebert (JoAnn), Mrs. William Buchheit (Helen), Mrs. Roland Manfredi (Helen), and Mrs. Fletcher Lee (Jane).

PEOPLE

APPOINTMENTS . . . DR. ROBERT G. GROSSMAN has been appointed Professor of Surgery and Chief of Neurosurgery at The University of Texas Medical Branch, Galveston . . . DR. JOHN N. MEAGHER - Clinical Professor of Neurosurgery at the Ohio State University Hospitals and also President-Elect of the Medical and Dental Staff of Riverside Methodist Hospital, Columbus, Ohio . . . DR. CHARLES D. RAY - Vice-President of Medical Research of Medtronic, Inc., Minneapolis . . . DR. JAMES T. ROBERTSON - Professor and Chairman, Department of Neurosurgery at the University of Tennessee College of Medicine.

OBITUARIES . . . DR. PERCIVAL BAILEY, Evanston, Illinois, Aug. 1973 . . . DR. JOE MELVILLE CAPPS, Nashville, Tenn. . . . DR. CHARLES W. ELKINS, Tucson, Arizona . . . DR. ERIC E. ELLINGTON, Asheville, North Carolina, Dec. 1972 . . . DR. VERNON T. GRIZZARD, MacClenny, Florida, Nov. 1972 . . . DR. GIAN-FORTUNAT HOESSLY, Boston, Mass . . . DR. CHARLES A. HOPKINS, Calumet City, Ill., Dec. 1972 . . . DR. JOHN PAUL KAPP, Panama City, Florida . . . DR. RICHARD A. LENDE, Albany, N.Y., Nov. 1973 . . . DR. PETER R. PILLONE, Paramus, New Jersey . . . DR. PAUL R. ROSENBLUTH, Chicago, Illinois . . . DR. EIDSON W. SMITH, Knoxville, Tenn. . . . DR. ALVIN SZOJCHET, Canton, Ohio.

NEWSLETTER

Published quarterly by the
Congress of Neurological Surgeons

President

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PRESIDENTIAL ADDRESS*

Bernard S. Patrick, M.D.

I am both honored and privileged to address you today. Although the remarks that I make to you today will be less than profound, I propose not to bore you. I will be brief. Some of my comments may be controversial and contrary to currently popular concepts. Therefore, let me now state that the thoughts expressed here represent my opinions only and not necessarily those of the Congress nor necessarily of neurosurgery in general. Nonetheless there are things that need to be said even knowing that some are likely to be disconcerting and some even unpleasant.

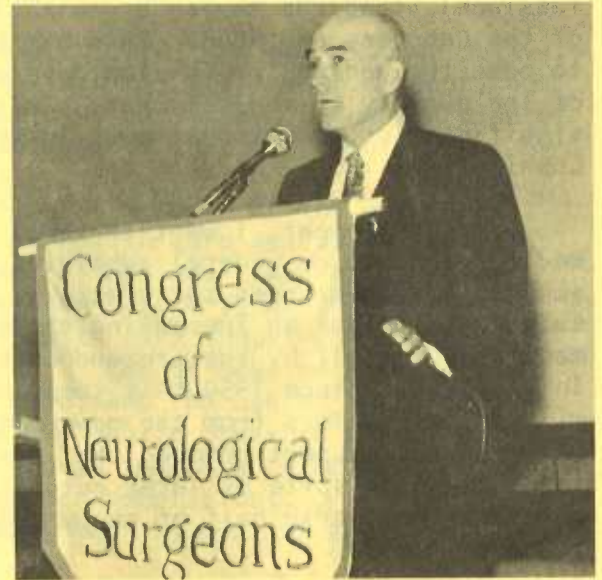
This address is concerned with three inter-related subjects:

- 1) The current activities of this organization.
- 2) The fundamental threat that governmental subsidies pose to the universities, particularly in medical education.
- 3) Our relationship to the government, and our responsibility to the profession in these times of increasing federal encroachment in the areas of health care.

By way of explanation, let me point out that my own personal background includes many years of private practice, both solo and group, quite apart from the recent several years in a full-time academic setting in which I now function. Thus my basis as well as my bias comes from a varied experience. Therefore, if I talk like an academic neurosurgeon, I am one - yet if I speak as a private-practicing neurosurgeon - well then, I was one for twelve years, and in my heart I continue as one.

