

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

Vol. XXXII

December, 1981

President's Letter



It is with pride and a sense of pleasure that I begin this brief term as your President. I look forward to working with you, and for you, during the next year. The Congress of Neurological Surgeons, the largest single neurosurgical organization in the world, has a commitment to education. At our next meeting in Toronto, October 3-8, 1982, the emphasis will be on *Pediatric Neurosurgery and Diseases of the Spine*.

The spectacular facilities offered by the Sheraton Centre Hotel, the international atmosphere of the city itself, the vigor and enthusiasm of your Annual Meeting Chairman, Dr. Chris Shields, the commitment of Dr. Donald Quest, Scientific Program Chairman, the good humor and dedication of the Local Arrangements Chairman, Dr. Alan Hudson, and his wife Susan, the vigor and expertise of our honored guest, Dr. Keiji Sano, will in all likelihood make this the most well-attended and enjoyable meeting the Congress of Neurological Surgeons has sponsored. I hope you will mark your calendars now for a meeting that we are convinced will be terrific.

Donald H. Stewart, Jr.
Donald H. Stewart, Jr.

1981 Annual Meeting

Pediatric Neurosurgery
Surgery of the Spine
Sheraton Centre Hotel
Toronto, Ontario, Canada

CONGRESS OF NEUROLOGICAL SURGEONS Report of the Executive Committee 31st Annual Meeting

Century Plaza Hotel Los Angeles, California

Under the outstanding leadership of our President, Doctor J. Fletcher Lee, the Executive Committee has met three times since the last Annual Meeting and has had two joint meetings with the officers of the AANS. Through these joint meetings and the prodigious activities of the various committees, the Executive Committee has attempted to maintain its responsiveness to the problems and requests of the membership.

The place of joint sections and/or joint committees with the AANS was given considerable discussion. As a result, Bylaws changes were proposed to allow for the creation of sections representing subspecialty interests in the Congress. Such a change will permit the creation of either joint sections or parallel sections with the AANS.

Considerable discussion was also given to the manpower question in neurosurgery. Doctor Kemp Clark, President of the AANS, in a special address to the Executive Committee of the Congress outlined the reasons why neither the AANS nor the American Board of Neurological Surgery has the authority to directly influence the number of residency positions in the United States. Work continues through appropriate committee structure, however, to improve the quality and assess the quantity of neurosurgical residency training programs.

Requests relative to validity of neurosurgical procedures continue to be handled through the Task and Terminology Subcommittee and the respective presidents of the AANS/CNS. Doctor Donald Quest, Chairman of the Devices and Drugs Committee is to be congratulated for his superb leadership of this Committee. He is replaced by Doctor Robert Crowell who will serve as the CNS representative to this joint committee.

Doctor John Tew, Chairman of the Joint Committee on Education, is to be complimented on his outstanding service as Co-Chairman of that Committee. He will be replaced by Doctor Robert Ratcheson who will serve as Co-Chairman with Doctor Stephen Mahaley, Jr. on the Joint Committee on Education.

Doctor Christopher Shields is to be congratulated for his aggressive pursuit in attempting to further the image and goals of organized neurosurgery through working

with the National Safety Council and the Joint Committee on Education. News releases, public service announcements and TV spots informing the public relative to neurosurgical capabilities were jointly undertaken.

Doctor Downing, Treasurer, has continued to manage the pecuniary affairs of the Congress in an efficient and profitable manner. He noted that the 30th Annual Meeting in Houston produced a profit of \$103,053.51. This was due in large part to the managerial skills of Doctor Charles Neblett and Doctor Charles Rich.

This year, Doctor Fletcher Eyster and his Committee have made a prodigious effort to ensure this meeting is our best ever for the Congress. Special thanks and recognition are also given to Doctor Christopher Shields and his Committee for putting together an outstanding Scientific Program. A new optional activity is the Fun Run, under the direction of Frances Conley, the new Public Relations Chairman. This is a 3 mile race with oxygen provided before, during and after the race for members.

