

Winter 1996

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**NEUROSURGERY://ON-CALL**™ to Go On-Line in April 77

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**About the Cover...**

**M**inneapolis, Minnesota will be the site of the 64th Annual Meeting of The American Association of Neurological Surgeons (AANS), marking the first time the AANS convenes in this classic northern Midwestern city.

The 1996 Annual Meeting will focus on the impact of high technology in medicine and should make history as one of the most technologically advanced meetings in neurosurgery. In addition to the outstanding Plenary, Scientific, and Section Sessions, Special Lectures and Courses, Practical Clinics and Breakfast Seminars, the meeting will feature an Internet On-Line Pavilion, introduction of



the new **NEUROSURGERY://ON-CALL**™ World Wide Web Internet Home Page, technology expo, and virtual reality sessions.

You also won't want to miss this year's Cushing Orator, William F. Buckley, Jr., who will speak on "Reflections on Current Contentious."

Once again, for your convenience, the Annual Meeting Preliminary Program and registration materials have been combined with the AANS Bulletin. The detailed program section can be found in the center of this publication printed on grey paper.

Join us in Minneapolis April 27–May 2, 1996 for the preeminent scientific meeting in the field of neurosurgery. Plan to register early!

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**AANS Bulletin**

A quarterly publication of The American Association of Neurological Surgeons

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The AANS Bulletin is published quarterly by The American Association of Neurological Surgeons, 22 South Washington Street, Park Ridge, Illinois 60068-4287, (847)692-9500, and is distributed without charge to the neurosurgical community. Unless specifically stated otherwise, the opinions expressed and statements made in this publication reflect the authors' personal observations and do not imply endorsement by nor official policy of The American Association of Neurological Surgeons.

## Balancing AANS Resources, Member Needs

Not long ago the 1995 Interim Meeting of the AANS Board of Directors was held in Chicago. A significant portion of our agenda dealt with the 1996 budget. Members of the Finance Committee, as well as full Board, spent nearly four days discussing the projects, programs and services proposed for implementation in 1996.

The discussions were spirited and not without some passion. However, I was struck by two things: First, all of those participating exhibited the utmost concern that AANS resources be allocated responsibly and to their greatest effect. Second, the volume and diversity of the Association's activities and programs are extraordinary. For your leadership, balancing member needs with fiscal restraints continues to be a challenge.

### Demand for Service is Great

The AANS is operating in an environment of great contradictions. At a time when resources must be carefully managed, our membership cries out for more services. For example, the educational activities of the AANS are its foremost responsibility, but maintaining solid accreditation for continuing medical education (CME) and assuring the finest of hands-on courses and publications requires continual subsidization from other AANS sources of income.

I receive letters daily from members asking why the AANS is not more active in the global issues of medicine, representing neurosurgery at federal, state and local levels. Even now there is a great cry from members to raise additional funds through a foundation or political action committee (PAC) to further the interests of neurosurgery. I believe that is an unwise course to take since I doubt that 4,000 members of the medical community can exert much financial influence on a legislative body that is bent upon substantially reducing medicine as an economic entity.

The Professional Conduct Committee activities, alone, have cost the organization hundreds of thousands of dollars in the past several years, none of which can be recouped from the parties involved.



Sidney Tolchin, MD

The impact, however, on liability issues is significant. No longer can a neurosurgeon offer expert opinion, for the defendant or the plaintiff, without doing substantial homework and research about an issue. There is the awareness now that outrageous testimony for either side is subject to review by Neurosurgical peers. This has effectively established that testimony is a part of the practice of neurosurgery and open to the same critical analysis as is clinical judgment or surgical technique. Support of organizations seeking tort reform, direct contact with legislators and attempts at education of the public, together, have not had the productivity of this single Association activity.

Maintaining the competitive position of neurosurgery and marketing neurosurgeons to the general public and to referring physicians and organizations is another expensive service which benefits all of neurosurgery and is costly.

Obtaining representation from all over the country, and for that matter the world, in order to maintain the prestigious aura of neurological surgery is not a budget neutral operation. Communication with individual members about rapid changes in government rules and acceptance of devices (through Changing Times in Neurosurgery) and legal representation in court appearances to justify the use of technology, all drain resources of the organization to serve the interests of practicing neurosurgeons.

Maintenance of research activities and planning of educational seminars, in order to keep neurosurgery at the peak of medical practice, honored and respected by all of medicine, each requires a constant infusion of revenue.

The new 1995 Comprehensive Neurosurgical Practice Survey of economic indicators in neurological surgery once again received a 40 percent response from the membership. Its cost has provided a clear picture of real-world economics. For example, it demonstrates that, although practitioners in New England and Southern California have been hit hard with an 8 to 15 percent reduction in income, overall income for neurosurgeons in the United States was up 8 percent during the past three years.

### Funding Sources

How is this broad spectrum of activities funded? You should know that dues represent a very small portion of the income of the AANS—approximately 14 percent (which is among the lowest dues assessment of any medical association). General revenues account for 33% of income and The Journal of Neurosurgery advertising constitutes 26%. Other sources of income include exhibit fees from the Annual Meeting, interest on investments, and rents from tenants in our National Office building.

Be assured that your entire Board of Directors looks very carefully at the Association's sources of income, especially including the dues structure. The specter of managed care has become a reality and the financial status of the membership is a very sensitive issue.

### Volunteers Make the Difference

Representation in reimbursement issues and responding to challenges of managed care are important services which result in no income to the Association, but are of immeasurable benefit to individual members. Were it not for volunteerism, these costs would be so high as to render impossible the attainment of these successes in a constant battle with third-party payers.

(continued on page 16)

# Strategic Plan Approved

By J. Charles Rich, MD  
Chairman, Long-Range Planning  
Committee and President-Elect

In 1994, The American Association of Neurological Surgeons (AANS) embarked upon a critical process to update its long-range strategic direction. The Strategic Planning Committee of the Long-Range Planning Committee, then under the director of Sidney Tolchin, MD, was charged with accomplishing this task. I am pleased to report that this process has been completed and a new Strategic Long-Range Plan has been approved by the AANS Board of Directors.

This project consisted of two major phases. Phase One involved a review of existing information databases and solicitation of members' feedback concerning current and future assumptions about neurosurgical practice and the AANS. Phase Two of the planning process encompassed actual development of the strategic plan. It included three, two-day planning sessions with members of the Strategic Planning Committee and staff. In addition, a two-day, on site "situation scan" at the National Office was made to review the Association's infrastructure and overall financial strength and to make a strategic assessment of the Association's major programs, services, meetings, products, publications, etc.

Through this process the Strategic Planning Committee developed a long-range vision that recommends where the AANS should be in the year 2000. The vision touches upon the attributes, conditions and characteristics the Association needs to attain in order to be successful. From that vision were identified four long-range goal statements that form the core of the Strategic Plan.

It is important to note that at all times during the planning process a purposeful effort was made to concentrate on responding to the highest organizational priorities, keeping in mind that existing AANS resources must be used to maximum advantage. Strategies and check points were then established for accomplishing each goal. Finally, a series of recommendations were developed for infrastructure changes

that must be made if the plan is to be successfully implemented.

The Strategic Long-Range Plan, the work product of a year-long effort, was presented to the Board of Directors on November 17, 1996 for action. The plan was approved unanimously. Now, the hard work of implementing the goals and objectives begins.

Following is a summary of the key elements of the plan, some highlights of the situation scan report, and my priority recommendations for actions to be taken during the first year of this five-year plan. I hope that you will familiarize yourself with this information; it represents the future of the AANS.

We will enclose a detailed copy of the Strategic Long-Range Plan in the Spring 1996 issue of the Bulletin. In the meantime, if you have any questions about the Plan, please feel free to contact me through the National Office.

## Situation Scan

An AANS Financial Analysis, Strategic Program Assessment and Operational Review were conducted on February 13 and 15, 1995 at the National Office in Park Ridge, Illinois. Senior staff, two volunteers from the Strategic Planning Committee and an outside consultant participated in the analysis.

The objective of the Situation Scan was to identify any impediments in the Association's internal infrastructure that could adversely impact the implementation of the proposed strategic direction as defined in the strategic plan—to better align the infrastructure with the new strategic plan. The Scan included a financial analysis (both income and expenses) of major programs and services, as well as an operational assessment. Some key factors identified that could impact the AANS in the future include:

**Situation:** Current projections indicate that future revenue will not keep up with projected expense increases without new, significant revenue stimulation and growth. Membership is projected to grow modestly

over the next few years. Current revenue sources will be under pressure due to changes in neurosurgical practice, the impact of managed care, and increased competition from other associations, publications, and outside providers of educational programming.

Membership dues currently comprise 14% of the Association's revenue stream (the median percentage of income from dues in similar medical organizations is 47.3%). The Journal of Neurosurgery provides approximately 22% of AANS revenues, while brings in 27% of all revenue. Professional Development Programs represent 6.6% of AANS income, and publication sales and Bulletin advertising account for 8.7% of annual revenues. While the AANS has experienced a positive operating net income in recent years, the long-term outlook will be more challenging.

**Action Required:** The AANS must develop strategies for increasing financial resources, including identifying sources of diversified, non-dues revenue to meet future needs. The AANS should identify additional opportunities in continuing medical education programs to increase the Association's net revenue stream (i.e., exploring new formats through use of technology, develop new programs and topics that quickly address emerging issues in health care that impact members). The Association should explore alternative publication formats such as CD-ROM and on-line databases.

As the AANS grows in function and complexity, there will be a need to update the overall use of technology in managing the organization. In addition, professional, highly-skilled core staff with increased technology application, marketing skills and cross-functional teams will be required. Specific high-level skills and expertise will be acquired through outside contracted services.

AANS has 34 programs, services, tasks and volunteer work structures that should be reviewed after the development of the new strategic plan to ensure their relevancy and linkage to the new strategic direction.

(continued on next page)

## ► Strategic Plan (continued)

There is a need to develop an overall, integrated business operational plan that both reaffirms the current markets that the AANS plans to continue operating in as well as identifies new, future markets that the AANS intends to develop. The Association should also develop individual business plans for each major new and existing programs, services, products, publications and meetings.

The Association must also develop a budgeting system with the goal of a 4-5% retained earnings at the end of each operational year in order to build adequate reserves. This will require a much harder look at current and future activities and programs to insure that they significantly support the Association's strategic direction.

The Situation Scan was quite detailed and space constraints prevent me from providing further detail here. Rest assured that the full-range of AANS activities received a rather vigorous review.

### Mission Statement

The mission statement defines the nature of the Association's role and contribution in the achievement of its greater vision. The mission indicates why our Association exists, who it exists for and what it does. The mission is a statement of purpose. Following is the AANS mission statement:

"The American Association of Neurological Surgeons is dedicated to advancing the specialty of neurological surgery in order to provide the highest quality of neurosurgical care to the public."

### Long-Range Goals

Common themes from the planning group's individual visions were developed into four-long range goal statements that form the core of the Strategic Plan. These goals are outcome oriented, meaning that they do not describe what the AANS will do, but rather are statements of how

neurosurgery will be different because of the AANS.

The following represents the AANS' four long-range goals for the next five years. They encompass the Association's vision and determine the direction the AANS will pursue. The achievement of each of these goals will move the Association toward the realization of that vision. They are not listed in any order of priority. All of the goals must be accomplished if the AANS is to fully achieve its vision.

- ◆ Goal A: Neurosurgeons will be recognized as the primary providers of quality care to patients with disorders that fall within the scope of neurosurgical practice.
- ◆ Goal B: AANS will be members' principal resource for professional and practice information, education and interaction.
- ◆ Goal C: Clinical and basic neuroscience research will be expanded.
- ◆ Goal D: AANS will be acknowledged as the spokes-organization for the specialty of neurological surgery.

Each of these goals will be implemented through a variety of strategies that define how the AANS will organize, focus and expend its resources and actions to maximize its effectiveness and efficiency in achieving the goals.

Check points, which are measurable milestones for the Board of Directors to use in determining progress, were set for each goal. These check points indicate whether or not the Association is making any progress towards its goals as it works its strategies. Check points measure goal achievement, not strategy achievement.

As part of the process, a careful review of the AANS infrastructure was made to determine any changes that will be required to better align operations with the strategic plan. A key recommendation of our outside planning consultant was his suggestion that we tie our annual budgeting process directly to implementation of the strategic plan. That recommendation

was taken closely to hear by both the Finance Committee and the Board of Directors in drafting the 1996 budget.

### Plan Implementation—Back to Basics

In reviewing the situation scan report, I was impressed with the variety and number of activities the AANS is involved with—more than 34 different programs by my count. Supporting this ambitious agenda keeps our National Office very busy indeed. In fact, while analyzing the incoming telephone calls received in a single week this past Fall (September 14–22, 1995), we found that more than 2,100 inquiries were logged! The average number of calls handled per day was 437; on an hourly basis, 55 calls were received.

To some extent we have become victims of our own success; the more we do, the more we want. However, a wise friend who worked for many years in the corporate arena counseled me that his company was successful because he kept in mind at all times those activities they were the best at and refused to become involved in programs that were outside their area of expertise. They focused on the basics and prospered as a result.