The CNS continues at the forefront of organizational activity directed toward the advancement and maintenance of the highest standards of neurosurgical practice. I am pleased to report that the Committee to Study Means of Maintaining High Standards in Neurosurgical Practice has completed its recent report and recommendation of neurosurgical units, as a concept offering optimal patient care coupled with optimal utilization of nursing personnel. This was published in the CNS Newsletter of June, 1973 and should be studied carefully and put forward at every opportunity.

Our Committee on Materials and Implantable Devices, working jointly with members of the AANS, is making rapid strides toward the development of identifiable standards for the use of neurosurgical devices and foreign materials within the body. All of neurosurgery can expect to benefit from these efforts.



Dr. Bernard S. Patrick

*Text of address by Dr. Patrick at 23rd Annual Meeting of the Congress of Neurological Surgeons, Honolulu, Hawaii, Oct. 4, 1973.

In the area of continuing education, I can announce that plans are underway for the development of one-day single-subject seminars to take place at varied locations throughout the year. These should be invaluable to the young neurosurgeon in adding depth to his knowledge and to all neurosurgeons in keeping current in selected subjects. The Congress is developing additional activities in publications, some to be coupled with the single-subject seminars and others to be of a more general nature, all supplementing our annual publication, *Clinical Neurosurgery*.

Of singular importance is the development of the National Advisory Group for Professional Standards Review Organization (PSRO) activities, a joint socio-economic activity of the Congress and AANS. This has been developed in response to governmental pressure to have the medical profession develop peer groups to monitor and document the monitoring of the quality of medical care. This National Advisory Group for PSRO may be the most significant organizational move in Neurosurgery since the restructuring of the Harvey Cushing Society.

For the moment, I want to speak to you about the dependence of medical schools and medical centers on federal subsidies. In the annals of history, financing of medical schools has never been satisfactory. Since the Second World War, there has developed among such institutions an increasing striving toward regional and national identity. This has manifested itself by the tremendous building of faculties and departments, particularly in research. Since 1950 this tempo has markedly increased, augmented by the input of millions of dollars from the government into medical research and institutional support. This federal support reached the level of 54% of all medical school expenditures from 1963 to 1966 and in spite of later cut-backs, it still constitutes some 45%.¹ What I am saying here is that nearly half of every dollar spent by medical schools is derived from federal funds.

As a result, the medical schools have become so dependent upon the federal dollar that they hasten to comply, indeed they must comply, with every bureaucratic whim for fear of losing some federal appropriation or grant. We boast about the freedoms and benefits of capitalism while the medical educational institutions are selling their very souls to the devil in their scramble for federal funds. We have found ourselves in the paradoxical position of applauding the President for his cut backs in federal spending while at the same time we repeatedly pound the door of the administration seeking more federal support for medical research and education. Can we in good conscience be in favor of a balanced budget and sound fiscal policy for the government, and, at the same time, urge that same government to overspend its budget? We cannot. Granted, we seek support of medical and scientific activities which certainly seem as deserving of government support as airline and export subsidies. However, it is this line of thinking that many use to justify demands for more federal funds, and it is for this very same reason that most efforts to reduce federal spending fail. I put this question to you: Are we, or are we not, men of a more responsible conscience?

While it may be good and proper that we bid for a more appropriate slice of the N.I.H. financial pie for the neurosciences, if we are to be in favor of a sound fiscal policy we must not add to the already heavy pressure on a burdened administration to increase subsidies, however justifiable the need may seem. Is not a solvent government more important than the subsidy programs it supports?

Of even greater concern is the tendency of the universities to look to the government for guidance as well as financial support. The dangers inherent in this are profound. The University -- Trustee of the Culture and Guardian of Education -- is progressively losing its autonomy and cultural integrity and is headed toward becoming simply another department or bureau of the government. The old saying, "Whose bread I eat, his song I

must sing" has never been more true than it has been under government controls. For, indeed, whose bread we eat, his song we must sing -- even if without heart!

I propose to you that the university cannot at the same time serve as an arm of the government and as the trustee of our culture. Means must be found to preserve and protect the integrity of the universities against the influence of the federal dollar. Some separation between the university and the government must be maintained, even if at the cost of reduced budgets. I put forward the concept that the preservation of self-determinism of the university is more important than the size of its budget.