Registration was directed again this year by the Williams and Wilkins Company pursuant to our agreement over the last several years. It was unanimously decided to retain them for next year's meeting. Doctor Robert Spetzler, Registration Chairman deserves special thanks for an excellent job in coordinating all of the registration activities. Doctor Laurance Guido, Chairman of the Host Committee also has contributed to the meeting's efficiency and personal flavor.

Special thanks go to Doctor and Mrs. Marty Weiss for their remarkably impressive local arrangements which have contributed so much to making this a successful meeting.

The Seventh Annual Resident Award for the best original paper submitted by a resident will be presented at the Open Scientific Session and will be published in Clinical Neurosurgery. The winner of the award this year is Doctor Ted S. Keller.

The following meeting sites have been selected for future meetings:

October 3-8, 1982 - Toronto, Canada - Sheraton Centre
October, 1983 - Chicago, Illinois - Hyatt Regency
October, 1984 - New York, New York - Hilton
October, 1985 - Honolulu, Hawaii - Sheraton Waikiki
October, 1986 - New Orleans, Louisiana - Hilton
October, 1987 - Baltimore, Maryland - Hyatt

Plans are proceeding well for the 32nd Annual Meeting to be held at the Sheraton Centre Hotel in Toronto. Doctor Christopher Shields will be the Annual Meeting Chairman and Doctor Donald Quest will be the Scientific Program Chairman.

The Resident's Committee reported 160 members. Doctor George Sybert, who has done a superb start up job with this committee, is relinquishing his duties to Doctor Jerry Oakes.

Doctor David Kelly and his committee continue to provide assistance, counseling and direction for those members seeking certification. Results to date have been gratifying.

Mrs. Jane Lee and other members of the Auxiliary are to be complimented on the most attractive tours that they have arranged and for an excellent scientific and social program.

A new addition to the Annual Meeting is the video tap-

ing of the Special Courses and portions of the General Scientific Session. Under the diligent direction of Doctor Ron Apfelbaum, these tapes are to be made available for the membership through a video tape library and is to be managed by the Visual Information Systems Company in New York.

The membership Committee chaired by Doctor Robert Ratcheson recommended 93 applicants to be approved by the Executive Committee over the past year. Prior to the Annual Meeting, the membership of the CNS was as follows:

Total Membership	2,272
Active Membership	2,135
Senior Membership	77
Inactive Membership	40
Honorary Membership	20

The following changes have occurred since last year's meeting:

New Members accepted	93
Transferred to Senior Status	5
Transferred to Inactive Status	4
Members suspended	9

During the past year, the Congress of Neurological Surgeons has learned of the deaths of the following members:

Surinder N. Gupta
Arthur S. Biddle
Attila Felsorry
Axel K. Olsen
James C. White

(At this point, the membership was asked to stand for a moment of silent tribute to the departed members.)

The minutes were then unanimously approved as read.

Respectfully submitted,
Joseph C. Maroon, M.D.
Secretary

NEWSLETTER

Published by the Congress of Neurological Surgeons.

President

Donald H. Stewart, Jr., M.D., Syracuse, New York

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Editor

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**CONGRESS OF
NEUROLOGICAL SURGEONS
31st Annual Business Meeting
October 20, 1981**

Century Plaza Hotel

Los Angeles, California

The meeting was called to order at 5:45 by President Fletcher Lee. The minutes of the 1980 Annual Business Meeting were read by the Secretary, Doctor Joseph C. Maroon. Doctor Maroon then read the report of the Executive Committee. The minutes and the report of the Executive Committee were approved as read by the membership.

Doctor Edward Downing presented the Treasurer's report and indicated that the treasury was sound, that no dues increases are needed and that a considerable profit was made at the 1980 meeting in Houston. The Treasurer's report was then approved as read.