As an organization, the AANS has taken on some very ambitious projects. Consequently, I have chosen three recommendations from the Strategic Long-Range Plan for focused emphasis during my Presidential year—April 1996 through April 1997. Overall, we will concentrate on stabilizing the relationship between AANS revenues and expenditures.

There is an assumption that other specific accomplishments will be achieved, of course, but we must ensure that our Association is solidly positioned to succeed in the years ahead. Therefore, the three objectives I have set for the year are:

**Institute sunset mechanisms for AANS programs** - Unless we can demonstrate a clearly derived benefit to our membership for each of our AANS

(continued on page 6)

## Board of Directors Holds Interim Meeting, Approves 1996 Budget

The AANS Board of Directors held its 1995 Interim Meeting November 17–19 in Chicago. The primary focus of their deliberations was the 1996 budget. However, a number of other key actions occurred. The highlights of the major decisions made are summarized below.

A more detailed overview of the AANS budget and other financial matters can be found in the Treasurer’s Report, which follows this article.

### Nominating Committee

Edward L. Seljeskog, MD, Immediate-Past President and Chairman of the Nominating Committee, presented the recommended slate of Officers, Directors and Nominating Committee Members for 1996. The Board of Directors approved the following slate for distribution to the voting members:

- President-Elect - Edward R. Laws, Jr., MD
- Vice President - Russell L. Travis, MD
- Director-at-Large - Arthur L. Day, MD

- Member, Nominating Committee
- Steven L. Giannotta, MD - (2-year term)
- Patrick J. Kelly, MD - (2-year term)

If no opposing candidates are proposed, this slate will be voted upon at the Annual Business Meeting on Monday, April 29, 1996 in Minneapolis, Minnesota. In the event that opposing candidates are proposed, written ballots will be distributed as prescribed in the Bylaws.

### Professional Conduct

Chairman W. Ben Blackett, MD, reported on the Professional Conduct Committee’s recommendations regarding two cases referred to the Board for review. The committee’s recommendation was to issue a warning letter in one case and in the second case to recommend that a member be suspended for unprofessional conduct which occurred during testimony against another neurosurgeon in a professional liability case. The Board concurred with both recommendations and ordered that the warning letter be sent to one member and that the other individual’s membership be suspended for a period of six months. The suspension notice appears on page 15 of this issue of the Bulletin



1995-96 Board of Directors  
Standing (l to r): R. Michael Scott, Herbert M. Oestreich, Russell L. Travis, Roberto C. Heros, Donald D. Sheffel, A. John Popp, Ian E. McCutcheon, David A. Hersey  
Seated (l to r): Robert E. Florin, Martin H. Weiss, J. Charles Rich, Jr., Sidney Tolchin, William A. Buchheit, Stewart B. Dunsker, Edward L. Seljeskog

### Bylaws

It will be proposed that the Mexican neurosurgeons who are certified by the Mexican Council of Neurological Surgery, AC, will be permitted to apply for Active (Provisional), Active (Foreign), and Candidate Membership.

At present, the Associate Membership cannot exceed 10% of the Active Membership of the AANS. The Board made the decision that a specific number will not be set on this category of membership, but instead decided that a limit can be set by the Board of Directors from time-to-time, if necessary.

Several changes were proposed to that section of the Bylaws governing the Professional Conduct Committee. These changes would streamline the committee’s activities and, hopefully, prevent complaints having little or no merit from reaching a formal hearing by the Professional Conduct Committee.

### Long-Range Planning

The 1995 Strategic Plan was presented to the Board by Long-Range Planning Committee Chairman J. Charles Rich, MD. It was

discussed extensively and approved by unanimous vote of the Board. This Plan is intended to guide the AANS no matter who serves in leadership positions in the future.

### Membership

The Board of Directors approved the membership applications of 24 Active Members (including one Active - Foreign), 36 Active (Provisional) Members, 18 Associate Members, and 46 transfers from Active (provisional) to Active Membership. In addition, 27 candidates for International Associate Membership were approved. (The complete list of new members appears on page 87.) A record 244 Candidate Members were added to the Association’s roster as well.

The Board also approved several requests for transfers from Active to Lifetime Membership and two transfers from Associate to Lifetime (Inactive).

### JCSNS

Although Joint Council of State Neurosurgical Societies (JCSNS) Chairman, Stanley Pelofsky, MD, was unable to attend the Board meeting in person, he

(continued on next page)

## ▶ BOD Approves Budget (continued)

reported via speaker phone to the Board. Eleven JCSNS Resolutions were presented to the Board for approval and all but one were approved.

### Outside Organizations Liaison

The Board approved establishment of a cooperative relationship between the Pain Section and the American Academy of Pain Medicine, with Kim Burchiel, MD, serving as the AANS representative.

A task force was approved to evaluate the feasibility of establishing a formal liaison with the Council of Spine Societies. If this liaison is established, neurosurgeons would have to be acknowledged as fully trained spine surgeons and the parent organization will need to be involved in policy decisions, as well as socioeconomic issues.

Roberto Heros, MD, was appointed to a four-year term to the National Advisory Neurological Disorders and Stroke Council. He joins Robert Grossman, MD, as the other neurosurgeon serving on the Council.

The current liaisons to the North American Tort Reform Association, the American Medical Association, the American College of Surgeons, the National Institutes of Health, and several others are maintaining active, productive relationships. The Board will consider discontinuing those other liaisons that are virtually inactive.

### Future Sites Committee

A list of future sites for AANS Annual Meetings, through the year 2003, has been set. Definite sites and headquarters hotels are summarized below. Tentative sites for 2001 and 2002 are also noted.

1996	Minneapolis—Hilton Hotel
1997	Denver—Hyatt Hotel
1998	Philadelphia—Marriott Hotel
1999	New Orleans—Hilton Hotel
2000	San Francisco—Marriott Hotel
2001	Toronto *
2002	Nashville *
2003	San Diego

\* Tentative site pending further review of convention facilities.

### Quality Assurance Committee

The role of the AANS in quality assurance was discussed at length. The Board concluded that it was necessary to have such a function and, further, that it should be a joint activity with the Congress of Neurological Surgeons.

The exact structure and function will be defined as soon as possible as there continual requests for this type of intervention. The Long-Range Planning Committee had recommended that the Quality Assurance Committee should be reconstituted as the Quality Assessment Committee.

### Next Meeting

The Board of Directors will hold their next meeting during the AANS Annual Meeting.

## ▶ Strategic Plan (continued from page 6)

committees, projects and products, a process should be in place to identify any lack of strategic benefit and allow them to die a dignified and natural death. That process should include what our Strategic Plan suggests: a so-called Business Plan developed for each of these functional entities. These plans will give us objective criteria which can aid us in judging the worthwhileness of these functions.

The next objective reflects the need to build a core group of leaders who will guide the AANS into the future:

**Better integrate and mentor young neurosurgeons into meaningful volunteer positions** - If significant and lasting changes are to be achieved, our younger members must play a stronger role in developing the goals and strategies to meet these challenges. We will look to the Young Neurosurgeons Committee to play a primary role in formulating a plan for progress in this regard.

The third objective I have selected has to do with our link up to the Internet:

## PLEASE NOTE:

As of January 20, 1996,  
the area code for  
The American Association  
of Neurological Surgeons'  
National Office  
has changed  
from (708) to (847).

Phone: (847) 692-9500

Fax: (847) 692-2589

Please make a note of this  
change in your records.

**Develop and utilize NEUROSURGERY://ON-CALL™** - This project represents a tremendous investment in time and financial resources on behalf of our constituents. We must be able to demonstrate a functioning product of practical benefit to our members within a reasonable time frame.

### Final Thoughts

In conclusion, I wish to thank the following individuals for their work on this important project:

Merwyn Bagan, MD  
William Buchheit, MD  
Paul J. Camarata, MD  
Stewart Dunsker, MD  
Julian T. Hoff, MD  
Edward Laws, MD  
George A. Ojemann, MD  
Donald O. Quest, MD  
Russell L. Travis, MD  
Edward L. Seljeskog, MD  
Sidney Tolchin, MD  
Martin H. Weiss, MD

Their collective wisdom and energy contributed greatly to the development of this Strategic Long-Range Plan.

## Development of a Comprehensive Cerebrovascular and Neuroendovascular Service

By Robert H. Rosenwasser, MD, FACS  
Chief, Cerebrovascular Surgery and  
Interventional Neuroradiology  
Thomas Jefferson University  
Medical Center, Wills Eye/Neuro-  
sensory Institute and Pennsylvania  
Hospital

### Abstract

The collaboration between Thomas Jefferson University Hospital, Wills Eye/Neurosurgery Institute and Pennsylvania Hospital officially began July 1, 1994. At that time, no guidelines existed for Wills Eye/Neurosensory Institute in terms of neuroradiological coverage. From a general neuroradiological standpoint it was decided that Thomas Jefferson would provide coverage, on an alternating off-month basis with the Department of Radiology at Pennsylvania Hospital, both of which have free-standing departments as well as fully accredited residency programs in radiology. In addition, Thomas Jefferson University has a fully-accredited neuroradiology fellowship program with a total complement of five full-time neuroradiologists and six neuroradiological fellows.

### Background

The neuroangiography suite at Wills Eye/Neurosensory Institute is a state of the art system with fast filming and simultaneous biplane fluoroscopy, an essential instrument in performance of endovascular procedures. This equipment was entirely under the control of the Department of Neurological Surgery. When I was recruited to join the Department of Neurological Surgery I had been back from New York University Medical Center for one year performing endovascular radiological procedures at my former institution.

The Chairman of Radiology at Thomas Jefferson, as well as the Chief of the Division of Neuroradiology, were quite concerned about having a neurosurgeon perform these procedures, perhaps at the exclusion of the Department of Radiology. Quite simply, I met with the Chair of Radiology at Thomas Jefferson, The Chair of the Division of Neuroradiology at Jefferson, as well as

the heads of the Department of Pennsylvania Hospital.

Their major concern was that these institutions would lose all angiography and interventional cases performed at the Neurosensory Institute. After various discussions and compromises we outlined a plan stating that I would not perform any diagnostic procedures. This, in turn, would allow the attendings in neuroradiology, as well as the fellows, significant experience in diagnostic angiography, and would have a senior neuroradiology fellow rotate on the interventional service. They would alternate with a neurosurgical resident in the endovascular service. We also agreed that diagnostic angiography would be performed at Thomas Jefferson University and Pennsylvania Hospitals, but that all endovascular procedures would be performed at the Neurosensory Institute.

From September 1994 through September 7, 1995 at the Neurosensory Institute we performed 226 total procedures, including 109 endovascular cases, of which 92 percent were cerebral aneurysm or arteriovenous malformation. Throughout this first year, our practice relationship between neurosurgery and neuroradiology strengthened to the point that I had the full support of the Department of Radiology when I was appointed the first Chief of the Division of Interventional Neuroradiology for the three cooperating institutions. Recently, a Division of Cerebrovascular Surgery was instituted and I was appointed Chief of that Division by my chairman.

Within the Division of Cerebrovascular Surgery and Interventional Neuroradiology we have also performed 107 procedures for intracranial aneurysm, 70 endarterectomies, and 57 arteriovenous malformations in a multi-modality fashion with embolization, surgery and radiosurgery.

I think a significant portion of the success of our program is directly related to the outstanding caliber of the Chairs of Radiology, and Chiefs of the Division of Neuroradiology at Thomas Jefferson University Hospital and Pennsylvania Hospital. It is clear that a year-and-a-half into this venture, the project has become a clear team effort and that Radiology,

Neuroradiology and Neurosurgery have all been winners. I've approached this project from the perspective that we can be a model to demonstrate that radiology and neurosurgery can work together in a positive fashion, and I believe we have been successful in that regard.

### Suggestions

If a successful endovascular practice is to be taken in the framework of neurosurgery, I think it is important that the person performing the procedures be properly trained and credentialed. Having done the credentialing process at this institution, it is relatively straightforward.

This process has been an emotional one from both the radiological and neurosurgical perspectives. It was important to keep those emotions in check and to approach this joint effort in a positive way so that both sides benefited. We have made it clear at our site that radiology and neuroradiology are essential parts of the endovascular service and have worked hard to try and eliminate the "turf" issue.

### Summary

At a time when endovascular therapy is becoming an important tool in the armamentarium of the cerebrovascular surgeon, it is important that we develop relationships with our colleagues in radiology and neuroradiology. It is essential that we try to avoid turf issues and, instead, work to develop systems that are mutually beneficial.

The neurosurgical community cannot ignore the importance of the radiological sciences if the future of interventional treatment is to be successful and if neurosurgery desires to be a part of this burgeoning new field.

### QUESTION:

What is Patent  
#2333987?

See page 92 for answer.

# Treasurer's Report—1995 Active, Successful Year

By Stewart B. Dunsker, MD  
Treasurer

The American Association of Neurological Surgeons (AANS) ended 1995 on a positive financial note. Revenues increased and we were able to provide approximately \$600,000 for the new computer system and for the Board Designated Fund (reserves).

