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NEWSLETTER



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DR. HENRY SCHWARTZ TO BE HONORED GUEST IN HAWAII

Henry Gerard Schwartz was born in New York City in 1909. In 1928 he received his undergraduate degree from Princeton University and his M.D. from The Johns Hopkins University in 1932. Following a general surgery internship at Hopkins he pursued his interest in anatomy as the National Research Council Fellow at Harvard Medical School for two years where he also served as Instructor in Anatomy in 1935-36.

He began his training in neurological surgery with Dr. Earnest Sachs at Washington University School of Medicine in 1936. From 1942-45 he served in the Army as a member of the Washington University 21st Hospital in the African Theatre and in Italy, achieving the rank of Lt. Col. and receiving the Legion of Merit in 1945. His loyalty and devotion to maintenance of the highest standards of neurosurgical care in Military Services has continued over the years in his capacity as Consultant to the Surgeon General of the U.S. Army.

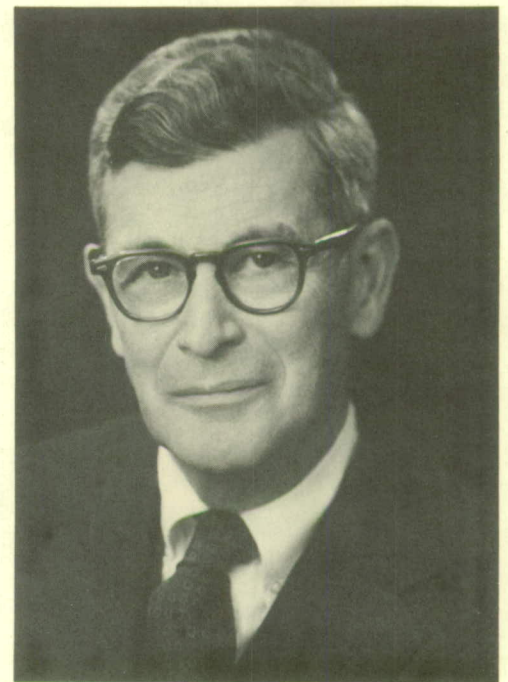
In 1945 he returned to St. Louis and in 1946 was appointed Professor and Chairman of the Division of Neurological Surgery at Washington University, inaugurating the period of his most consuming professional interest since that time, the training of neurological surgeons and investigators. Many have established their own training programs and have achieved distinction in neurological surgery.

Dr. Schwartz's own distinctions and contributions to neurological surgery are numerous. His clinical interests have centered on surgery of pain, intracranial aneurysms, pituitary surgery and angle tumors. He designed one of the first spring vascular clips, subsequently elaborated upon by many others. His leadership in societies and associations related to neurosurgery has continued to the present. He served on the Editorial Board of the Journal of Neurosurgery from 1958-67 and as Chairman in 1968. He worked as a member of the American Board of Neurosurgery from 1964 to 1970, serving as Chairman from 1968-70 and received their Distinguished Service Award in 1970.

He has willingly accepted many special committee responsibilities over the years with agencies of the government and national societies, reflecting his concern for academic excellence and post graduate training. Despite these time-consuming responsibilities, he served as Acting Head of the Department of Surgery of Washington University School of Medicine from 1965 through 1967 and in 1970 was named the August A. Busch Jr. Professor of Neurological Surgery. His outstanding contributions to Washington University were recognized in 1969 by his selection as recipient of the Alumni Federation Faculty Award.

As Honored Guest of the Congress, Dr. Schwartz will present two lectures: "Education of the Neurosurgical Resident and his Future", and "Pituitary Adenomas — Surgical Technique and Results".

- William S. Coxe, M.D.



Dr. Henry G. Schwartz

JOINT SOCIO-ECONOMIC COMMITTEE REPORT

Highlights of the April '73 meeting of the Joint Socio-Economic Committee of the CNS and AANS (Co-Chairmen - Edwin W. Amyes and Russel Patterson):