Doctor George Ojemann then presented the report of the Bylaws Committee. Four Bylaws changes were made:

1. A revision was made that makes resident membership available to residents at any level of training.
2. A revision placed the International Committee under the Annual Meeting Committee.
3. An article was provided as a mechanism for the Congress to create subspecialty sections.
4. A revision was made to restrict voting to active members.

Doctor Wilkins made a motion which was seconded and carried without dissent that these Bylaws changes be approved.

Doctor Robert Wilkins then presented the report of the Nominating Committee. The following slate of nominees was recommended:

President-Elect	John Tew, Jr.
Vice President	Edward Downing
Treasurer	Donald Quest
Executive Committee	Michael Salzman Hal Hankinson

There being no other nominations, the slate was accepted by acclamation.

Doctor Lee then presented a Certificate of Service to Doctors Robert Wilkins, Peter Carmel, George Ojemann and Fletcher Eyster.

Doctor Lee then called for new business. There being none, a call for adjournment was heard and approved at 6:16 p.m.

Respectfully submitted,
Joseph C. Maroon, M.D.
Secretary

Poster Session

For the first time, the 1982 Congress meeting will include a special Poster Session in which papers will be presented in a poster format with the author available for discussion. Additionally, groups of posters with related subjects will be presented in an open scientific session. Use the enclosed abstract form for submission of abstracts for poster sessions as well as other scientific presentations.

Presidential Address: Reflections

J. Fletcher Lee, M.D.

It has been both an honor and privilege to serve this past year as President of the Congress of Neurological Surgeons. The tenure of my service to this Congress stretches back ten years to when I first served on the Host Committee in Miami. My active association has been throughout both personally and professionally rewarding. It has provided an opportunity to meet and work with some of the finest people one could hope to know. I would wish for each of you a similar experience.

Your Executive Committee is unique in the dynamic quality of its individual members, so varied and in many ways so similar. Over the years that I have served on that body, I have been privileged to come to know well most of the neurosurgeons serving on it and their lovely wives, just as I have come to know well many of you. In this, I am blessed. The relationships do not stop here, however, for the Congress of Neurological Surgeons must interface closely on occasion with other neurosurgical organizations as well as organizations both in and out of the field of medicine. Most of these contacts have been beneficial, and I trust that the dialogue will be continued in the future.

The occasion of this address has provided me a rather unexpected opportunity to reflect over the past ten years, indeed, to step back even further and to think in very broad terms about my professional life - where I was then and where I am now, what has changed and what remains the same. For me it has been a period both of growth and achievement, as I am sure it has been for you. At this meeting we have heard and will hear, as is appropriate, various scientific presentations. However, I want to do something quite different in what follows, though I believe it no less important. It is my conviction that we too seldom have - or take - the time to mark and appreciate the human and professional progress in our lives. We are not sufficiently aware nor do we share with each other things about our practices which bring an increased quality of life to ourselves, our families, our friends, and our profession. I have thought some about all of this in very personal and non-scientific ways, and I would like to share some of my thoughts with you in the hope that it may provoke similar reflections on your part.

Ours is of course a very active, achievement-oriented profession and life. Surgeons are seldom known by fellow physicians as being overly reflective, indeed quite the reverse. As you may know, it is widely rumored that surgeons have by temperament and personality a driving need not only to achieve but to be perfect. Some have even accused us of having obsessive concerns to completely control our environment and to assume total authority over, and therefore responsibility for, everything. Although this may be a caricature, you may also see some truth in it. We have chosen a profession which by its very nature demands the highest degree of skill, energy, intensity, commitment, and responsibility. These are the well known virtues of our profession. It is only against this background that I can say, unfortunately, with some risk of being misunderstood, that we must

also incorporate into our personal, public, and professional lives some of the very opposite virtues.