Projected 1995 year-end gross revenues are \$8.09 million, and projected gross expenses are \$7.43 million. Our primary sources of income in 1995 included the Annual Meeting (35%), The Journal of Neurosurgery (26%), publication sales (2%), and Professional Development Programs (4%).

Following are brief financial summaries of the major AANS program areas.

## Overview

Neurosurgery is a small specialty within the family of medicine. In spite of being small the AANS programs, most of which are educational, cost more than \$7 million per year. If we were to finance these educational and planning efforts with dues, the organization would cost each member \$3,600 per year. Fortunately, by structuring our educational efforts so they pay for themselves we are able to keep dues down. However, the fact remains that dues constitute just 14% of income.

Like the Queen of Hearts said in *Through the Looking Glass* "Now, here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that." Because of the escalating costs affecting medicine, hospitals, industry and the AANS, we are indeed running twice as fast. In addition to maintaining our current programs, we have major programs under development to provide better services to our members.

## Annual Meeting

The Annual Meeting continues to be a major source of revenue for the Association, primarily from sales of commercial exhibit space. Total revenues increased 5%, from \$2.62 million in 1994, to \$2.76 million

in 1995. However, expenses totaled \$2.8 million in 1995 versus \$1.83 million in 1994, a 13% increase.

## Internet Program

**Neurosurgery://On-Call™ (N://OC)**, the Internet Home page being developed by the AANS and Congress of Neurological Surgeons (CNS), will give neurosurgeons access to information and services not previously available. Our surveys indicate that the number of neurosurgeons with personal computers is growing at an exponential rate, and they want access to more neurosurgical information. Some neurosurgeons have access to libraries and bibliographic searches, but all neurosurgeons want that capability. We plan to make that possible through **N://OC**.

Our program will allow "free word" searches. Consequently, you will not need to go down the complex decision tree required for MEDLINE searches. In addition, we are developing a CPT coding assistant—called Coding Coach™—that will help neurosurgeons code both simple and complex cases. Repeated surveys and increased attendance at the coding courses tell us there is a great need for this coding capability and we want to provide it.

The potentials for **Neurosurgery://On-Call™** are without limit, but such a new program has substantial development costs. Although this program, alone, will cost \$1 million over five years, the membership approved a \$45 annual dues increase to help defray these costs.

## New Computer

Within the AANS National Office, our ancient Wang computer is terminal (pun intended) and will need to be replaced during 1996. Because of previous planning we were able to prepare for this major expense in advance. However, technology is changing so rapidly that the new equipment will need to be depreciated over a three- to five-year period (instead of seven years with the old one). The net effect will be to make the computer, which is so essential, even more expensive.

## General and Administrative

The General and Administrative budget contains revenues from such sources as dues, membership application fees, mail list sales, investment earnings, building space rental fees, and other miscellaneous receipts. Expenses include the gross expenditures for salaries, benefits, insurance, depreciation, building operations, etc. Of these expenses, a portion is redistributed to Association programs and organizations which purchase services from the National Office.

## Guidelines and Outcomes

Major expense areas that are growing involve development of new outcomes and guidelines, and we see renewed pressure to develop more of these. Their development has been so time consuming for our volunteer physicians, it has become necessary to hire a part-time consultant to assist in these programs. Because much of the developing guidelines and outcomes involve specialty care, we hope to enlist the expertise of the Joint Sections to help carry the ball.

## Revenue Programs

Last year we realized net revenue from our Annual Meeting Professional Development Courses and from Publications. Because of this revenue we will not need to significantly increase dues.

## Contract Services

With the development of our National office, more and more neurosurgical organizations have enlisted the aid of the AANS to help with various projects, including meeting management and continuing medication education (CME) activities. These services are provided at AANS cost, as determined by our auditor. We do NOT generate any profit from Contract Services.

## Section Leadership Conference

Last August the leaders of the various Joint Sections of the AANS and CNS gathered to

(continued on page 16)

## Joint Section on Pain

by Samuel J. Hassenbusch, MD, PhD  
Chairman

**W**e are pleased to report that the Section on Pain has become Joint with the Congress of Neurological (CNS). This action adds momentum to our goal of working to increase the role of pain medicine in academic and private neurosurgical practices.

With the Section's change in status, pain medicine was well represented at the CNS Annual Meeting in San Francisco. We offered a full-day practical course, two luncheon seminars and a Pain Section program highlighted by a symposium on roles of pain medicine and neurosurgery

### AANS Annual Meeting

Pain treatment educational opportunities at the 1996 AANS Annual Meeting in Minneapolis will include three practical courses, two breakfast seminars, and the Section program featuring a symposium entitled "Persistent Pain after Spinal Surgery—What Do I Do Now?" The presentation will focus on causes, incidence, and the risks and benefits of medical treatment, both narcotic and non-narcotic, of the problem.

### Section Satellite Meeting

The Pain Section is excited about its sponsorship of a special two-day satellite meeting on interventional pain procedures for neurosurgeons to be held immediately before the 1996 Congress meeting in Montreal. This will be a didactic and hands-on workshop covering both ablative and augmentative pain management techniques for general neurosurgery. Faculty will include 20 North American and European leaders in neurosurgical pain medicine.

### NEUROSURGERY ON-CALL™

The Section is actively working with Richard Toselli, MD, editor of the **NEUROSURGERY ON-CALL™** project as a means to provide information and mutual communications relating to pain management. In the next six months, the Section will examine how to best use the AANS/CNS home page on the Internet to



Standing (l to r): Samuel Hassenbusch, MD, Richard B. North, MD. Sitting (l to r): Jamal Taha, MD, Eric Cosman (Radionics Corporation), Gary Taylor (Medtronic Corporation), Jeffrey Brown, MD, and Phillip M. Lippe, MD.

provide information and mutual communication relating to pain management.

We also hope to establish a system of e-mail communication between members of the Pain Section as well as between any neurosurgeon and Section subspecialists for patient, reimbursement, or topic-related questions.

### Certification Issues

The Section continues to analyze the need for support of the American Board of Pain Medicine (ABPM) and to track the progress of its recognition by the American Board of Medical Specialties (ABMS). It appears that the ABPM will not affect the ability of practicing neurosurgeons to perform various pain procedures. It does, however, provide much-needed guidelines and standards for physicians devoting the majority of their interest to pain management. To achieve standardization in this area, ABPM needs the support of organized neurosurgery, anesthesiology, psychiatry, and rehabilitation. Kim Burchiel, MD, Phil Lippe, MD, and others from the Section are working to accomplish this goal.

### Educational Guidelines and Outcome Measures

The Section is working with a task force from the American Academy of Pain Medicine (AAPM) to create a core curricula for pain medicine in resident

education. The Section is also responding to the growing interest in treatment outcome assessments by working in collaboration with the AAPM to determine appropriate outcome measures and to initiate actual outcome studies for pain management procedures.

### CPT Coding

Work by Richard Penn, MD, Robert Florin, MD, and others with the Nomenclature Committee and the RVU Update Committee (RUC) of the AMA and HCFA to update CPT codes and RVW values have resulted in new, 1996 CPT coding options for pain procedures.

### New Section Exhibit

Jeffrey Brown, MD, with assistance from Radionics Inc. and Medtronic Inc., has coordinated a new Pain Section exhibit which was unveiled at the CNS Annual Meeting in October. (See photograph).

If there are any questions or comments, please feel free to contact either myself, Sam Hassenbusch, MD, at:

e-mail: samuel@neosoft.com,  
fax: 713-794-4950

or Kim Burchiel, MD, at:

e-mail: burchiel@ohsu.edu,  
fax: 503-494-7161.

Member input is welcomed and encouraged.

## Pediatric Section Now Joint with CNS

By John P. Laurent, MD  
Secretary/Treasurer

The Executive Committee of the Congress of Neurological Surgeons (CNS) has accepted the Section of Pediatric Neurosurgery of The American Association of Neurological Surgeons as a Joint Section with their organization. Although this acceptance is contingent on a few book-keeping changes in the bylaws, this will be a valuable asset to the activities of the Section of Pediatric Neurological Surgery.

Arthur Marlin, MD, the Joint Section's constituent on the CPT coding, began assessing the coding system with special reference to the appropriateness of these codes in the practice of Pediatric Neurosurgery. The project was originally mandated under Dr. Arthur Marlin when he was section chairman, and involves input from a large number of pediatric neurosurgeons that are committed to the care of children. A significant number of procedures performed in pediatric

neurosurgery are not reflected in the CPT code book, and a larger number of different scopes of operations are done in children as opposed to those performed in adults. This is being looked at carefully in connection with the CPT codes.

The Section is also involved in the creation of monographs for the parent's education as well as for other neurosurgeons managing pediatric neurosurgical patients. The responsibility for the production of these monographs is in the hands of committee chair Richard Coulon, MD.

These monographs are primarily intended to be resources for patients and their families, but could be helpful to practicing pediatricians. Manuscripts covering Chiari Malformation by Richard Coulon and Dandy-Walker Malformation by Andrew Parent have already been submitted to the Section's Executive Council for their input.

The pediatric program at the CNS Annual Meeting held in San Francisco enjoyed a joint status with the American Academy of Pediatrics (AAP). The pediatric program had a greater presence at the Congress meeting than it has had in the past. There was a full morning session as well as a full afternoon devoted to the education of general surgeons and pediatricians. Timothy Mapstone, MD organized the event such that the AAP member pediatricians could be admitted easily to the pediatric neurosurgical program. There was significant intermixing of information from these two organizations and hopefully this will continue in the future.

The Section of Pediatric Neurosurgery held its 1995 annual meeting at the Ritz Carlton Huntington Hotel in Pasadena, California on December 6-9. Gordon McComb, MD was the host. The keynote speaker was Robert Pudenz, who covered the history of the development of the ventriculoatrial shunt.

## Attention Cerebrovascular Section Members

### Patients Sought for Molecular Genetic Studies of Cerebral Cavernous Malformations and Intracranial Aneurysms

By Issam A. Awad, MD  
Professor of Surgery and Neurosurgery,  
Yale University School of Medicine

A large multi-institutional research effort was started at Yale University in 1993 for the investigation of molecular genetics of inherited cerebrovascular diseases. Our initial efforts have concentrated on the genetics of cerebral cavernous malformations (CCM). Our preliminary results have localized a gene responsible for CCM on the long arm of chromosome 7 and have revealed that CCM is due to inheritance of the identical mutation by descent from the same founder in all Hispanic cases with positive family history.

We are currently testing the candidate genes that are localized to the region that the CCM gene maps on 7q in order to identify the gene responsible for CCM. To date 335 patients including 21

large families have been recruited in collaboration with 11 centers throughout the U.S. A similar but larger study is being carried out to elucidate the molecular genetics predisposing to the formation and rupture of intracranial aneurysms. For this study, in collaboration with 15 centers, we have interviewed over 1,000 patients and have identified more than 60 families with multiple affected members. A genome wide linkage study is currently underway to identify the genetic loci responsible for the formation and/or rupture of these lesions.

Molecular genetic studies of this magnitude require collaboration with multiple centers. We are currently seeking additional sporadic and familial cases from all ethnic backgrounds either with CCM or intracranial aneurysms. Patients who are referred to these studies will be asked to participate in a letter or phone interview after approval of the referring physician.

Following this interview, if the patients prove to be important for the study, an informed consent is obtained and blood sample (20 cc from adults, 5-10 cc from children) is collected for genetic studies. The results of these studies are then communicated back to the referring physician. As a part of our collaborative effort we will, of course, include each referring physician as an author on resulting manuscripts.

If you would like to refer patients for either study or have any questions, please call one of the principal investigators: Murat Gunel, MD (203) 737-2677, Issam A. Awad, MD (203) 737-2096 or Richard P. Lifton, MD, PhD (203) 737-4420. Our fax numbers are (203) 624-8213 or (203) 785-6916. These study protocols have been approved by the Human Investigation Committee at Yale University (Protocol #7680).

## JCSNS Holds Fall Meeting

By Lyal G. Leibrock, MD  
Recording Secretary

The Joint Council of State Neurosurgical Societies (JCSNS) held its Fall Meeting October 13–14, 1995 in San Francisco, California. Representatives from the various State Societies heard testimony, participated in debates on policy issues, and voted on submitted rules and regulation amendments as well as several resolutions.

### Action on Resolutions

A report on a prior referred resolution from the Health Systems Cost Control Committee on tax deductibility of individual medical expenses was presented. The resolution recommended tax equity for employer based medical insurance, individual paid medical insurance and unreimbursed out-of-pocket medical expenses. The report was adopted, with the recommendation that this be the official policy of organized Neurosurgery.

A resolution submitted by the California Association of Neurological Surgeons (CANS) requesting the activities of the Board of Directors of The American Association of Neurological Surgeons (AANS), the Executive Committee of the CNS, and the Washington Committee be communicated by the Executive Committee of the Joint Council to the JCSNS membership was adopted. CANS also submitted a resolution calling for support of medical saving accounts as delineated in the current Archer Jacobs Medical Saving Accounts Bill; the resolution was adopted.