1. National Procedural Terminology. A national neurosurgical terminology including descriptors and a 5-digit code was recommended, and was presented to the Board of Directors of the AANS. The merit of a national terminology for neurosurgery lies in having a uniform description of what neurosurgeons are doing so that it may be available for computers of third party carriers and hospitals. The descriptors and code currently most popular are those in the 1973 California Relative Value Scale (RVS). Considerable problems will have to be worked out in adding a relative value scale to the present terminology.
2. National Neurosurgical Advisory Group. In order that the Joint Committee may have input on national socio-economic problems, an advisory group was formed with representatives from all areas of the country.
3. State Neurosurgical Societies. The Joint Committee strongly recommended that state neurosurgical societies or associations be formed so that neurosurgeons can insure adequate representation on PSRO (Professional Standards Review Organization) and in other socio-economic matters.
4. How PSRO Will Affect Neurosurgeons. The federally legislated Professional Standards Review Organization will affect and involve every neurosurgeon within 1-3 years. One or more PSRO will be set up in each state to review the quality of any health care that is paid for in whole or in part under the Social Security Act. This covers such matters as the necessity of hospital admission, appropriateness of rendered treatment, and includes the maintenance of profiles on each health care practitioner. PSRO areas will be designated by January 1974 and the PSRO should be functioning as soon thereafter as possible, certainly by January 1, 1976. The exact nature of the review mechanism is not yet defined.
5. Evidence of Professional Competence. There are increasing public demands for evidence of professional competence. This may be achieved through programs of continuing education. In this regard, neurosurgery already has available a broad program of post-graduate educational programs and modern educational methods are being explored, such as the AVENS television project and the self-assessment opportunity provided by the American Board of Neurological Surgery. The Joint Committee recommended that the AANS and the CNS consider methods by which they can encourage, and possibly document, continuing education among their membership. It was felt that perhaps documentation can be deferred for the present until we see how effective PSRO proves to be in maintaining good standards of neurosurgical care, which should be judged on the basis of actual performance as reflected by morbidity and mortality; the Joint Committee regarded these factors as the best indicators that the material of continuing education has been absorbed and utilized.

NEWSLETTER

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FROM THE AUXILIARY PRESIDENT. . .

I have recently returned from a most delightful visit to Honolulu, where we finalized our plans with Joanne and Bill Goebert — who are handling local arrangements for the meeting this fall.

The weather was perfect (75°- 80° and should be so in the fall) — summer casual clothes is all that is needed. Light wrap for evenings. The word is "comfort", and everyone dresses for that purpose!

We are keeping ladies activities to a minimum and brief, so that you will have ample time for that gorgeous beach. However, we do have a "Welcoming Champagne Brunch" on the beautiful grounds of the oceanside home of Mrs. Mollie Sox. Also, a food demonstration for preparing a Pupu Party (Hawaiian canapés). Both of these are limited in size, so please be sure to pre-register for these functions. The annual business meeting (brief) and luncheon will be casual and fun with a style show of Hawaiian fashions.

The hotel is truly lovely and the view spectacular. I know you will enjoy this week in paradise, very much!!

Please start planning now and don't forget the pre-convention tours to the outer islands!

Jo Patrick

COMMITTEE RECOMMENDS NEUROSURGICAL UNITS

The "Committee to Study Means of Maintaining a High Level of Neurosurgical Practice" concludes and recommends that the concentrating of the care of seriously ill neurosurgical patients into neurosurgical units offers the most practical way to improve the efficiency and quality of neurosurgical care of the hospitalized patient. The field of neurosurgery has so expanded that now most general hospitals having a bed capacity of 200 or more have neurological surgeons on their staffs. However, many of these neurosurgeons now find that their patients are scattered in many nursing areas throughout the hospital as well as scattered among several hospitals. Thus, the time spent in making rounds is frequently long with a considerable percentage of this time being spent in travel. Since nurses working in general nursing units may never become proficient in recognizing danger signs in a neurosurgical patient, the quality of neurosurgical care in these areas as a result may become deficient.

This Committee suggests that the status of neurosurgical care today can be compared to the care that cardiac patients received a decade ago. At that time, there were few coronary care units and many patients with acute myocardial infarction died simply because the nurses who cared for them were inadequately trained to know what to do in the event of an emergency. Now, nearly all major hospitals have excellent coronary care units where nurses are highly trained and very efficient in providing high quality cardiac care. This Committee believes that the quality of neurosurgical care can be improved by the establishment of neurosurgical units in hospitals which have sufficient neurosurgical patient load to support such a unit.

The advantages of establishing neurosurgical units can be summarized as follows:

1. Better neurosurgical care, both qualitative and quantitative.
2. Better opportunity to educate nurses in neurosurgical nursing.
3. More efficient use of specialized hospital equipment that is primarily used for neurosurgical patients such as special beds, special traction, hypothermia equipment, stereotactic apparatus, intracranial pressure monitoring equipment, etc.
4. More efficient utilization of the neurosurgeon's time, resulting in more available time per patient or ability to handle an increased patient load.
5. Improved neurosurgical care should reduce the incidence of malpractice claims and their consequences.