There is an adage, familiar to me and perhaps to some of you, which may have in it a germ of wisdom for us. It speaks to a world caught up in continual performance, to a world obsessed with achievement, progress, and perfection. In effect it says that "sometimes the only way to catch up is to slow down." Notice this does not do away with achievement or progress; it only speaks against the obsession and entanglement which may get in the way of real achievement, genuine growth, and substantive progress.

Medicine is not an island, nor is any physician. There are forces acting upon it, and us, which must be met with and integrated or guided in such a way as to serve the best interests of all. We live and work in a complex of interfacing systems of technology, business, labor, education and government, all of which interact, impinge upon, and work to shape for better or worse our effectiveness. Fortunately, however, our way is well lighted and our journey abundantly provisioned. We have a great historical and scientific tradition on which we can depend, colleagues and teachers from whom we can learn, and finally, human and personal resources on which we must rely. I propose to speak to you today about two of these crucial resources: the great tradition of neurological surgery to which we are heir, and the personal human resources present in our daily lives, to which we must become attuned.

First then, how have we arrived at where we are as neurosurgeons? What has gone before? What are some of the rich endowments on which we draw? Though examples of operations on the skull can be found dating from the neolithic period, thousands of years ago, it has been only in the last one hundred years, since William McEwan and Victor Horsley, that we can speak meaningfully of the new specialty, neurological surgery. These men, along with other courageous pioneer surgeons of the next few decades, were primarily general surgeons who, acting under the direction of neurologists, created and developed the early neurosurgical procedures.

In 1879, William McEwan performed the first known cranial operation for neoplasm. His patient survived for several years following the procedure. Other accounts have credited R.J. Godley with this honor. In June of 1887, Victor Horsley under the direction of William Gowers, the leading neurologist of the time, performed the first removal of an intraspinal tumor. Some accounts credit McEwan with this pioneering effort, but be that as it may, it was Horsley's procedure that seemed to have "fired the imagination of surgeons in all parts of the world with the result that many such cases were reported over the next few years"⁴. It soon became evident, however, to those surgeons performing neurological procedures that if this new field were to thrive, the surgeon must himself develop the interests and skills to function both as a neurologist and surgeon. Horsley early recognized this and began to devote time to neurological study and research in the experimental laboratory. Subsequently, as with the first laminectomy, he was able to apply principles learned in the laboratory to problems faced on the clinical wards. It is worthy of note that, though a surgeon, he became one of the original members of the Neurological Society of London

when it was founded in January of 1886. In February of 1886, he was appointed surgeon to the National Hospital for the Paralyzed and Epileptic, Queens Square. Dr. Harvey Cushing dates this as the "birth of modern neurological surgery"¹.

Obviously, even a brief history of modern neurological surgery would be incomplete without mention of Doctor Cushing's own work. Although his interest in neurological illness may have begun earlier, by his own account it was further kindled in 1896, while working on the service of Dr. William Halstead. Here he had the opportunity to care for a patient rendered quadriparetic secondary to a gunshot wound of the cervical spine. This interest, once kindled, flamed to produce one of the most remarkable clinician-investigators known to modern medicine. His technical, research, and literary achievements are well known to us all. However, his enthusiasm for the emerging surgery of the nervous system was not shared by his chief, Doctor Halstead. By Doctor Cushing's own account, he petitioned Doctor Halstead for a post as neurosurgeon in the clinic at the Johns Hopkins Hospital — "My former chief was evidently staggered at the proposal. He suggested as an alternative that I take a position in orthopaedics, a subject which in his opinion covered practically all neurological maladies having surgical bearings... in short there was no possible source of livelihood in neurological surgery and did I know of anyone, even Horsley, who had actually limited himself to such a specialty? I did not... Consequently for the next few years I continued to do general surgery in the adjacent hospital and contrary to all expectations neurological cases began to accumulate in such numbers as to guarantee a living."¹