Another resolution submitted by CANS, asking that the Chairman of the Joint Council have a vote on the Board of the AANS, was discussed. This action would require an AANS By-laws change. The Assembly adopted this resolution and it will be referred to the Board of the AANS. A further CANS - supported resolution that requested establishment of a national political action committee for neurosurgery was referred for report. The economic and legal consequences of such action will need to be further studied and reported back to the Joint Council before further debate and vote are taken.

A resolution submitted by the JCSNS Ad Hoc Committee regarding development of a video, updatable handbook, and socioeconomic training curriculum for Neurosurgery residents was adopted with an amendment providing a funding cap of \$40,000 by the two parent organizations.

A resolution submitted by delegate Benjamin B. Le Compte, III, MD, from Illinois regarding the onerous EMTLA regulations was adopted. It resolved that the Joint Council recommend an Ad Hoc Committee of practicing physicians be defined by the American College of Surgeons to re-work the COBRA (EMTLA) measures to a more realistic set of guidelines.

Another Illinois resolution regarding EMTLA regulations on emergency treatment of managed care-covered patients by non-contracted neurosurgeons was adopted. The resolution recommended the Joint Council adopt as policy the position that managed care organizations contractually arrange for emergency care of their patients in all localities where they sell policies.

In a related matter, delegate Le Compte introduced a resolution regarding Emergency Call compensation. This resolution, which was adopted, declared that it be the policy of organized neurosurgery that emergency-call be compensated. This policy is to be communicated to the American College of Surgeons. Another Illinois resolution regarding the Medical Practice Acts was referred for study and report.

The Joint Council voted to adopt a resolution that the Board of Directors of the AANS and the Executive Committee of the Congress be fully supported in their efforts to assure continued confidentiality of investigators and patients in clinical studies research.

A resolution by the Medical Legal Committee of the Joint Council regarding the publication of names of individuals censured by the Professional Conduct Committee was defeated.

A resolution submitted by the Georgia Neurosurgical Society regarding placing the scope of neurosurgical practice on CD-ROM for distribution to medical students and

family practitioners was referred for report. This was considered a good idea but the estimated production cost of \$150,000 required that the project be given further study.

The Colorado State Neurological Society submitted a resolution regarding trauma systems and this was referred for report to the Executive Committee.

### Rules and Procedures

A rules and regulations amendment to change the term of office for the Chairman and Vice-Chairman of the Joint Council to a two-year term from the current three-year term was adopted. The next election of these officers will occur at the Spring semi-annual meeting April 19, 1997.

The JCSNS, as a representative assembly, approved changes to its procedures so that members of the AANS Board of Directors and of the Executive Committee of the Congress may participate in formal debate on reports and resolutions.

### Informational Reports

Several informational reports were received by the Joint Council. The initial report was given by Ralph Dacey, MD, President of the CNS. Dr. Dacey analyzed the role of the Congress in organized neurosurgery and described how it fulfills its role in educating individual neurosurgeons, particularly young neurosurgeons.

Sidney Tolchin, MD, President of the AANS, defined the much more aggressive role being taken by the Association in relationship to socioeconomic issues. The role of the AANS in neurosurgery education will remain its pre-eminent effort. He also addressed the issues of manpower via quality of practice.

The Neurosurgery Residency Review Committee (RRC) report was given by David Piepgras, MD. The RRC continues to look at resident training from quality perspectives. Julian Hoff, MD, is the Chairman of a committee looking at what

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## Lessons from Recent Professional Conduct Committee Hearings

By W. Ben Blackett, MD, JD  
Chairman  
Professional Conduct Committee

Over the years, The American Association of Neurological Surgeons (AANS) has adopted certain rules for its members who provide expert witness testimony in matters under litigation. Although these separately adopted standards have some redundancies, there are no inconsistencies. They are as follows:

AANS Code of Ethics, Adopted 1981, Section V, Item B:

The neurological surgeon, as an expert witness, shall diligently and thoroughly prepare himself of herself with relative facts so that he or she can, to the best of his or her ability, provide the court with accurate and documentable opinions on the matters at hand.

Expert Witness Guidelines, 16A-1 through 4, Adopted by the AANS Board of Directors in 1983:

A. The following are guidelines for Testimony by Neurosurgeons Acting as Expert Witnesses:

In our society it is customary that testimony be given in all adversary proceedings brought before the court system. The AANS has adopted a position advising all neurosurgeons to testify impartially and prudently for both the defendant and plaintiff in matters brought before the courts.

Witnesses are designated as expert witnesses if they have knowledge of any specific topics thought to be beyond the comprehension of the average layman. Expert witnesses are expected to be impartial and should not adopt a position of advocacy except as spokesman for the field of special knowledge that they represent. The neurological expert witness must testify as to the practice behavior of a prudent neurosurgeon giving differing viewpoints, if such there are.

Prior to offering any testimony the expert neurosurgical witness should:

- 1) Become familiar with all pertinent data of the particular matter at issue.
- 2) Review prior and current concepts related to standard neurosurgical practice in the matter at issue.
- 3) Not concern himself with the legal issues of the matter in question.
- 4) Identify as such, personal opinions not generally accepted by other neurosurgeons.

In this manner the neurosurgical expert witness should be reasonable and commensurate with the time and effort given to preparing for his deposition or court appearance.

Position Statement on Testimony in Professional Liability Cases, Adopted in 1987:

The American Legal System requires expert testimony for both plaintiff and defendant. The Committee believes it is of central importance that such testimony be truly expert and as impartial as possible. The committee proposes the following guidelines for expert witnesses:

- 1) "Expert" testimony should reflect not only the opinions of the individual but also honestly describe where such opinions vary from common practice. The expert should not present his or her own views as the only correct ones if they differ from what might be done by other neurosurgeons.
- 2) An expert should be a surgeon who is still engaged in the active practice of surgery or can demonstrate enough familiarity with present practices to warrant designation as an expert.
- 3) The neurosurgeon should champion what he believes to be the truth, not the cause of one party or the other.
- 4) The neurosurgeon should not accept a contingency fee as an expert witness.

Who Has Been Sanctioned?

Although the AANS does not openly publish the names of members who have been sanctioned, these names are given to the licenser board of the states in which

those individuals are licensed and may be obtainable within each state according to its laws. The AANS will also release the name of a sanctioned member, or former member, through the subpoena process. Thus, an attorney wishing to know if a particular witness has been sanctioned by the AANS may obtain this information through the subpoena powers of the court.

Sanctions available under AANS Bylaws (Article II, Section 3) consist of censure, suspension of membership, and revocation of membership. Censures are not reportable to the National Practitioner Data Bank but suspensions or revocations must be reported and those names are discoverable under the rules of the Data Bank.

Why Have Members Been Sanctioned?

**Advocacy** - An attorney is employed to be a zealous advocate for his or her client. In contrast, the expert witness is expected to champion the truth and not the interests of either the plaintiff or the defendant. Obviously, such testimony will be helpful to one side or the other or it is of no use to either side, but the role of the expert is to educate the trier of fact (jury or a judge) as to the state of the art and the standards of care.

Testimony must not be embellished or crafted by the expert witness in order to assist one side in prevailing over the other. If this line does not always seem clear, it may be helpful for the witness to consider whether a proposed testimony statement would be judged by his or her colleagues to be fair, balanced, and representative or current neurosurgical thought. If not, and if challenged through the Professional Conduct Committee, the witness may indeed be judged by his or her colleagues on the Professional Conduct Committee and the AANS Board of Directors.

**Failure to Recognize Differences in Management** - Competent and experienced neurological surgeons may and often do, differ as to which diagnostic treatment methods are best. If a colleague

(continued on next page)

# COMMITTEES

## ► Professional Conduct (continued)

employs a method which you, the witness, disfavor, testimony standards permit you to say why you think such treatment is inadequate, poorly designed, ill-conceived, or unsatisfactory for whatever reason you support. However, your disagreement with a management method does not, by itself, make that management substandard or negligent if even a respectable minority of your colleagues support and use it.

Recognition of differing methods is required by Guideline A. and 4) and Position Statement I). Personal opinion misrepresented as consensus neurosurgical opinion, along with advocacy, are the two violations most frequently leading to sanction recommendations.

### Are There Other Problems?

#### Correction of Testimony Transcripts -

This has been a problem in two recent Professional Conduct Committee disputes involving discovery depositions. (There is no chance to correct trial testimony once the trial is over.) Transcripts often do contain typographical errors or omissions of essential words like "do" or "do not." Also, a deponent may have misspoken although the words were correctly recorded. Because of this, it is advisable to always reserve signature on a deposition and carefully read and correct transcripts.

On more than one occasion, the Professional Conduct Committee has had

## Notice of Suspension

The Board of Directors of the AANS on November 18, 1995, approved the conclusion and recommendation of the Professional Conduct Committee that an Ohio member was guilty of unprofessional conduct while testifying as an expert witness, and has ordered his membership in the AANS suspended for six months.

Both the Professional Conduct Committee and the Board found the member's testimony to be in violation of Section V.B of the AANS Code of Ethics (the expert will prepare diligently); the AANS' Guidelines for Expert Testimony (Guideline a—the expert will testify impartially); and the AANS' Position Statement on Testimony in Professional Conduct cases (Section 2, the expert witness shall be in active practice and have familiarity with the subject).

to deal with substantially revised testimony presented as a "correction." If a deponent concludes that his/her testimony was wrong, he/she should promptly notify the attorneys involved in the deposition of this and be prepared to be redeposed. This should be done promptly so that the attorneys do not proceed to settlement negotiations or to trial in reliance upon incorrect testimony.

If substantial changes in testimony are needed, it probably also indicates that the deponent failed to adequately research the issue prior to the deposition as required by Ethics Statement Section V, Item B, Guidelines A) 1) and 2), and Position Statement, Item 2.

**Careless Verbal Responses -** The Professional Conduct Committee has occasionally seen testimony statements which, taken by themselves, would be in violation of AANS rules but which are not

representative of the testimony taken as a whole. Oral depositions may take place in a relatively relaxed atmosphere and it is common to be more offhanded and less precise in verbal than in written communication. This can lead to incomplete and misleading answers, which, if not recognized and corrected by the deponent at the time, become word-for-word transcribed testimony.

This can be avoided by being sure that all questions are clear before answering and that all answers are clear and complete. Testimony also can be clarified on cross-examination or during redirect examination. A final opportunity to identify and correct any inadvertent statements is through review and written correction of depositions.

Although the majority of professional disputes between AANS members are within the purview of the Professional

(continued on next page)

The Board of Directors approved the Ethics Committee recommendation that the JCSNS resolution related to managed care be adopted by the AANS as follows:

"The physician's duty is to advise the patient as to the available diagnostic and treatment options and to offer his/her services to the patient directly or by referral to another physician, lab, testing service, etc., that he/she can recommend in the patient's best interest. The patient may, after discussion and disclosure, elect to proceed or not proceed with any or all such options. Freedom of choice is highly valued in our society, and such choice in medical care is no exemption.

All 'managed care' designs have the potential to interfere with this physician-patient relationship. Some interfere to a greater or lesser degree than others, but all are acceptable if the patient understands and knowingly accepts the relationship. The essential requirement is disclosure by each and every HMO, PPO, PHO, etc., to each and every subscriber/patient of any and all financial incentives which could influence recommendations regarding patient care."

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► **President's Message**  
(continued from page 2)

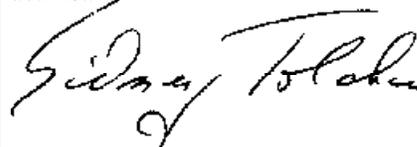
These volunteers forfeit tens of thousands of dollars from their practices while attending meetings with RUC, PPRC, HCFA and many other Association activities, which together require weeks away from their practices each year.

This is your organization and I have made your wishes and mandates my highest priorities. My goal has been to try to hold an even keel during my year at the helm. Elimination of waste and conservation of resources has been the watchword of the Board, as we try to reflect the demands of

the membership. Every year, many requested programs are approved but not funded. We also are very fortunate to have a staff that not only considers economies of scale, but also acts to be certain every penny you invest in your Association is used in the most efficient manner.

The credibility of neurological surgery is higher than that enjoyed by any other medical organization, including the American Medical Association and the American College of Surgeons. We have earned that position through strong patient advocacy, the efforts of a very dedicated group of volunteers and through the responsible expenditure of AANS resources, including your dues.

As valuable, active members of a viable and successful Association, I encourage your ongoing evaluation of the organization's activities. When you are in the Chicago area, please visit the AANS National Office. Look around, talk to the staff, review our activity and give us some positive, constructive comment about how things can be improved. We are small enough so that every member should be an activist.



Sidney Tolchin, MD  
President

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► **Treasurer's Report**  
(continued from page 8)

review current activities and the financial pictures of the AANS—past, present, and future. This will probably become an annual event, in order to keep the members and constituents of our Association better informed about activities within the AANS and CNS.

As we found, financial changes are affecting all specialties within the house of medicine, and neurosurgery is no exception. The AANS will continue to work to meet the needs of the present while we prepare for the unknown challenges of the future.