Whereas the university serves as the trustee of the culture, the guardian of delivery of health care is the private practitioner. Not the university, not the government, not the Department of HEW, but the individual private practicing physician is the guardian of the nation's health. More and more this is being threatened by the government -- not by accident, not entirely by social pressure, but in part by calculated design. The best example of the long-range intent of some of the more liberal members of the government was given by Edward M. Kennedy in speaking of changes in health care delivery. He said "The cutting edge of these changes will be the enactment of national health insurance National health insurance is more than just a financing mechanism. It is a lever with which to reform all aspects of the health care industry including medical education, and it is a lever which will be used."² Let us make no mistake about this intent of the government. Such levers are being used, and the use of such leverage at multiple levels of the government will increase, unless public pressure mounts to oppose it. I quote from Judge Brandeis: "Experience should teach us to be most on our guard to protect liberty when the government's purposes are beneficent. The greatest dangers to liberty lurk in the insidious encroachment by men of zeal, well meaning, but without understanding."³

Now, by law, the government is requiring the establishment of PSRO under the guise that the medical profession must be forced to police itself. It appears that the government would have the public believe that the medical profession has had its head in the sand for the past 100 years or more. Have we arrived at a position of esteem by chance? Have we gained this position by neglecting quality or by being inattentive to patients' needs? Are we held in regard because we are callous to public needs? Do we nourish scoundrels among our colleagues? Of course not. Yet, the government would have the public believe that PSRO's are necessary because physicians do not police themselves. It is disconcerting that some of the public and even a few of our colleagues have come to believe that the point of view of the government has merit. Indeed, the goal is noble -- the goal of improved medical care -- and this goal cannot be criticized. This noble goal, however, does not necessarily of itself validate the proposed means by which the goal is to be achieved.

Then there are those among us who say "it is inevitable, therefore, we should get on with it before the government does it for us." Now for a moment, think about this concept that we should do it because it is inevitable. Some political corruption may be inevitable, but this is not a reason to participate in it. Because a government program is being put upon us is not a reason to encourage it with open arms, particularly if it seems ill advised. Instead, one should involve oneself against it or work to appropriately change or modify it.

I do not intend to propose that we refuse to participate in PSRO activity, but I do believe that certain basic concepts should be kept in mind in the course of our activities relative to PSRO's.

- 1) The responsibility for the health of the nation is ours --

the medical profession -- not the government's.

- 2) The establishing and maintenance of standards of care can be accomplished only by ourselves. The government cannot determine standards without our guidance.
- 3) Only we can deliver health care -- the government does not have this capability, nor this desire. It can deliver through us, but not without us.
- 4) It is we who hold the key, the knowledge, and the authority to determine the quality of medical care. Indeed, it is our responsibility!

For neurosurgery, this authority will be vested in our Neurosurgical National Advisory Group for PSRO. This joint function of the CNS and AANS will be responsible to these respective organizations, neurosurgeons in general, and state and local PSRO's relative to neurosurgical matters. It will stand between the government and the individual. It will reinforce the importance of the academic physician looking to the profession for guidelines -- not to the government.

In developing these standards, it is imperative that we keep in mind that, by definition, if physicians are required to perform according to prior established norms, there can be no progress!

Excessive standardization, by its very design, impedes progress. It will be difficult indeed to set standards sufficiently flexible to permit and encourage progress in medical care and at the same time satisfy the less broad view of the government.

As guardians of the nation's health, our responsibility in this regard is a precious heritage -- a sacred trust. The responsibility is ours, not that of the government, which cannot deliver, cannot provide, and cannot purchase quality medical care. Most legislation having to do with control of medical care tends to have an unfortunate effect toward depersonalizing the physician-patient relationship. It is not possible, however, and it is a delusion to think it so, that the government can legislate the quality of patient care.

Surely, there is not one among us who in his ultimate frustration has not cried out, "why won't they let me alone so that I can practice medicine and take care of people who need me!"

Regretfully, the fact remains that they won't let us alone, neither the government, nor the public. Nor will our sense of responsibility let us remain uninvolved. It is mandatory that we look down the road to the future and guide ourselves accordingly. That this future remains unknown in spite of all efforts to view it does not eliminate the necessity of making the effort.

In our efforts to cope with the future -- to preserve the integrity and self-determinism of the university, the profession, and the individual practitioner -- I offer in closing this quote from Oliver Wendell Holmes. "I find the great thing in this world is not so much where we stand, as in what direction we are moving. To reach the port of Heaven, we must sail, sometimes with the wind and sometimes against it, -- but we must sail, and not drift nor lie at anchor."⁴

References

1. Association of American Medical Colleges: "Medical Education, The Institutions, Characteristics and Programs" (A Background Paper) January 1973.
2. E.M. Kennedy: The challenge of health professions education in the seventies. J. Med. Education, Volume 48, p. 3, 1973.
3. Judge Brandeis: "U.S. Reports". Volume 277, p. 479, Olmstead versus U.S., Case 1927.
4. Oliver W. Holmes: "The Autocrat of the Breakfast Table". p. 93, 1891.