This pioneering period of surgery of the nervous system was followed, as it must be, by the development of improved neurological diagnostic techniques. Included in these were Walter Dandy's ventriculography in 1918 and pneumoencephalography in 1919. In 1927, Egas Moniz first reported his successes and failures with cerebral angiography, and in 1929, the electroencephalogram was reported by Hans Berger. Myelography soon made its debut, and during the 1950's and 60's, angiographic and pneumoencephalographic techniques improved remarkably. In 1971, the first computerized tomographic scan of the brain was demonstrated and the machinery introduced to clinical medicine. The subsequent evolution of this remarkable apparatus is well known to each of us. With the improved diagnostic techniques have come improved surgical instrumentation and techniques culminating in the use of the operative microscope as introduced into neurosurgery by R.M.P. Donaghy and popularized by a number of contemporary neurosurgeons.

Each of us can think of different or additional persons and procedures meriting inclusion as hallmarks in our heritage. I would certainly add my own mentors, Dr. Guy Odom and Dr. Barnes Woodhall, as I am sure you would add your own professors. From these, as well as from others, be they family, friends, teachers, or colleagues, we have learned not only the science, but the *art* of neurological surgery. Through the struggles of such people we are gathered here today as creditable and useful practitioners of a medical specialty. Perhaps our being

relative newcomers may explain the vitality and vigor, as well as the innovativeness, so evident in our specialty. Such in brief then, is its recent history. As practitioners, we owe a daily debt of gratitude to those creative physicians who have shown us how to practice neurological surgery.

In paying our tributes to those whose names and accomplishments are well known to us all, however, let us not forget our earliest neurosurgical ancestors. Long ago, caring men ventured into the unknown and began doing procedures on the skull, not because they could identify specific pathology, but because they recognized human misery and wanted to correct it. Some called this "releasing evil spirits" while others saw it as a more physical method of treatment. What we do today began as an effort to enhance the quality of human life. It was born out of caring for the whole person. To recall this is to be confronted once more with our own primary commitments. We are persons, physicians, and neurosurgeons in that order or priority. To forget or to deny our humanity is to steal from life much of its extemporaneous joy and to diminish our ability to identify with our patients. It is to forget that they have some lessons for us even as we struggle with their illnesses.

It is certain that we have each been privileged to encounter in our practices those patients who are better able than most to cope with life and some of the burdens which it may deal. It has seemed to me that these are people with strong support of family and friends; relationships nurtured over the years, and now like grain stored for the winter, available in a time of need. I am reminded of a young mother of two pre-teenage children, whom I first encountered shortly before Christmas a few years back. She had been hospitalized with severe headaches which sadly proved to be secondary to a large metastatic right frontal lobe tumor. She and her husband accepted the diagnosis and recommendations for surgical removal with apparent equanimity. Her initial course progressed nicely, and she was discharged in time to spend the holidays with her family. This was fortunate since, despite all therapy, her tumor which had originated in the lungs spread rapidly and did not allow a second Christmas at home. During the months that she lived, however, her family ties appeared to grow stronger, and it was rare if ever that a complaint was heard. Rather it seemed of greater importance to each member of that family to help others be as at ease in dealing with this problem as they were. The children were willing and capable of discussing openly with their parents their mother's illness and what the future might hold. Her death, then, though faced with sorrow by all who had known her, did not appear to be the very traumatic terminal event that I have noted in the families of some of my other patients.

I expect all of you have had similar experiences. The question is, what can we learn from this? There is strength as well as wisdom here, and as neurosurgeons we must draw on every resource we find. I cannot tell you what you will find; it may be different for each of us. I am only saying there is something to be learned here, and I encourage you to look for it.

The second crucial resource which I mentioned at the outset connects just here. If, indeed, we are committed to viewing our patients as whole persons instead of focusing

on areas of specialty to the exclusion of the rest of the human being, another very real and intensely personal issue arises. That issue is the quality of our own lives. This is no incidental matter. There is an imperative here which we cannot ignore. It has often been noted, and is well known even outside of medicine, that by commonly accepted standards of measuring success in living the profession of medicine is deeply flawed. The evidence cited is the relatively high rate of occurrence of divorce, suicide, and various addictions among its members. I do not want to focus on these negative social and emotional residuals of a high stress profession, I wish only to acknowledge a crucial area for our common concern.