**Planning for the Future**

In spite of new programs and demands, we must continue to preserve our Board

Designated Fund (reserves) and to set aside money for major capital expenses. With the ratification of the new Strategic Plan we must carefully marry our financial resources to it so that we can continue to march forward.

Fiscally, 1996 will be a tight year, requiring close monitoring of expenses and activities. If you have any questions and/or concerns please feel free to contact me.

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► **JCSNS**  
(continued from page 13)

qualities are required in a program to produce an excellent neurosurgeon.

Timothy Harrington, MD, from the Manpower Committee of the Joint Council, reported on an increasing trend for neurosurgeons to locate in smaller communities. He also noted that it has become clear that neurosurgeons have not shown great interest in increasing their scope of practice by taking call and doing

neurotrauma. There appears to be a decline in gross reimbursement, while net reimbursement in neurosurgery shows an increase. This trend seems to indicate greater efficiency.

The Academic Manpower Report was given by John Popp, MD, who described the results of a recent survey of neurosurgery program directors. He stated that those who returned the survey instrument were concerned about manpower. The directors wished to work in relationship to quality and not to deal with these issues through across-the-board or state-to-state cuts. There

was no clear conclusion as to how one would go about making decisions regarding the total needs for neurosurgical manpower at this point in time. There is a broad spectrum of ideas, ranging from government regulation to market-place determination, to regulation by organized neurosurgery. The latter was the most popular.

The final reports were given by John Kusske, MD, in regards to managed care, and by Robert Florin, MD, who outlined continued efforts on outcomes research and guidelines.

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► **Professional Conduct**  
(continued from page 15)

Conduct Committee, recent hearings have centered upon disputed legal testimony. Accurate and appropriate expert testimony is an essential part of our legal system.

The AANS, along with numerous other organizations, is attempting to influence tort reform legislation but the quality of expert testimony in neurosurgical matters is something that we can help to control directly by our own efforts.

You can contact the  
AANS President  
online at  
[sidtolchin@aol.com](mailto:sidtolchin@aol.com)

# NEUROSURGERY://ON-CALL™ to Go On-Line in April

By Richard M. Toselli, MD  
Editor  
NEUROSURGERY://ON-CALL™

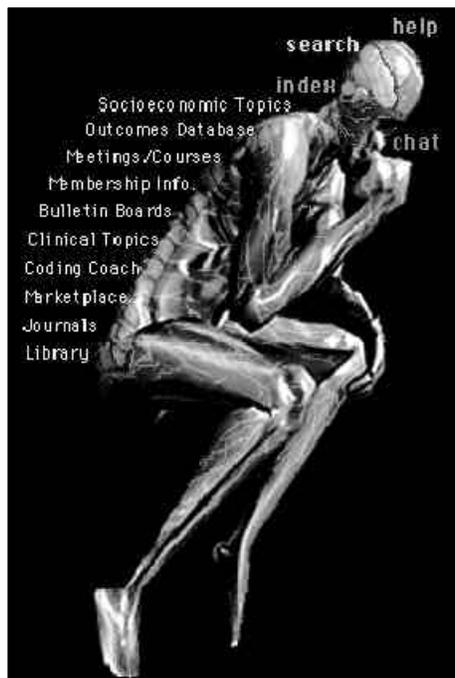
The AAN/CNS Home Page on the World Wide Web of the Internet, NEUROSURGERY://ON-CALL™, (N://OC) will officially go on line during the 1996 AANS Annual Meeting in Minneapolis. Several work stations will be placed in a special "On-Line Pavilion" inside the Technical Exhibit Hall for members to navigate through the site. Start-up software that allows neurosurgeons to access the Internet and NEUROSURGERY://ON-CALL will be distributed to Annual Meeting attendees.

A prototype of the home page was demonstrated at the Congress of Neurological Surgeons (CNS) Annual Meeting, held during October in San Francisco, and received an enthusiastic response from neurosurgeons in attendance. A work station was available for their use in navigating through the site under development and to make comments about content they would like to see added.

As previously reported, the basic electronic architecture of the site has been completed and programming of the content is well underway. The design of the look, feel and elements for navigation of the site have also been completed. Sections and Committees of the AANS and CNS have selected content editors who will be responsible for providing input regarding their particular area of interest. In addition, a group of beta users has been selected to review and comment on the development of the site. The work of these volunteers will provide valuable feedback and input for N://OC during the next several months.

## Site Features

NEUROSURGERY://ON-CALL will include a wide variety of information for users. The site will offer such features as a library that contains a comprehensive database of neurological and neurosurgical journals (including Journal of Neurosurgery and Neurosurgery), AANS and CNS Annual Meeting program books, textbook indexes, and related portions of the Medline® database. This section of the site



The N://OC's Home Page features easy-to-use navigational graphics; just click on the topic you wish to access.

will feature monthly updates covering articles from more than 200 international neuroscience journals provided by the National Library of Medicine. The AANS Bulletin also will be available.

One of the most helpful elements of N://OC will be its hypertext links to other neurosurgical and medical sites on the Internet. This option will simplify and expand neurosurgeons' access to information they need in their practices. Other sections will contain AANS/CNS membership information, Section and Committee activity summaries, and a CPT coding database. Home page benefits include the following:

**Coding Coach™** - this database, which is exclusive to N://OC, is an automated CPT coding assistant designed to assist neurosurgeons and their staff members in accurately coding procedures for reimbursement.

**Bulletin Board/Chat Room** - Live chat rooms will allow AANS/CNS members a place to post text and images for public viewing and to hold discussion groups with colleagues.

**Meetings and Courses** - Detailed information on AANS, CNS, Joint Section and other neurosurgical society meetings. Also will contain information about regional AANS Professional Development CME courses.

**Membership and Foundation Information** - AANS and CNS member applications will be available in this section. Research grant applications, and information about how to become a donor to the AANS Research Foundation and the THINK FIRST Foundation will also be included.

**Legislative and Socioeconomic News** - This section will provide information about pending legislation and government action affecting the practice of neurosurgery. It also will cover the latest managed care developments.

**Neurosurgical Marketplace** - A comprehensive selection of AANS and CNS products will be available for purchase on-line, including neurosurgical books, videotapes, self-assessment exams, patient education brochures, and more. Also under development is a product information section that will allow companies who supply products or services to neurosurgeons or individuals in related fields to post information describing their products or devices.

## Future Offerings

Planned for the future is development of an on-line journal, which will provide N://OC with original science in a peer-reviewed, fast-track publication. This electronic-only format will provide neurosurgeons with an additional outlet for publishing their research material, with the further goal of distributing scientific information in a relatively short time frame.

Other offerings set for development are a "Case-of-the-Week" discussion page and a public page for patient educational information.

Watch future issues of the AANS Bulletin for more information about NEUROSURGERY://ON-CALL.

## William F. Buckley, Jr. Chosen the 1996 Cushing Orator

**W**illiam F. Buckley, Jr., renowned author and political commentator has been selected as the 1996 Cushing Orator. The oration will be delivered at the AANS Annual Meeting in Minneapolis, Minnesota on Tuesday, April 30, 1996 from 12:00 NOON to 1:00PM. Mr. Buckley's topic is "Reflections on Current Contentious."

For the past 32 years, the AANS has sponsored the Annual Cushing Oration, named for Harvey Cushing, MD, universally recognized as the Father of Modern Neurosurgery. Previous Cushing Orators include Mortimer Adler, PhD, Wernher von Braun, PhD, President Jimmy Carter, R. Buckminster Fuller, PhD, H. Ross Perot, and—last year—General Colin L. Powell.

Author, columnist, politician, advisor, adventurer, editor, philosopher, television personality and lecturer, William F. Buckley, Jr. is familiar to most Americans as a leading voice for conservative issues. Mr. Buckley was born in New York City in 1925. He graduated with honors from Yale University and has taught and studied at Yale, the University of Mexico and the New School for Social Research.

He has been awarded more than 35 honorary degrees and was the recipient of the Presidential Medal of Freedom in November of 1991. Also a dedicated musician, he occasionally plays his beloved harpsichord at the symphonic level.

In 1955 he founded the conservative journal *National Review*, which is today the opinion publication with the largest circulation in America. A few years later



William F. Buckley, Jr.  
1996 Cushing Orator.

Mr. Buckley began writing his syndicated column, *On the Right Today* it appears three times a week in more than 300 newspapers here and abroad. He is a winner of the Distinguished Achievement Award in Journalism and, in 1967, he was named Best Columnist of the Year.

Not content to express himself solely in print media, Mr. Buckley began hosting his weekly television show *Firing Line* in 1966. By 1971 the program was being carried coast-to-coast on the Public Broadcasting System. Today it is the longest-running

television show in the U.S. featuring the same host. Virtually every political and intellectual leader throughout the world has been a guest on *Firing Line*, including Presidents Nixon, Ford, Carter, Reagan, and Bush; British Prime Ministers Harold Wilson, Edward Heath, and Margaret Thatcher, as well as personalities ranging from Groucho Marx to James Michener. In recognition of his work on *Firing Line*, Mr. Buckley received an Emmy Award for program achievement.

As an author, his diversity knows no bounds. Mr. Buckley is philosophical in *God and Man at Yale*, *Up from Liberalism* and *Right Reason*; he is autobiographical in *Overdrive* and *The Unmaking of a Mayor*; and he is creative in his fictional works, which includes nine *Blackford Oakes* mystery tales (one of them won the American Book Award). Mr. Buckley has even written a story for children titled *The Temptation of Wilfred Malachy* and a play that was produced at the Louisville Actors Studio.

Mr. Buckley's political career includes a run for the office of mayor of New York City in 1965 and presidential appointments to the U.S. Information Agency, the United Nations and the National Security Council. He remains a close confidant and friend of former Presidents Reagan and Bush.

A dedicated explorer, Mr. Buckley has made four transoceanic sailing voyages, journeyed to the South Pole and penned several bestsellers, including *Atlantic High* and *Airborne*, based on his travel experiences.

### 1996 Annual Meeting Highlights

#### MONDAY, APRIL 29

The Richard C. Schneider Lecture

11:50AM–12:30PM

"The Computer as the Engine of Hyperchange in Neurosurgical Technology"  
Patrick J. Kelly, MD

President's Address

12:35PM–1:15PM

Sidney Tolchin, MD

Annual Business Meeting

5:15PM–6:15PM

#### TUESDAY, APRIL 30

Special Lecture

11:15AM–12:00NOON

"Emergency Management of Stroke"  
Thomas Brott, MD

Cushing Oration

12:00NOON–1:00PM

"Reflections on Current Contentious"  
William F. Buckley, Jr.

#### WEDNESDAY, MAY 1

Decade of the Brain Medalist

11:20AM–12NOON

"Developmental Mechanisms Regulating the Differentiation of the Mammalian Neocortex"

Dennis D.M. O'Leary, MD

For more program details, see the Annual Meeting Preliminary Program, included in this issue of the AANS Bulletin

# 1996 Course Schedule

Professional  
Development  
W I T H



The American Association of Neurological Surgeons

## Socio-Economic Courses

'96 Reimbursement Update  
\_\_\_\_\_ for Neurosurgeons \_\_\_\_\_

February 9–11 Las Vegas, NV  
March 1–3 Dallas, TX  
March 15–17 Cambridge, MA  
August 23–25 San Francisco, CA  
November 8–10 Chicago, IL

How to Prosper In  
Managed Care for  
\_\_\_\_\_ Neurosurgeons \_\_\_\_\_

February 24–25 New Orleans, LA  
June 1–2 Philadelphia, PA  
November 2–3 Chicago, IL

## Clinical Skill Courses

Spine Surgery—Hands-On:  
A Comprehensive Approach for  
Neurosurgeons, Neuroscience Nurses  
\_\_\_\_\_ & Physician Assistants \_\_\_\_\_

May 18–24 Albuquerque, NM

Surgery of the Cervical Spine—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

June 21–23 Memphis, TN

Advanced Thoracic and  
Lumbar Spine Management—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

March 22–24 New Orleans, LA  
October 18–20 Chicago, IL

Microsurgery of the Brain, Cranial  
Nerves & Skull Base—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

March 8–10 St. Louis, MO

Stereotactic Neurosurgery—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

November 15–16 San Francisco, CA

## Clinical Skill Courses

Neurosurgical Critical Care for  
Neurosurgeons, Neuroscience Nurses  
\_\_\_\_\_ & Physician Assistants \_\_\_\_\_

January 28–February 1 Snowbird, UT  
June 20–22 Chicago, IL

Image-Interactive Neurosurgery  
(Frameless Stereotaxy)—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

March 29–31 Memphis, TN

Minimally Invasive Neurosurgery:  
Neuroendoscopy—  
\_\_\_\_\_ Hands-On \_\_\_\_\_

June 7–8 Cleveland, OH  
October 25–26 Cleveland, OH

Transsphenoidal and Transoral  
Surgery for Pituitary and  
\_\_\_\_\_ Clivus Lesions \_\_\_\_\_

November 1–2 St. Louis, MO

**NEW!**

## Image-Interactive Neurosurgery (Frameless Stereotaxy)—Hands-On

March 29-31, 1996 ♦ Memphis, Tennessee

**Co-Chairman: Barton Guthrie, MD**

**Co-Chairman: Kevin Foley, MD**

Image-interactive neurosurgery (frameless stereotaxy) is a rapidly developing field based on computer technology that is routinely used in your everyday life. You will learn how a merging of standard neurosurgical techniques with contemporary computer graphics can change the way you operate.