SOCIO-ECONOMIC COMMITTEE REPORT

The Joint Socio-Economic Committee of the AANS and CNS is currently considering a number of important matters. At meetings held in Honolulu in October, the Joint Committee proposed several resolutions which have been approved by the Executive Committee of the CNS:

1. Neurosurgical Procedural Terminology (NPT). A list of code numbers and descriptors, known as the Neurosurgical Procedural Terminology (NPT), was adopted for use nationally. Dr. Edwin W. Amyes and Dr. Russel Patterson, Jr., Co-Chairmen of the Joint Committee, indicated that the specialty of neurosurgery would be defined and determined by this terminology which will be revised and updated on a yearly basis. The AANS has underwritten publication and distribution of the Neurosurgical Procedural Terminology to AANS members and the NPT will also be distributed to those members of the Congress who are not also members of the AANS.

2. Professional Standards Review Organization (PSRO). The PSRO program has been established by Congress under PL-92-603 as a form of peer review for the establishment and maintenance of standards of medical practice. Within the ranks of American medicine, there is currently healthy debate regarding the question of how the standards, norms and "model criteria sets" should be established. Some advocate national standards while others recommend that the standards be based on local or regional variations in utilization and care. The Joint Committee of the AANS and CNS has recommended, in view of regional variations, that the practice of medicine be reviewed on a "local basis". Data concerning the practice of neurosurgery will therefore be generated on a local basis, and the data collected will be correlated by state or regional neurosurgical organizations, and then compiled and disseminated for advisory purposes by the National Neurosurgical Socio-Economic Advisory Group, which serves as an arm of the Joint Socio-Economic Committee of the AANS-CNS. Dr. Frank R. Wrenn, and Dr. Laverne S. Erickson, Chairman and Secretary, respectively, of the National Advisory Group, advised that neurosurgeons be encouraged to participate in the development of guidelines at the most elementary local level (the local hospital) and that the guidelines be collected and passed upward through the area, state and regional organizations; they urged that the National Advisory Group be kept informed of recommendations generated at the local level so that a national consensus might then be developed which might then serve as a national informational resource which would be made available on an advisory basis to other national organizations such as the Department of HEW, AMA, and the ACS. The National Advisory Group will be available for advice and counsel to local groups.

3. Utilization Guidelines. The Executive Committee has declared as obsolete the Utilization Guidelines Review, published by the CNS in 1968. That publication may nonetheless serve as a guideline for the development of current standards and norms of utilization and care.

Dr. George Ablin, Secretary of the Joint Socio-Economic Committee (2828 H St., Bakersfield, California 93301) invites comments and suggestions from the Congress membership regarding socio-economic matters.

NEW APPLICANTS PROPOSED FOR MEMBERSHIP

The credentials of the following candidates have been reviewed by the Membership Committee.

James Ivan Ausman	Henry Feuer	William E. Mathews
Ottis M. Ballenger	Hank H. Gosch	Joselito L. Millan
William A. Black, Jr.	Narni R. Giri	Carole A. Miller
William R. Darmody	Ray W. Hester	Behrouz Rassekh
K. Vasudeva Devadiga	Giorgio Iraci	Henry H. Schmidek
David F. Dean	Ralph McGraw, Jr.	Thomas D. Weems
Edward Fletcher Eyster	Warren F. McPherson	Frank S. Yelin
Jack M. Fein	Bertrand J. Marlier, Jr.	Paul Henry Zanetti

Congress members wishing to comment on any of the applicants may write to: Jim L. Story, M.D., Chairman, Membership Committee, 7703 Floyd Curl Drive, San Antonio, Texas 78284. Dr. Story succeeds Dr. Kenneth R. Smith, Jr. as Chairman of the Membership Committee; applications for membership should henceforth be sent to Dr. Story.