Four years ago the President of the Congress of Neurological Surgeons advised each of us in his memorable address, "Physician, Heal Thyself"³. This surely is wise counsel. I would only add the following — in order to make ourselves whole we must learn to enjoy ourselves, our families, our friends, and the very precious commodity of each new day. Please do not understand me too quickly; I am not counseling you merely to enjoy yourselves. I am saying rather that for us, the super-achievers, it may require a kind of conscious effort to genuinely enjoy ourselves, to become sensitive to the excitement or to the quiet beauty that pervades our everyday lives. Our training absorbed half of our expected lifetime. Our daily practice is often arduous and exacting. It may be that many of us are more comfortable at work than at rest or play. There is an appropriate but sometimes misunderstood passage from Scripture I would like you to consider here; "What does it profit a man if he gain the whole world and lose his soul?"². That is, one can become so devoted to the world of medicine, of surgery, of research, of achievement, that he fails to develop a sense of the wealth of life that is in him.

A friend of mine who shares with me the very strong need to be successful remarked that in his drive to the top he has missed much of the beauty of everyday life. Indeed he has stated that he has found it necessary when attempting to relax, to think back to the beautiful scenes of his boyhood rather than that which is about him presently. He states, "This represents a kind of failure. Why should I have to go back many years and many hundreds of miles for an experience of beauty and restfulness? Have the intervening years been such a push toward the top that I have missed the beauty? Perhaps I have forgotten how to be at peace doing nothing more than sitting on the bank of a beautiful mountain stream staring at the rapids or the majestic mountains above."

It is the very nature of our personalities and of our field of specialization that we are seemingly always on the go. In spite of that, or perhaps because of it, much can be gained from taking the time to learn from our daily personal encounters. I have been privileged to encounter in my practice a young health professional, who on learning that he had a malignant glioma in the non-dominant motor strip, exhibited what I consider to be a rather minimal amount of anxiety as he faced the necessary surgery and subsequent radiation and chemotherapy. His illness has been saddening, but his ability to deal with it is heartening. Happily, he is now some two and a half years from that surgery, and during that time has continued to practice his profession albeit at a somewhat

lesser pace. On a recent follow-up visit he remarked he had come to better understand the value of life and the need to enjoy each passing day. He had made it a point to take time to be with his family and friends, something he had previously thought to be nearly impossible. He described to me the joys of watching his sons as they grow. Faced with the prospects which he has, and with his knowledge of the nature of his tumor, he recognizes his own mortality; but more than that, he has a new appreciation of the beauty of life and what each day has to offer. I am certainly the better for having been his physician and shared both the sadness and the joy in his life.

This brings me back, then, to what I consider to be the main theme of this talk. From whomever or whatever we learn it, one of life's great lessons is that our life should not only be useful, it should also be enjoyed. We are better surgeons for living fuller lives. How can we do this? In practical operational terms we need to program some deliberate pauses into our frenetic schedules, thus giving ourselves time to see, hear, and feel the beauty and life that surrounds us. Don't misunderstand me; medicine is not the only vocation which is subject to this hectic pace. Norman Vincent Peale once commented; "America has become so tense and nervous it has been years since I have seen anyone asleep in church, and that is a sad situation." Perhaps that is an exaggeration, at least among my

acquaintances, but it illustrates the pace at which too often we find ourselves moving. If you will, as I suggest, sometimes slow down, look up, and out, and back, you will discover and create laughter and fun, and your life as well as your practice will be better for it.