This course is designed to:

- ♦ Provide you with unrestricted, hands-on experience with the technology that comprises state-of-the-art image-interactive neurosurgery.
- ♦ Simulate conditions in the operating room so you may use and evaluate these systems during specific cadaver-based cranial and spinal procedures.
- ♦ Offer you the opportunity to interact with neurosurgeons who have developed the technology and continue to actively use it.

For more information or to register, please call the Professional Development Department at (847)692-9500.

## How To Prosper in Managed Care For Neurosurgeons

February 24-25, 1996  
New Orleans, Louisiana

June 1-2, 1996  
Philadelphia, Pennsylvania

November 2-3, 1996  
Chicago, Illinois

### Faculty

**Chairman: John Kusske, MD**  
**T. Forscht Dagi, MD**  
**Arthur Wilmes, FSA**  
**Karen Zupko**

In this time of unprecedented change in the practice of medicine, you must be thoroughly familiar with health care trends that are impacting your practice at the local, state and national levels. The governance, organization and management structures of traditional practice plans must adapt and reform to accommodate the competitive demands of managed care. This course is designed to help you prosper in the managed care environment by covering the following topics:

- ◆ Current Managed Care Trends
- ◆ Negotiation Strategies for Managed Care Contracts
- ◆ Managed Care Contract Administration
- ◆ Capitation Issues in Your Practice
- ◆ Managing Your Practice Costs
- ◆ Outcomes, Guidelines and Your Report Card

## Advanced Thoracic and Lumbar Spine Management—Hands-On

March 22-24, 1996 ◆ New Orleans, Louisiana  
October 18-20, 1996 ◆ Chicago, Illinois

**Chairman: Charles B. Stillerman, MD**  
**Associate Chairman: Edward C. Benzel, MD**  
**Associate Chairman: Eric J. Woodard, MD**

### Why Should You Attend This Course?

- ◆ To explore solutions to complex clinical problems with faculty and your peers.
- ◆ To review the biomechanics of spinal instrumentation and their applications.
- ◆ To receive hands-on cadaver instruction from a team of experts.
- ◆ To perform new techniques.
- ◆ To participate in an in-depth discussion on indications for surgery.
- ◆ To diagnose and develop treatment plans for simple and complex cases.
- ◆ To bring your own challenging cases to the course for discussion.

To ensure the highest quality hands-on experience, this course has limited enrollment.

## Microsurgery of the Brain, Cranial Nerves, and Skull Base—Hands-On

March 8-10, 1996 ◆ St. Louis, Missouri

### Faculty

**Chairman: Kenneth R. Smith, Jr., MD**  
**Associate Chairman: Albert L. Rhoton, Jr., MD**  
**Peter J. Jannetta, MD, DSC**  
**Laligam N. Sekhar, MD**

The expert faculty will demonstrate a variety of procedures under 3-D video and will lead you through extensive hands-on instruction utilizing human cadavers. The following procedures will be covered:

- ◆ Approaches to the Anterior Circulation—Aneurysms and Parasellar Area
- ◆ Posterior Circulation Aneurysms
- ◆ Skull Base Tumors
- ◆ Lower Cranial Nerve Disorders

“Neurosurgeons tend to be inflicted with hero worship with respect to pioneers in our field. The exposure to these pioneers confirmed the fact that this faculty deserves our admiration. The minute detail of skull base, cranial nerve and microvascular anatomy presented during the course was astounding and inspirational.”

— Michael V. Yancey, MD  
Georgia Baptist Medical Center  
1995 Course Participant

## PROFESSIONAL DEVELOPMENT

### 1995 Professional Development Program Faculty Appreciation

The Professional Development Committee would like to thank all the faculty who have given their valuable time and energy during the past year to helping provide neurosurgeons with the highest quality educational experience available. The faculty members are presented below.

'95 Reimbursement Update for  
Neurosurgeons  
Byron Pevehouse, MD\*  
Kathleen Redelman, RN, BSN,  
Richard Roski, MD

Managed Care for Neurosurgeons  
John Kusske, MD\*

Spine Surgery—Hands-On:  
A Comprehensive Approach for  
Neurosurgeons  
John Anson, MD  
Nevan Baldwin, MD  
Edward Benzel, MD\*  
Curtis Dickman, MD  
Kevin Foley, MD  
Andrea Halliday, MD  
Iain Kalfas, MD  
David Malone, MD  
Russ Nockels, MD  
Richard Saunders, MD  
Eric Woodard, MD

Spine Surgery—Hands-On:  
A Comprehensive Approach for Neuro-  
science Nurses and Physician Assistants  
Theresa Hadden, RN, BSN, CNRN\*  
Sylvia Eichner McDonald, RN, MS  
Denise Miller Lemke, RN, BSN, CNRN\*  
Edward Rosenquist, PA-C

Surgery of the Cervical Spine—Hands-On  
Perry Ball, MD  
Edward Benzel, MD  
Kevin Foley, MD  
Michael Gallagher, MD  
Regis Haid, MD\*  
Iain Kalfas, MD  
Stephen Papadopoulos, MD  
Gerald Rodts, MD  
Richard Saunders, MD\*  
Vincent Traynelis, MD

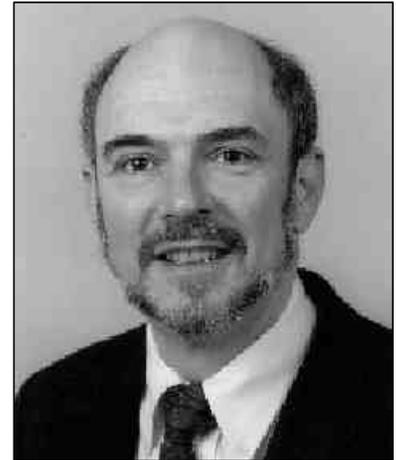
Advanced Thoracic and Lumbar Spine  
Management—Hands-On  
Paul Arnold, MD  
Edward Benzel, MD\*  
Richard Berkman, MD  
Kevin Foley, MD  
Michael Gallagher, MD  
Iain Kalfas, MD  
Toussaint Leclercq, MD  
Paul McCormick, MD  
Wade Mueller, MD  
Noel Perin, MD  
Charles Stillerman, MD\*  
Dennis Vollmer, MD  
Rand Voorhies, MD  
Eric Woodard, MD\*

Neurosurgical Critical Care  
Perry Ball, MD  
Fady Charbel, MD  
Kevin Gibbons, MD  
Andrea Halliday, MD  
Donald Marion, MD  
Michael Rosner, MD\*

Microsurgery of the Brain, Cranial  
Nerves and Skull Base—Hands-On  
Peter Jannetta, MD, DSC  
Albert Rhoton, Jr., MD\*  
Laligam Sekhar, MD  
Kenneth Smith, Jr., MD\*

Stereotactic Neurosurgery—Hands-On  
Eben Alexander, MD  
Philip Gildenberg, MD, PhD\*  
Allan Hamilton, MD  
Andres Lozano, MD, PhD  
Georg Noren, MD, PhD  
William Tobler, MD

Minimally Invasive Neurosurgery:  
Neuroendoscopy—Hands-On  
Alan Cohen, MD\*  
Edward Ganz, MD  
J. Andre Grotenhuis, MD  
Axel Perneczky, MD  
Christian Sainte-Rose, MD



Michael J. Rosner, MD, has been instrumental in the development of AANS neurosurgical critical care courses. As chairman of three critical care courses during 1994 and 1995, Dr. Rosner strove to create educational experiences that would help neurosurgeons better understand critical care and how it impacts their patients.

“Many registrants are motivated to attend these courses because they work with critical care physicians and want a better understanding of what’s happening to their patients in the intensive care unit,” he explains. “Most have been in practice for a decade or more and their residencies didn’t provide good critical care training. They come because they want to be current with the most up-to-date concepts in critical care.”

“In developing these courses, I thought about how we train our residents to approach critical cases in intensive care and built upon the key concepts we emphasize with them. These are very practical courses that teach what’s in keeping with current critical care practice outside neurosurgery. Most importantly, we recruit faculty who do critical care as an essential part of their practices. These courses are taught by and for neurosurgeons, with special emphasis placed on what can be done on a day-to-day basis.”

\*Indicates course chairmen

## Donation Honors Cushing Biographer

By James T. Goodrich, MD, PhD  
Archives Chairman

The AANS Archives has been most fortunate to recently receive a donation from Ruth Judge, sister of Elizabeth Thomson — biographer of Harvey Cushing. Elizabeth Thomson was for a number of years editor of the *Journal of the History of Medicine and Allied Sciences*. During her tenure as editor, this journal became one of the most prominent in the field of the history of medicine.

Upon her retirement in 1972 a fund was set up in her honor and a celebration held. Elizabeth compiled an album of letters and commentaries sent to her by people from all over the world. This album reveals a woman of extraordinary ability and one revered by her colleagues in the history of medicine. A listing of the authors who sent letters reflects a virtual “Who’s Who” in the history of medicine and science.

Elizabeth also published a biography of Harvey Cushing in 1950. Done in association with another biographer and close associate — John F. Fulton — its publication led to a number of wonderful congratulatory letters and commentary to Elizabeth. These letters and commentaries were put together in an album and form the second part of this donation.

The Archives Committee is most grateful to Ruth Judge, sister of Elizabeth Thomson, for entrusting the AANS Archives with these remarkable and historically significant documents. Future historians and scholars will find these albums full of interesting and unique historical facts and memorabilia.

A short quote from a note on Elizabeth’s retirement best reflects the special sentiments held by many about this remarkable lady:

“

With your editorial skills you honed articles and theses, inspiring and educating with every stroke of your pen. Your great warmth and gentleness, your love of learning and the learner, your concern for the physician learner, breathed spirit and caring that renewed all who sought your guidance. No student editor of the *Yale Journal of Biology and Medicine* no aspiring medical historian of the Nathan Smith Club, no colleague in the Beaumont Club was untouched by your enthusiasm and devotion.

”

## Special Mugs

Two high-quality ceramic coffee mugs with a neurosurgical flair are now available. The white-on-white mug is etched with the logo of The American Association of Neurological Surgeons (AANS). The white-on-black mug bears Harvey Cushing’s signature. The designs have been deeply etched into each mug. The mugs, which are priced at \$15.00 each can be ordered by calling the AANS Fulfillment department at (847)692-9500.



Proceeds from the sale of these coffee mugs support the efforts of the AANS Archives Committee.

## Archives has Answers

How many innovations in neurosurgery occurred before 1966? Who were the pioneers in neurosurgery who published prior to 1966, information which may still have validity? The MEDLINE database includes information only back to 1966 but the AANS Archives collection of items published prior to 1966 includes more than 2,300 reprints/offprints and more than 700 books. The collection of memorabilia which pre-dates 1966 also includes over 90 manuscripts and approximately 1,500 photographs of individuals who have played a role in the shaping of this specialty.

The Archives Committee and Staff have made dedicated efforts to collect, protect, and make these valuable artifacts available to the neurosurgical community. We encourage you to contact the Archives for assistance in locating data published prior to 1966 to donate neurosurgical memorabilia in an effort to make the Archives the most comprehensive source of member-supported historic neuroscience information available.

For further information please contact  
Chris Ann Philips,  
Archives Coordinator  
at (847) 692-9500.

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## Other Donations Received during 1995

The AANS Archives was the beneficiary of a number of generous donations during 1995. In addition to the Elizabeth Thomson collection, the Archives was fortunate to receive the following items:

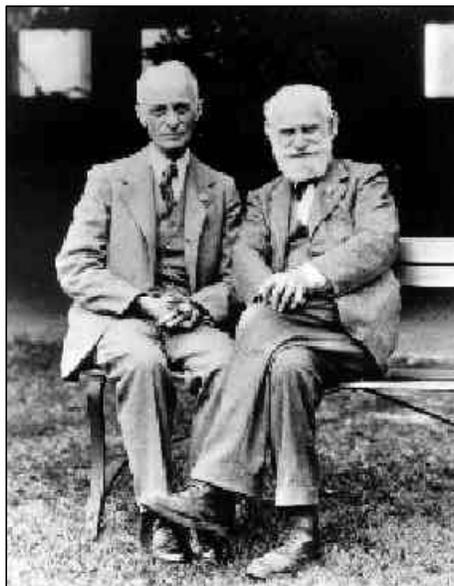
Dogan M. Perese, MD, of Buffalo, New York has generously donated 16 boxes (921 pounds!) of books and journals. Among the books donated are Gower's *A Manual of Disease of the Nervous System* Volumes 1 and 2 (1895) and Starr's *Familiar Forms of Nervous Diseases* (1896). Also included in this donation are volumes of *Annals of Neurology*, *Excerpta Medica: Neurology and Neurosurgery*, *Experimental Brain Research*, *Journal of Neurology Neurosurgery and Psychiatry*, *Journal of Neurosurgery*, *Journal of the Neurological Sciences*, *Neurosurgery*, *Science Journal*, *Spine*, and *Surgical Neurology*

As a gift of gratitude upon his election as an international member of the Joint Section on Neurotrauma and Critical Care, Asoke K. Bagchi, MD, of Calcutta donated two books he has published *An Introduction to Head Injuries* (1980) and *Head Injuries: An Update* (1990).