F.I.E.N.S. CALLS FOR VOLUNTEERS FOR SINGAPORE

The Foundation for International Education in Neurological Surgery, Inc., has initiated its first overseas program for volunteer neurosurgeons from the U.S.A., and Canada. The volunteers will be working in a large new hospital in Singapore, and the program begins on January 1, 1974. The Singapore hospital will be providing housing, maintenance, and the use of an automobile. The Foundation will provide round trip economy air fare for any neurosurgeon volunteering for two months or more and round trip economy air fare for both the neurosurgeon and his wife if he volunteers for four months or longer. First preference is given to Contributing or Sustaining members of the Foundation. The roster is filled for 1974 except for the month of September. It is anticipated that this program will extend through 1975. For further information, contact the Secretary of the Foundation, William H. Mosberg, Jr., M.D., 803 Cathedral Street, Baltimore, Md. 21201.

STANDARDS BEING DEVELOPED FOR CRANIOPLASTY MATERIALS

The revised first draft of a proposed standard entitled "Specification for Self-Curing Resins used in Neurosurgery" has now been completed. The proposed standard refers to acrylic resins composed of polyacrylic acid esters and poly (methacrylic acid esters) with primary reference to cranioplasty. Copies of the revised first draft are available to interested neurosurgeons for review and comment to aid in the preparation of a final draft. Copies may be obtained from: Charles Burton, M.D., Department of Neurosurgery, Temple University Health Sciences Center, Philadelphia, Pennsylvania 19140.

CNS MEMBERSHIP DUES INCREASE

At the Annual Business Meeting of the Congress in Honolulu on October 4, a dues increase was approved in order to meet rising costs. Effective January 1974, dues for members in North America and the Caribbean will be \$40 per year, and dues for international members will be \$15.

CALL FOR PAPERS, MOVIES, EXHIBITS

Deadline May 1, 1974

24th Annual Meeting
Congress of Neurological Surgeons
Vancouver, B.C., Canada, Sept. 23-27, 1974

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 Vancouver, B.C. (Sept. 26). Scientific exhibits for the Vancouver meeting are also invited.

Post-Convention Scientific Program (Victoria) - Sept. 28-29. If a paper or movie cannot be included in the Vancouver Member Participation Program, authors will be given the option of having the abstract considered for the Post-Convention Program.

All abstracts selected for presentation in Vancouver or in Victoria will be printed in the program booklet and should, therefore, be prepared with care.

USE ABSTRACT FORM OVERLEAF

(Deadline May 1, 1974)

Abstract Form

Congress of Neurological Surgeons
Vancouver, B.C., Sept. 23-27, 1974

- A. For abstract of paper or movie
If this abstract cannot be included in the Member
Participation Program in Vancouver (Sept. 26), I
am willing to have it considered for the Victoria
Post-Convention Scientific Program (Sept. 28-29)
B. For scientific exhibit

Title: _____

Senior Author: _____ Address: _____
(Note by asterisk if Resident)

Co Authors: _____

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, 1974 * * * * *

Abstracts:
Send to: George Ojemann, M.D.
Department of Neurological Surgery
University of Washington
Seattle, Washington 98105

Exhibits:
Send to: David G. Kline, M.D.
LSU Medical Center
1542 Tulane
New Orleans, Louisiana 70112