The neurosurgical intensive care unit should be a part of the regular neurosurgical care unit. The advantages are summarized as follows:

1. Intensive care to neurosurgical patients can be superior when rendered primarily by neurosurgically trained nurses.
2. Because of superior neurosurgical training of nurses in the regular unit, patients can be transferred from the intensive care section in relatively shorter periods of time.
3. Conflicts relative to priority of care for the critically ill can be reduced to a minimum due to a more comprehensive understanding of the patient's requirements by all involved.
4. Since all nurses on the unit will have experience in neurosurgical nursing, this will afford flexibility in shifting nursing staff to the less seriously

ill or more seriously ill as the patient load demands without incurring the usual inherent alteration in quality of nursing care.

5. Prompt treatment of neurosurgical emergencies. This results from improved nursing education in the care of the neurosurgical patient, particularly in instituting emergency measures in the absence or delay of the neurosurgeon. In emergencies, the promptness of appropriate initial treatment is often a critical factor in survival and/or quality of survival of the neurosurgical patient. This is somewhat analogous to the institution of cardiac resuscitative measures by coronary care nurses in cases of cardiac arrest.

Hospital administrators in the past have been slow to recognize the advantage of neurosurgical units. Neurosurgeons should endeavor to convince hospital administrators that such a plan not only affords superior patient care but is financially sound. In most hospitals it is not more expensive to care for twenty neurosurgical patients in one unit than twenty patients scattered throughout the hospital. Generally, major construction or remodeling is not required for the establishment of a neurosurgical unit, as most hospitals have existing wings or subdivisions that could be converted into a neurosurgical unit with little if any alteration.

A suggested staffing pattern for a twenty bed neurosurgical unit with five intensive care beds and fifteen non-intensive care beds is as follows:

(1) Head Neurosurgical Nurse - - - - - (1) Unit Manager

7-3 or 8-4 Shift

- (1) Charge Nurse
- (2) Staff R.N.'s
- (2) LPN's
- (2) Nursing Aides
- (1) Unit Clerk
- (1) Orderly

3-11 or 4-12 Shift

- (1) Charge Nurse
- (1) Staff R.N.
- (2) LPN's
- (1) Nursing Aide
- (1) Unit Clerk
- (1) Orderly

11-7 or 12-8 Shift

- (1) Charge Nurse
- (1) Staff R.N.
- (1) LPN
- (1) Nursing Aide
- (1) Unit Clerk
- (1) Orderly

An increase of approximately 33% of personnel in each category is projected as needed to provide full coverage considering days off, vacation time, illness, etc. In a given hospital, the cost of running such a neurosurgical unit can be thus computed and on this basis appropriate charges for neurosurgical intensive care beds and regular neurosurgical beds may be derived. Flexibility must be maintained with arrangements to admit other patients in the event that the unit is not kept filled with neurosurgical patients. Similarly, spill over areas must be considered if the neurosurgical unit is in an area that does not permit expansion. In planning the overall number of beds, the emergency neurosurgical experience of the particular hospital must be considered. This may indicate a need of one or more beds being kept available for emergencies.

Needless to say, for such a neurosurgical unit to function successfully, the neurosurgical attending staff must maintain an active and integral role in recruiting, education, and administration of the unit. The attending staff must have a voice in selecting the supervisor and head nurses, and must take a leading role in the education and in-service training of the personnel in the unit.

The members of this Committee will be happy to act in an advisory capacity to neurosurgeons or groups of neurosurgeons who are interested in establishing such neurosurgical units in their hospitals.

- John M. Thompson, Chairman
William S. Coxe
Lycurgus M. Davey
Donald F. Dohn

William H. Mosberg
Werner E. Langheim
Gerard A. Sava

MEMBERSHIP COMMITTEE LISTS NEW APPLICANTS

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

Carey W. Campbell	Gary Leon Kellett	John Talmage O'Neal
Ronald D. Clark	Jean-Pierre Mathieu	Renato Q. Sibayan
Robin I. Davidson	Muhammed Y. Memom	Calvin Tanabe
Robert E. Florin	Kurukundi K. Murthy	Raymond M. Taniguchi
Gerald S. Freifeld	Louis R. Nelson	Albert L. Timperman
David M. Geetter	John D. Noonan	Clyde C. Tweed
Harvey M. Henry	Barry Parker Norton	Ralph W. Wicker

Congress members wishing to comment on any of the applicants may write to: Kenneth R. Smith, Jr., M.D., Chairman, Membership Committee, 1325 South Grand Blvd., St. Louis, Missouri 63104.