A most unusual donation now graces the vestibule of the AANS National Office. Prior to his death, Richard E. Newquist, MD, of Orange, California had proposed the donation of a wood sculpture he commissioned entitled "Two Physiologists" (see photographs). The artist, Jim Lawrence, completed the piece in 1984 from the well-known photograph of Cushing and Ivan Pavlov seated on a park bench. Mrs. Newquist graciously completed this donation and the two stately gentlemen and their bench were safely delivered.

The Archives continue to benefit from the vision of Richard U. Light, MD, even more than a year after his death. There are five known casts of the mold of Cushing's hand, one of which is displayed in the Archive's Museum. Dr. Light's wish was that a mold located at Argos Inc. in Brewster, New York be given to the AANS Archives for cataloging and preservation. The mold has been received.

A circa 1945 Horsley-Clarke Stereotactic Frame is now on exhibit in the



Professor Ivan Pavlov (right) visited Doctor Harvey Cushing (left) during the International Physiological Congress, 1929. Richard U. Light, photographer.



This wood carving, an artistic representation of the photo above was commissioned in 1984 by Dr. and Mrs. Richard E. Newquist and donated to the AANS Archives in 1995.

Museum, kindly donated by James L. Stone, MD, of Chicago, Illinois. The frame was given to Dr. Stone by Robert A. Hayne, MD. Also included in this gift were photographs of Percival Bailey and Paul Bucy which were not previously in the Archives Photograph Collection which contains over 1,500 photographs of neuroscience personalities.

A true artist never retires. Emil Seletz, MD, (neurosurgeon, author, and sculptor) of Los Angeles, California, has completed and donated a bronze bas relief of Harvey Cushing, MD. The relief is fashioned after the Richard U. Light photograph of Cushing entitled "The Sketch" (#8 in the addendum, "Cushing at the Brigham: A Photographic Essay" in the 1993 edition of *A Bibliography of the Writings of Harvey Cushing*). The bas relief now resides in the office of the AANS Executive Director.

Another neurosurgeon/artist has provided the AANS Archives with a product of his craft. Augusto F. Figueroa, Jr., MD, of Cumberland, Maryland created a lithograph which shows Cushing, MacEwen, and Horsley and incorporates various images of neurosurgery from an ancient trephined skull to an early operating microscope. Dr. Figueroa rendered this piece of art with an Apple Quadra 950 computer using various programs such as Painter 2.0, Ray Dream 3.0.4, Kai's Power Tool 2.0, Xao's Terrazzo 1.0, and Photoshop 2.5.1. The striking lithograph won Second Place in Masters Division at the American Physicians Art Association in Orlando, Florida in November 1994 and we are happy to have it as part of our collection.

As part of the ongoing efforts of the Archives Committee to locate and collect neurosurgical memorabilia, Howard Kaufman, MD, of Morgantown, West Virginia generously donated a Cooper Cryosurgery Unit to the Archives. This Cryosurgery Unit, along with selections from the 16 cubic feet of materials received from Mrs. Irving Cooper (donated in 1990), will form the nucleus of the Archives Exhibit tentatively envisioned for the 1997 AANS Annual Meeting in Denver.

## Ensure Your Place on the Research Foundation's 1995 Donor Wall

By Robert G. Ojemann, MD  
Chairman, Executive Council  
AANS Research Foundation

As we enter into the last months of the Research Foundation's 1995 Annual Campaign, I want to tell you about some new donor recognition plans that the Foundation has implemented, under the direction of Joan Vaughan, the Foundation's new Development Officer.

### Donor Recognition

First, and perhaps the most prominent of the new recognition options, is the Foundation's "Donor Wall" which will be unveiled at the AANS Annual Meeting in Minneapolis. This display will highlight the efforts of the Research Foundation's Annual Campaign supporters, volunteers, and past grant recipients. Special attention will also be given on this Donor Wall to the corporations that have stepped forward to join the Research Foundation's Corporate Associates Program.

In addition, Research Foundation contributors are now being given the option of making their gifts in tribute to, or in memory of, family members, colleagues, mentors etc. Donors will also have the opportunity to include their spouses' names on the Donor Wall, as well as in all other publications of donor rosters. As an additional recognition incentive, "AANS Research Foundation Contributor" ribbons, which will attach to name badges, will be distributed at the AANS Annual Meeting. Further, members of the newly instituted "Cushing Scholars Circle" will receive distinctive lapel pins which can be proudly worn throughout the year. The Executive Council is implementing these options as a small token of appreciation for the research projects made possible through the financial support of the neurosurgical community.

I know that you will be pleased to learn that the bright and talented Research Foundation award recipients, whose work you have supported, have gone on to receive additional external research funding totaling over \$9 million. Currently, 13 of the past 40 recipients are directors of section or division programs. Ten serve on research peer review panels. And, the publication

record of these grant recipients in peer reviewed journals is truly outstanding.

### Corporate Giving

But even as we applaud the achievements of the past awardees, we must maintain and even expand our commitment to ensure a strong future for the upcoming neurosurgical researchers. In order to increase the Foundation's resources, the Executive Council has implemented a Corporate Associates Giving Program. This new program establishes a format through which neuroscientific corporations can provide philanthropic support of research while receiving numerous visibility and recognition benefits.

While this program is off to a solid start, it is quite clear from our corporate

solicitation efforts that the Foundation must exhibit the broad-based support of the neurosurgical community in order to expect contributions from the corporate community. Your participation is truly critical if we are to expand our research support to new levels. If you have not yet made your gift to the Research Foundation's Annual Campaign, I urge you to do so as soon as possible. As in the past, the entire amount of your contribution will go into the Foundation's endowment fund. Income from the endowment fund is used to support research projects.

Ensure that your name is included on the Foundation's 1995 Donor Wall by making your gift, at the highest possible level, today. I look forward to seeing our names on the Donor Wall in Minneapolis!

## Annual Giving Levels

(Gifts from Individuals)

### Cushing Scholars Circle

- ◆ Summa Cum Laude \$5,000–up
- ◆ Magna Cum Laude \$2,500–\$4,999
- ◆ Cum Laude \$1,000–\$2,499

### Other Annual Giving Levels

- ◆ Honor Roll \$500–\$999
- ◆ Sponsor \$250–\$499
- ◆ Supporter \$100–\$249

### Scientific Society

(Gifts from groups and organizations)

A gift of \$500 or more that is received from an organization or group of donors will be recognized within the "Scientific Society" category.

## Lifetime Partners

When the cumulative giving total from an individual donor reaches \$50,000, the donor will be listed as a Lifetime Partner. Giving levels for Lifetime partners are:

- ◆ Silver \$50,000
- ◆ Gold \$75,000
- ◆ Diamond \$100,000

# MEMBERSHIP

## Board Approves New Members—Total Membership Reaches 4,676

### ACTIVE

Joseph T. Alexander  
James Blair Blankenship  
Geoffrey Leigh Blatt  
Benny E. Brandvold  
J. Michael Calhoun  
Luis Geraldo Giocondo Cesar  
Edward V. Colapinto  
Youssef G. Comair  
Stephen J. Dante  
Mark Steven Dias  
Curtis A. Dickman  
Richard Allen Douglas  
Jack Hibbard Dunn  
Gregg Norman Dyste  
Amr O. El-Naggar  
Neil A. Feldstein  
Claudio Andres Feler  
Itzhak Fried  
Gregory G. Gerras  
Heldo Gomez, Jr.  
Gus George Halamandaris  
Allan J. Hamilton  
Michael J. Harrison  
Deborah C. Henry  
Kathryn Lois Holloway  
David F. Jimenez  
Jose L. Joy  
Agha Shahid Khan  
John Pershing Latchaw  
Thomas J. Mampalam  
Edward Larry McCleary  
Thomas M. McCormack  
Cameron G. McDougall  
Fred Gifford McMurry  
Yves J. Meyer  
Michael Munz  
Rhett Blake Murray  
Samuel R. Neff  
Bruce James Nixon  
Christopher S. Ogilvy  
Thomas C. Origitano  
Webster H. Pilcher  
James Scott Powell  
Keith B. Quattrocchi  
Jeffrey B. Randall  
George H. Raque, Jr.  
Kenneth L. Renkens  
Eric Loren Rhoton  
Gregory F. Ricca  
Todd Ridenour  
Steven Neal Roper  
Matthew Joseph Ross  
Dale Michael Schaefer  
Daniel Scodary  
Daniel L. Silbergeld  
Ken W. Smith  
John D. Steichen  
Max Robert Steuer  
James A. Tiesi  
Alan R. Turtz  
Dennis Yung K. Wen  
Jean Katherine Wickersham  
Steven B. Wilkinson

Richard B. Williams  
Joel W. Winer  
Matthew William Wood, Jr.  
Kenneth S. Yonemura  
William F. Young

### ACTIVE (Foreign)

Manuel Clavel

### ACTIVE (Provisional)

Steven R. Abram  
Ron L. Alterman  
Jamie L. Baisden  
Francisco J. Battle  
Charles P. Bondurant  
Christopher J. Cascino  
Allen D. Efron  
Brian Fitzpatrick  
Susanne E. Fix  
Paul M. Francis  
Sarah J. Gaskill  
Scott Ira Gingold  
Robert C. Heim  
James W. Holsapple  
Stephen L. Huhn  
William Y. Lu  
Bruce M. McCormack  
Rick L. McKenzie  
Michael Choate Molleston  
Mark S. Monasky  
Michael F. Moran  
Jay More  
Todd Young Nida  
Hugh Daniel Thomas O'Donnell  
Donald M. O'Rourke  
N. Garrett Powell, Jr.  
Joel B. Ragland  
Luis A. Ramos-Fonseca  
N. Lynn Rogers  
A. Gregory Rosenfeld  
Mark S. Schnitzer  
Mark E. Shaffrey  
Harold Karrlin Smith  
Peter M. Sorini  
Steven J. Tresser  
Jon David Weingart

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Joan M. Doback, PA-C  
Nancy M. Helton, RN, CNOR  
Barbara A. Kanaby-Krup, RN, CNRN  
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Harvey S. Levin, PhD  
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### Categories of Membership

**Active**—for the ABNS, RCS of Canada, or Mexican Council of Neurological Surgery certified practicing neurosurgeon residing in the United States, Canada, or Republic of Mexico.

**Active (Foreign)**—for the ABNS or RCS of Canada certified practicing neurosurgeon residing outside North America.

**Active (Provisional)**—for the neurologic surgeon who has completed a training program approved by the ABNS or RCS of Canada within the past five years and has not yet met the certification requirements of the ABNS or the RCS of Canada.

**Candidate**—for residents who are enrolled in a neurosurgical training program approved by the ABNS or RCS of Canada.

**Associate**—for those who are not neurosurgeons but have shown distinction in related medical disciplines. Eligible individuals include certified neuroscience nurses (CNRN, CNOR, CCRN) and physician assistants (PA-C). Associate Members are nominated for membership by three voting members of the AANS.

**International Associate**—for those who reside beyond North America but do not qualify for Active (Foreign) membership. International Associates are nominated by three members of the AANS and must be certified (or the equivalent) in their country of residence.

**Honorary**—for those who are recognized internationally for their outstanding education, research, or clinical contributions to neurologic science. The Honorary Member must be proposed by voting members in good standing and approved by the Board of Directors and the voting membership.

*For more information and a membership application, contact :*

*Chrystine L. Hanus  
AANS Member Services  
Manager  
(847)692-9500.*



## THINK FIRST Foundation Elects New Officers

The THINK FIRST Foundation is pleased to announce the election of four new officers and two new members to the board of directors. Thomas G. Saul, MD will serve as chairman elect and will become chairman of the board in October 1996 when co-chairmen Roy W. Black and E. Fletcher Eyster, MD end their terms. Other officers of the Executive

Committee are: Edward S. Connolly, MD, Vice-Chairman; Donald B. Tobin, JD, Secretary; Jeffrey M. Lobosky, MD, Medical Director.

Mr. Tobin, Patent & Trademark Counsel for The Gillette Company and Ms. Fran Inman, CEO of Inman & Associates a marketing firm in Newport Beach, were

unanimously elected to the Board of Directors for a three-year term.

The THINK FIRST Foundation welcomes the new officers and extends its appreciation to past officer, James Yunker, EdD for his dedicated and diligent service to the Foundation.

## THINK FIRST For KIDS Injury Prevention Program

The THINK FIRST Foundation is proud to announce the completion of its newest venture...the THINK FIRST For KIDS Injury Prevention Program! THINK FIRST For KIDS is a multi-faceted program designed to be integrated into the elementary school curriculum for grades 1-3, or ages 6-8 years. It features an animated character named "Street Smart", a youngster who practices proper behavior to minimize the risk of brain and spinal cord injury.