Many speak of the joy in their profession and certainly it is true that one rarely succeeds at anything unless he enjoys it. As neurosurgeons we understand the joy in our work, but I would also like us to understand and to remember the simple joys of life: the beauty of a sunset, the laughter of a child, the glory of a symphony, the smile of a grateful patient, the quiet love of a mate, as well as the drama of the operating room. These are the road markers which must direct us along our journey. When it is over, some will remember our surgical skills, but many will remember how we lived. Both are crucial and they are integral. Let us do both well and thus find fulfillment as neurosurgeons, as physicians, and as human beings.

REFERENCES

1. Cushing, H. Presidential address. "Neurological surgeons: with the report of one case." *Trans. Amer. Neurol. Assn.*, 49: 1-10, 1923.
2. Holy Bible. Gospel According to St. Matthew, 16:26.
3. Sorensen, B.F. Presidential address. "Physician, Heal Thyself." *Clin. Neurosurg.*, 25: 1-8, 1977.
4. Walker, A.D. The dawn of neurosurgery. *Clin. Neurosurg.*, 6: 1-38, 1959.

Public Information

The following release was published in August, 1981, in the newsletter of the National Committee for Research in Neurological and Communicative Disorders and could well be used by CNS members for release to their local media. Releases of this sort may be more effective in obtaining favorable recognition of our messages than the National Safety Council or the Joint Committee on Education:

National Safety Council Launches Campaign Focused on Neurological Disorders:

The National Safety Council has announced that it is launching a campaign to increase public awareness of neurological disorders and to warn of the increasing need to prevent accidents that could produce neurological disorders. The campaign will instruct Americans on such topics as how to avoid low-back injuries, how to recognize early signs of possible stroke, protection from head and

neck injuries, early recognition of brain tumors, early warning signs of aneurysms, and the importance of the use of safety belts and child restraints by motor vehicle passengers. The Council noted that last year more than two-million Americans suffered disabling injuries in motor-vehicle accidents. The National Safety Council project is being funded by the Joint Committee on Education of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The Council intends to generate news releases, magazine articles, and radio and television spots on the topic. This could be a very good opportunity for organizations which serve the neurological and communicative disordered persons to generate follow-up appearances on talk-shows and magazine and newspaper articles about their organization's work. In order to be placed on the National Safety Council mailing list for materials generated by this campaign, contact: Mr. Charles Vance, Director of Public Relations, National Safety Council, 444 N. Michigan Avenue, Chicago, IL 60611.

Residents Award

The Congress of Neurological Surgeons will again sponsor its annual Residents Award for the best presentation of original clinical or laboratory research dealing with the nervous system for which the resident author has had primary responsibility. Manuscripts considered for this Award shall not have been published nor presented prior to the Annual Congress Meeting. Author eligibility is restricted to doctors of medicine currently in neurosurgical training in North America who will complete such training on or after June 30, 1981. Neurosurgeons certified by the American Board of Neurological Surgery or the Royal College of Surgeons of

Canada (neurosurgery) are ineligible. The recipient of the Resident Award will be a guest of the Congress of Neurological Surgeons for its 32nd Annual meeting in Toronto, Canada, October 3-8, 1982, where his or her presentation will be commemorated by receipt of an engraved certificate. The winning manuscript will subsequently be published in *CLINICAL NEUROSURGERY*.

Abstracts of manuscripts for consideration should be forwarded to Duke Samson, M.D., University of Texas Health Science Center at Dallas, Division of Neurosurgery, 5323 Harry Hines Blvd., Dallas, Texas 75235 clearly marked "Resident Award Paper" and postmarked no later than 30 April 1982.

ABSTRACT FORM
CONGRESS OF NEUROLOGICAL SURGEONS
TORONTO, ONTARIO
OCTOBER 3-8, 1982

THIS ABSTRACT IS SUBMITTED FOR PRESENTATION AT:

- A. Open Scientific Session ()
- B. Poster Session ()
- C. Either A or B, at discretion of Scientific Program Committee ()
- D. Scientific Exhibit ()
- E. Videotape Library ()

TITLE _____

Senior Author _____ Address _____

Co-Authors: _____

USE THE REVERSE SIDE OF THIS PAPER FOR 300 WORD ABSTRACT.