INTERNATIONAL NEWS

DOCTORS MOSBERG AND TYRER VISIT ASIA. Dr. William H. Mosberg, Jr., in his capacity as CNS representative to CARE/MEDICO, worked in Afghanistan last November-December Dr. A. Roy Tyrer, Jr., Chairman of FIENS (Foundation for International Education in Neurological Surgery) and Dr. William Mosberg (who also serves as Secretary of FIENS) both lectured in India.

OVERSEAS NEUROSURGICAL VOLUNTEER PROGRAM. FIENS is sponsoring an overseas neurosurgical volunteer program in Singapore; all openings have been filled until September, 1974. As other overseas programs are developed, members of the Foundation will be given the opportunity for volunteer service in other parts of the world.

FIENS ORGANIZING U.S. VISITS BY FOREIGN NEUROSURGEONS. Dr. William Mosberg, Secretary of the Foundation, reports that efforts are being made to arrange long-term visits for neurosurgeons from abroad to participate in patient care in U.S. institutions, without the encumbrance of successful completion of E.C.F.M.G. or state licensure examinations. Dr. Mosberg indicated that this might enable neurosurgeons from abroad to fill openings in U.S. neurosurgical programs because of sabbatical leave, or long-term absences due to illness. The Commission on Foreign Medical Graduates has agreed to work with the Foundation in attempting to persuade individual state licensing boards to grant a form of temporary licensure to such visiting neurosurgeons. The Foundation anticipates that this principle may in the future be extended to young neurosurgeons trained abroad, desiring a 6-12 months of additional resident or fellowship training, and who plan to return to their countries of origin.

CNS INTERNATIONAL BREAKFAST PLANNED FOR HONOLULU. Dr. Shelley N. Chou, Chairman, and Dr. William A. Buchheit, Co-Chairman, of the International Committee announce plans for an "International Breakfast" on Wednesday, October 3, 1973 during the 23rd Annual Meeting of the Congress in Hawaii. A panel discussion at the breakfast will concern problems associated with neurosurgical training of foreign medical graduates in the U.S. All interested persons are invited.

PEOPLE

APPOINTMENTS . . . DR. PERRY BLACK has been appointed to a four-year term (1973-77) on the Neurology A Study Section of the National Institutes of Health DR. H. MARTIN BLACKER, Associate Professor and Chairman, Division of Neurosurgery, University of Kentucky Medical Center DR. DONLIN M. LONG, Professor and Chairman, Department of Neurological Surgery, The Johns Hopkins University School of Medicine DR. CHARLES D. RAY, Director of the Medical Research Division, Medtronic, Inc., Minneapolis DR. JAMES H. SALMON, Professor and Chairman, Division of Neurosurgery, Southern Illinois University School of Medicine, Springfield, Illinois DR. GEORGE T. TINDALL, Professor and Chairman, Division of Neurological Surgery, Emory University School of Medicine.

OBITUARIES . . . DR. ROBERT CLARK, Macon, Georgia, March 1973.
Dr. CHARLES A. HOPKINS, Calumet City, Illinois, December 27, 1972.

GREATER NIH SUPPORT FOR NEUROLOGICAL RESEARCH URGED

The CNS Executive Committee, at its March '73 meeting in Chicago, expressed serious concern regarding reductions in NIH budget for neurological research. In view of the importance of neurological disorders, a letter was addressed to Mr. Caspar Weinberger, HEW Secretary, urging a relatively greater allocation of available funds for neurological research through NINDS. CNS members and residents are urged to communicate independently with Mr. Weinberger, and with their Congressmen to maintain an adequate level of funding for research.

INTERNATIONAL SOCIETY FOR PAEDIATRIC NEUROSURGERY FOUNDED

To become an Active member requires that a neurosurgeon be engaged in pediatric neurosurgery. Neurosurgeons and neurosurgeons-in-training who wish to become pediatric neurosurgeons may become a Candidate member. University graduates who are active in related fields (for example, neuroanatomy, child neurology, neuroradiology, etc.) may become an Associate member by submitting with their applications a summary of a paper for consideration for presentation before the Society. Applications for membership must be accompanied by a curriculum vitae and letters of recommendation from two active members of the Society, and should be sent to: Anthony J. Raimondi, M.D., Secretary Pro Tem, International Society for Paediatric Neurosurgery, 2300 Children's Plaza, Chicago, Illinois 60614.