CONTINUING EDUCATION CALENDAR*

- Jan. 9-12, 1974. POSTGRADUATE SEMINAR IN PEDIATRIC NEUROLOGY. Eden Roc Hotel, Miami Beach, Fla. William Bouck, Management International, Inc., 1200 N.W. 10th Ave., Miami, Fla. 33136.
- Jan. 28-31, 1974. POSTGRADUATE SEMINAR IN NEUROLOGY. Sheraton Four Ambassadors Hotel, Miami, Fla. Management International, Inc., 1200 N.W. 10th Ave., Miami, Fla. 33136.
- Feb. 2, 1974. INTERURBAN NEUROSURGICAL SOCIETY. University Club of Chicago. Speakers: Dr. Thomas Langfitt (Management of Acute Head Injuries); Dr. Wm. Sweet (Aggressive Behavior and Psychosurgery); Dr. Michael D. Walker (Combined Modalities in the Treatment of Tumors of the Central Nervous System); Dr. Robert White (Management of Acute Spinal Injuries). M. Presti, M.D., Secretary, 801 North Cascade, Colorado Springs, Colorado 80903.
- Feb. 15-21, 1974. PAN-PACIFIC SURGICAL CONGRESS. Hilton Hawaiian Village Hotel, Honolulu, Hawaii. Cesar B. DeJesus, M.D., Pan-Pacific Surgical Assoc., 236 Alexander Young Building, Honolulu, Hawaii 96813.
- Feb. 27-Mar. 2, 1974. INTERNATIONAL MEETING ON PEDIATRIC NEUROLOGY AND NEUROSURGERY. Fernando Rueda-Franco, M.B., Chairman, Neurology and Neurosurgery Service, Hospital Del Nino Inman, Av. Insurgentes Sur 3700-C, Mexico 22, D.F.
- March, 1974. AMERICAN SOCIETY OF NEURORADIOLOGY. Montevideo, Uruguay. David O. Davis, M.D., 901 23rd St., N.W., Washington, D.C.
- March 10-16, 1974. SYMPOSIUM NEURORADIOLOGICAL. Punta del Este, Uruguay. Dr. Andres de Tenyi, Secretary General, Hospital de Clinicas, Pisa 2, Montevideo, Uruguay. Contributions invited.
- March 25-27, 1974. AMERICAN COLLEGE OF SURGEONS, Spring Meeting. Houston, Tex. Edwin W. Gerrish, M.D., American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611.
- April 20-25, 1974. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS, Annual Meeting. Chase Park Plaza, St. Louis, Missouri. Gordon van den Noort, M.D., Secretary, 1245 Highland Ave., Abington, Pa. 19001.
- May 9-11, 1974. ANNUAL NEUROSURGERY POSTGRADUATE COURSE. Hilton Hotel, San Francisco, Cal. Department M, Continuing Education in Health Sciences, Room 570U, Univ. of California, San Francisco, Cal. 94143.
- May 9-11, 1974. MICRONEUROSURGERY COURSE (Univ. of Florida). Innisbrook Resort and Golf Club, Tarpon Springs, Fla. Albert L. Rhoton, Jr., M.D., Univ. of Florida Health Center, Gainesville, Fla. 32601.
- May 13-17, 1974. NEURORADIOLOGY POSTGRADUATE COURSE. Waldorf Astoria Hotel, New York, N.Y. Mrs. Claire Delman, c/o Dr. M.M. Schechter, Radiology Dept., Albert Einstein College of Medicine, Bronx, New York 10461.
- May 15-19, 1974. NEUROSURGICAL SOCIETY OF AMERICA. Key Biscayne, Fla. Shelley N. Chou, M.D., Secretary, University of Minnesota Medical School, Minneapolis, Minn. 55455.
- June 10-12, 1974. AMERICAN NEUROLOGICAL ASSOCIATION, Annual Meeting being held jointly with the British Neurologists Association. Statler Hilton, Boston, Mass. Samuel A. Trufant, M.D., Sec-Treas., Cincinnati General Hospital, Cincinnati, Ohio 45229.
- Sept. 24-28, 1974. CONGRESS OF NEUROLOGICAL SURGEONS. Vancouver, British Columbia, Canada. Robert G. Ojemann, M.D., Secretary, Massachusetts General Hospital, Boston, Mass. 02114.

*Compiled by Glenn A. Meyer, M.D.

VANCOUVER '74!

Arrangements are rapidly taking shape for the 24th Annual Meeting of the CNS to be held at the Hotel Vancouver in British Columbia, Canada, September 23-27, 1974. The Annual Meeting Committee under the direction of Dr. Kenneth R. Smith, Jr., and Dr. David L. Kelly as Program Chairman, is planning a well-balanced program. General theme of the meeting will be technique and role of monitoring parameters of neurological function in the care of neurosurgical patients. The scientific sessions will be preceded by a Seminar on Cerebral Physiology to establish a basic scientific foundation for the use of monitoring. Special courses in neuropathology and neuroradiology will be available. Special Interest Workshops will emphasize practical aspects of operative neurosurgery. Dr. and Mrs. Gordon B. Thompson will be in charge of local arrangements. A Supplementary Post-Convention Scientific Session will be held on the Island of Victoria, Sept. 27-29. Local arrangements for the Post-Convention Tour will be supervised by Dr. Ian Turnbull.

Members and residents are invited to submit abstracts for the open scientific (Member Participation) session in Vancouver and for the Post-Convention scientific sessions in Victoria. Abstract forms for papers, movies and exhibits are included with this issue of the Newsletter. Deadline for submission will be May 1, 1974.

It's not too early to start planning for Vancouver!



Hotel Vancouver
Headquarters
24th Annual Meeting
Congress of Neurological Surgeons
Sept. 23-27, 1974
Vancouver, British Columbia
Canada

Congress of Neurological Surgeons

NEWSLETTER

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CALL FOR PAPERS, MOVIES, EXHIBITS
For Vancouver Meeting

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