Send abstracts of papers for the Open Scientific Session to Duke S. Samson, M.D. University of Texas Health Science Center, 5323 Harry Hines Boulevard, Dallas, Texas 75235.

Please check this box if you wish this paper to be considered for the Resident Award Paper . To be considered for the Resident Award Paper the resident must have been primarily responsible for the work.

Send abstracts for the Poster Session to David S. Zorub, M.D., Shadyside Hospital, 530 Center Ave., Pittsburgh, Penn. 15232.

If option C is selected, send abstracts to Dr. Samson.

Abstracts for Scientific Exhibits should be sent to Phillip E. Williams, M.D., 8220 Walnut Hill Lane, Suite 300, Dallas, Texas 75231.

Videotapes should be mailed to Harold L. Rekate, M.D., 2074 Abington Road, Cleveland, Ohio 44106. Accepted videotapes will be made available to CNS participants in the self-teaching Video Tape Library during the meeting. The tapes will be returned to their authors after the meeting.

DEADLINE APRIL 23, 1982.

Membership Applications

The following membership applications have been approved by the Executive Committee:

Rasheed Usman Adam
George Sewell Allen
Verne E. Allen
Edward C. Benzel
Wayne D. Beveridge
James L. Budny
Dudley H. Davis
Tomas E. Delgado
Rocco A. DeVilliers
Mihai D. Dimancescu
Jack H. Dunn
Allan H. Friedman
Howard M. Gendell

C. Russ Greer
Murali Guthikonda
Frank S. Harris
Abdul Latif Itani
Hans Peter Jensen
James H. Johnson, Jr.
L. Dade Lunsford
C. Scott McLanahan
Emeka J. Nchekwube
Dachling Pang
Leighton Brown Parker
Peter Graeme Petty

Lynn J. Robbins
James E. Rose
Richard A. Roski
Michael John Rosner
Osamu Sato
Thomas Glenn Saul
Myles L. Saunders
Albert Ly-Young Shen
Robert J. Strzyz
Ronald R. Tasker
Phillip A. Tibbs
John Charles Zahniser

Congress members who have comments on any of the above should contact:

Robert A. Ratcheson, M.D.
Division of Neurological Surgery
University Hospitals of Cleveland
2074 Abington Road
Cleveland, Ohio 44106

NIH Teacher-Investigator Awards

The Research Subcommittee of the Joint Education Committee would like to encourage young neurosurgeons interested in pursuing an academic career to apply for the NIH Teacher-Investigator Award. In recent years very few neurosurgeons have applied for these awards. The decision of the NINCDS to specifically direct these awards to clinical investigators and to continue to fund this program in spite of the recent budgetary cutbacks in research training programs, should enhance the ability of young neurosurgeons to compete successfully for the awards. The following paragraph was kindly supplied for the newsletter by Dr. Murray Goldstein, Acting Director of NINCDS.

NINCDS Teacher-Investigator Awards For Career Development in Neurosurgery

The NINCDS/NIH program for Teacher-Investigator Awards provides five years of stipend support and a modest amount of research supply funds to young clinical investigators preparing for careers in academic neurosurgery. These awards are directed specifically at the young academician who is completing or has recently completed his residency and has demonstrated interest in and early abilities for research. The NINCDS is giving special attention to the furtherance of this program and despite overall budgetary constraints, will continue providing funds for this activity. For detailed information, potential applicants should write to the Deputy Director, Extramural Activities Program, NINCDS/NIH, Bethesda, MD 20205.

Wanted:

Neurosurgeon to head up a neurosurgical training program in an Asian country for 1-2 years beginning in early 1983. Salary, housing, utilities, automobile and insurance coverage. Four week vacation. Pleasant living conditions for neurosurgeon and family.

For further information contact:
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