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CONTINUING EDUCATION CALENDAR*

- July 29-Aug. 1, 1973. SEMINAR IN NEUROSURGICAL TECHNIQUES. Thayer Hospital, Waterville, Me. R.H. Kany, Director, Special Programs, Colby College, Waterville, Me. 04901.
- Aug. 19-24, 1973. MICRO-NEUROSURGERY AND DISSECTION COURSE. Los Angeles Foundation of Otology, J.L. Pulec, M.D. Los Angeles Foundation of Otology, 2130 West Third St., Los Angeles, California 90057.
- Sept. 1-7, 1973. INTERNATIONAL CONGRESS OF ELECTROENCEPHALOGRAPHY AND CLINICAL NEUROPHYSIOLOGY. Marseilles, France. Mme le Dr. G.C. Lairy, Laboratoire d'EEG, Hopital Henri Rousselle 1, rue Cabanis, Paris 14, France.
- Sept. 1973. FULTON SOCIETY SYMPOSIUM OF NEUROTROPIC DRUGS AND BEHAVIOR. Barcelona, Spain. Prof. Dr. V. Soriano, Calle Buenos Aires 363, Montevideo, Uruguay.
- Sept. 16-19, 1973. WESTERN NEUROLOGICAL SOCIETY. Albuquerque, New Mexico. J.S. Mason Clinic, 1118 Ninth Avenue, Seattle, Washington 98101.
- Sept. 17-21, 1973. POSTGRADUATE COURSE IN NEURORADIOLOGY. Harvard Medical School. Department of Continuing Education, 25 Shattuck St., Boston, Mass. 02115.
- Sept. 30-Oct. 6, 1973. CONGRESS OF NEUROLOGICAL SURGEONS. Sheraton-Waikiki Hotel, Honolulu, Hawaii. R.G. Ojemann, M.D., Secretary, Massachusetts General Hospital, Boston, Mass. 02114.
- Oct. 7-12, 1973. INTERNATIONAL CONGRESS OF NEUROLOGICAL SURGERY. Imperial Hotel, Tokyo, Japan. Office of the 5th International Congress of Neurological Surgery, 318-A, Bldg. #5, Juntendo University 2-1-1, Hongo, Bunkyo-ku, Tokyo, Japan.
- Oct. 7-12, 1973. INTERNATIONAL SOCIETY FOR PAEDIATRIC NEUROSURGERY, Joint Meeting with the International Congress of Neurological Surgery, Tokyo, Japan. Satoshi Matsumoto, M.D., Kobe University, 12 Kusumoki-cho 7 Chome, Ikuta-ku, Kobe, Japan.
- Oct. 12-13, 1973. INTERNATIONAL SOCIETY FOR RESEARCH IN STEREOENCEPHALOTOMY SYMPOSIUM. Keidanren-Hall, Otemachi, Tokyo, Japan. Prof. H. Narabayashi, Neurology Department, Juntendo University, Bunkyo-ku, Tokyo.
- Oct. 15-19, 1973. AMERICAN COLLEGE OF SURGEONS, Annual Clinical Congress, Chicago, Illinois. E.W. Gerrish, M.D., American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611.
- Oct. 22, 1973. SYMPOSIUM ON TROPICAL NEUROSURGERY. Neurosurgical Section of Neurological Society of Thailand. An invitation is extended to CNS members to attend and to submit papers. C. Suwanwela, M.D., Secretary, Chulalongkorn Hospital, Bangkok, Thailand.

* Compiled by James P. Argires, M.D.

TEACHING VIDEOTAPES AVAILABLE

Neuroradiology Clinical Case Conferences and Didactic Lectures on Videotape. Course Director: Thomas H. Newton, M.D., Professor, Department of Radiology, Room 325-M, University of California, San Francisco, California 94122.

PROGRAM HIGHLIGHTS . . .

Mon. Oct. 1
Special Courses

- A.M. 1. The Somatosensory System and the Perception of Pain
- 2. Recent Advances in Immunology
- P.M. 3. Radiology of the Spine
- 4. Basic Principles of Neuroophthalmology

Tues. Oct. 2

- A.M. Symposium on Pain
- P.M. (Free Afternoon)

Wed. Oct. 3

- A.M. Symposium on Intracranial Aneurysms
- P.M. (Free Afternoon)

Thurs. Oct. 4

- A.M. Symposium on the Pituitary
- P.M. Special Interest Workshops

Fri. Oct. 5

- A.M. Member Participation Program
- Installation of new President



Sheraton Waikiki Hotel
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 Congress of Neurological Surgeons
 Sept. 30 - Oct. 6, 1973

Pre-Convention Hawaiian Island Tours
 and Scientific Sessions Sept. 24-30, 1973.

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Congress of Neurological Surgeons

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