Every year in the United States, 2 million people sustain traumatic brain injuries, which means one person is affected every 15 seconds. Of the total brain injuries, 500,000 require hospitalization; 75,000 to 100,000 die within hours of the injury; and of the survivors, 70,000 to 90,000 develop irreversible loss of function. Additionally, ten to twelve thousand spinal cord injuries occur each year. Greater than one half of these injuries are incurred by individuals who are less than 24 years of age.

Death rates in children from injury begin at about age 10. Motor vehicle occupant death rates begin increasing very steeply at age 13, peaking at 18 and then declining until the late sixties. No other causes of unintentional injury death exhibit such pronounced age effects. About 40% of total brain and spinal cord injuries occur to the under-15 age group.

The patterns of death rates during early childhood reflect various aspects of physical and mental development that influence susceptibility to injury: recognition of hazards, curiosity, ability to perform certain tasks, and a need for supervision. In order to help prevent these devastating injuries from occurring we need to reach the youth of America with the message that they can use their mind to protect their body.

Program Offered in Elementary School

THINK FIRST For KIDS will be presented in a classroom format and be integrated into the elementary school curriculum. Each grade (1-3) has a separate curriculum and array of classroom activities designed specifically for its grade level. The activities are designed to be implemented into various subjects such as mathematics and science.

The complete program consists of a 12-minute animated video; five individual classroom safety modules designed to educate the students about activities which place them at risk for suffering a brain or spinal cord injury; five posters, and five comic strips depicting "Street Smart" in related scenarios. Each module addresses an individual safety area including vehicular safety, water safety, bicycle safety, violence, and sports and recreational safety.

THINK FIRST For KIDS is introduced through the video, "Street Smart: A THINK FIRST Adventure". The video is culturally diverse and addresses the five safety areas by depicting true life scenarios. After presenting the video, a designated instructor takes over and is responsible for presenting a five-week, or other specified period of time, program of safety modules which educates the students about five distinct areas of activities that place them at risk for suffering a brain or spinal cord injury.

The five safety modules will be supplemented with a hands-on activity and many reinforcement strategies. In addition, each will be introduced by a bulletin board poster and followed up with a comic strip depicting "Street Smart" in multiple but related scenarios.



The THINK FIRST For KIDS program was pilot tested in 11 sites across the United States in urban, rural, and suburban environments. Results of that study, which can be obtained from the THINK FIRST National Office, will be available by early 1996.

### Program Availability

The THINK FIRST For KIDS program will be available for purchase at the 64th Annual American Association of Neurological Surgeons Annual Meeting April 1996, to be held in Spring in Minneapolis, Minnesota. The THINK FIRST For KIDS program will be sold as a packet or each component can be purchased separately. The packet consists of the curriculum for grades 1-3, one animated video, one set of five posters, one set of five color comic strips, and one set of five black and white comic strips. The THINK FIRST Foundation will be running a test market on the THINK FIRST For KIDS program to help us determine the final cost of the packet.

If you have any questions regarding the THINK FIRST For KIDS Injury Prevention Program, or wish to obtain a copy of the pilot program test results, please call the THINK FIRST Foundation at (847) 692-2740.

The following product descriptions, submitted by medical suppliers, are published to highlight recent technological advances in the neurosurgical field. Publication of these brief summaries should not be construed as indicating endorsement by the AANS.



## Axon Systems, Inc. Introduces Neural Function Monitor

Axon Systems, Inc. has introduced its new SentiLite® Neural Function Monitor for comprehensive cranial/motor nerve monitoring during surgery. The monitor provides simultaneous display and recording of four channels of spontaneous and evoked EMG activity.

The small, portable system includes a stimulator which displays both set and delivered output levels. Auditory feedback is provided by a speaker which is automatically muted during electrocautery use. Users can select individual or all-channel response, constant current or constant voltage stimulation. Monopolar and bipolar stimulating probes may be used.

The System utilizes screen formats designed for rapid and accurate evaluation. "Save and Print" feature simplifies data storage and annotation. For complete assessment of critical pathways, an optional BAEP package is also available for monitoring the eighth nerve.

For more information about the product, contact Axon Systems at (800)888-2966.

## Medtronic Introduces Neurostimulation System for Chronic Pain

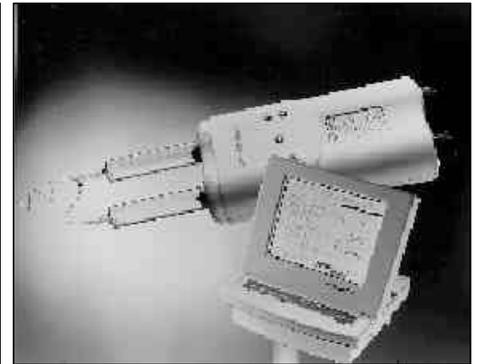
Medtronic, Inc. has introduced the Medtronic Matrix® neurostimulation system. The Matrix system delivers electrical impulses via radio-frequency transmission from an external, belt-mounted transmitter through the skin to an implanted receiver which retransmits the signal to the spinal cord via insulated leads. Stimulation is delivered in either of two stimulation modes. The Single Stim™ mode allows the clinician to program the stimulation amplitude, pulse width, and rate parameters on two separate leads to treat relatively less complex, non-changing bilateral pain patterns.

For the first time, the new Medtronic system also offers a unique Dual Stim™ mode that allows the clinician flexibility to deliver two separately programmed arrangements of impulses to different sites along the spinal cord independently. This capability is designed to help patients with challenging or changing pain patterns by allowing the clinician to vary the positioning and electrical characteristics of the stimulation at one location from those being delivered at another. For example, this mode could be used for patients who have bilateral pain.

The system can be reprogrammed without surgery to change modes or electrical characteristics of impulses delivered within either mode.

The Matrix system also allows patients to optimize their own pain therapy. The small, lightweight external transmitter is comfortable to wear on a belt and is easy to use. Simple push-button controls allow patients to fine-tune the timing and intensity of electrical impulses within parameters preset by clinicians.

For further information about the Matrix system, contact Medtronic, Inc., 7000 Central Ave, NE, Minneapolis, MN 55432-3576, (612)574-3052.



## New Standards in Contrast MR Studies

Medrad, Inc., Pittsburgh, Pennsylvania, recently introduced the Spectris™ MR Injection System. The first FDA-cleared system of its kind, the Spectris MR Injector provides precise, cost-efficient delivery of contrast agents in MR and helps users achieve consistently superior image quality.

This battery-powered, dual front-load syringe system administers contrast followed by a saline flush without the need to modify the scanning suite. It helps deliver a tight, precisely timed bolus of MR contrast; maintains a constant level of enhancement throughout a study; and achieves consistently excellent results—results that are reproducible from study to study.

The Spectris system includes dual, 65ml syringes—one for contrast up to 0.3 mmol/kg; the other for saline flush and KVO applications—with dual-phase flow-rate capability. Its scanning-suite components are battery-powered; the battery in use is monitored on the control panel, while a second one is constantly charging.

For more information about this product, write Medrad at 271 Kappa Drive, Pittsburgh, PA 15238-2870, or call (412)967-9700, or fax (412)963-0859.

## Names in the News

### David G. Kline

David G. Kline, MD, Professor and Head of Neurosurgery at LSU Medical Center, has been named a Boyd Professor by the Louisiana State University System Board of Supervisors. It is the highest professional rank of the Louisiana State University System. Only a faculty member who has attained national or international distinction for outstanding teaching, research, or other creative achievement may be designated a Boyd Professor. Dr. Kline was recognized for his contributions to the field of peripheral nerve surgery, both clinically and experimentally. The Boyd Professorship was instituted in 1951 and was initiated with the interest of rewarding and keeping outstanding individuals. It was named after two past-presidents of the LSU System, Thomas and David Boyd.

### Ivo P. Janecka

Ivo P. Janecka, MD, has been appointed Director of the Longwood Skull Base Program for the Treatment of Tumors and Congenital Deformities by the Department of Otolaryngology and Communication Disorders at Children's Hospital and Harvard Medical School in Boston, Massachusetts. Dr. Janecka can be reached at 300 Longwood Avenue, Boston, Massachusetts 02155, (617)355-8509, fax: (617)355-8041.

## Societies

### NASS Elects New Officers

New officers for the North American Spine Society (NASS) are as follows:

Jeffrey A. Saal, MD	President
David F. Fardon, MD	Executive Vice President
Steven R. Garfin, MD	Second Vice President
Volker K.H. Sonntag, MD	Secretary
Bruce E. Fredrickson, MD	Treasurer
Hansen A. Yuan, MD	Past President

### NYSNS Elects New Officers

The new officers of the New York State Neurosurgical Society (NYSNS) are as follows:

Kalmon Post, MD	President
Herbert M. Oestreich, MD	President-Elect
William A. Stewart, MD	First Vice-President
David M. Leivy, MD	Second Vice-President
Daniel Galyon, MD	Secretary
Robert B. Snow, MD	Treasurer

### Section on History of Neurological Surgery to Hold Annual Formal Dinner

The annual formal dinner for the Section on the History of Neurological Surgery will be held Monday, April 29, 1996 at the Bakken Museum in Minneapolis during the AANS Annual Meeting. For further information, please contact: William C. Hanigan, MD, PhD, 214 NE Glen Oak, Peoria, IL 61603.

## Educational Opportunities

### Pain Medicine Course and Conference

The American Academy of Pain Medicine (AAPM) will hold its Review Course in Pain Medicine at Buena Vista Palace in Lake Buena Vista, Florida, February 14-16, 1996. The 3-day course is designed to provide comprehensive coverage of the field of pain that will refresh the knowledge of those already trained and provide an introduction to pain medicine for clinicians who wish to enhance their skills.

Immediately following the course, AAPM will hold its 12th Annual Conference. Highlighting the program will be the keynote address, "Specialty Practice in a Changing Delivery Model," to be given by

You can reach the AANS online at  
[hcushing@interaccess.com](mailto:hcushing@interaccess.com)

Daniel Johnson, Jr., MD, incoming president of the American Medical Association. A session on the perspective of insurers, "Gaining and Maintaining Referrals," will offer practical strategies for enhancing practice opportunities. For more information about both events, contact AAPM, 4700 W. Lake Avenue, Glenview, IL 60025-1485; call (847)375-4731 or fax (847)375-4777.

### Scientific Research Society Sponsors Forum

Sigma Xi, The Scientific Research Society, will sponsor its 1996 forum on the topic "Science, Technology, and the Global Society," March 7-8, 1996 at the Town and Country Hotel in San Diego, California. The forum will bring together leaders in science, industry, government and the humanities to look at the future of science and technology, internationally, with the aim of developing an action agenda for the scientific and technological communities worldwide. Speakers will include David Packard, co-founder of Hewlett-Packard Co.; Frederick C. Robbins, Nobel laureate, Dean Emeritus, School of Medicine, Case Western Reserve University, and President of Sigma Xi; and Richard Thornburgh, former U.S. Attorney General and Governor of Pennsylvania. For registration information, call Dee Windley at (800)243-6534, Ext. 208; or e-mail [forum96@sigmaxi.org](mailto:forum96@sigmaxi.org).

### Mock Oral Board Exam to be Held at 1996 AANS Annual Meeting

The Certification Committee of the Congress of Neurological Surgeons will sponsor a mock oral board exam at the Annual Meeting of the AANS in the spring of 1996. The exam is directed toward helping physicians who have previously failed the oral board exam. For further information you may contact Howard Kaufman, MD, Chairman, Department of Neurosurgery, West Virginia University School of Medicine, Morgantown, WV 26506. Please call (304)293-5041 and ask for Joyce or Robin.

(continued on next page)

► **Announcements**  
(continued)

## Changes

### Upjohn, Pharmacia, Merge

The Upjohn Company and Pharmacia AB merged on November 2, 1995 to form a new pharmaceutical company known as Pharmacia and Upjohn, Inc. With the merger, the new company will rank as the world's ninth largest pharmaceutical company.

### Medtronic, Inc. Acquires PS Medical

Medtronic, Inc., of Minneapolis, Minnesota, a leading therapeutic medical device company has announced its acquisition of PS Medical, Inc., of Goleta, California. PS Medical will become a subsidiary of Medtronic, Inc., and a part of the Medtronic Neurological business. The name of the new entity will be Medtronic PS Medical.

PS Medical is a leader in cerebrospinal fluid (CSF) shunts, devices implanted to prevent a dangerous accumulation of fluids in the brain's ventricles in cases of hydrocephalus or brain injury. In addition, the company manufactures and distributes neurosurgical implants such as catheters, reservoirs and fluid drainage systems for access throughout the central nervous system. PS Medical also supplies vascular access ports under the Import® brand. These are implantable devices for providing frequent access to the vascular system to deliver chemotherapy, antibiotics and nutritional therapies.

Medtronic, Inc., headquartered in Minneapolis, is a leading therapeutic medical technology company.

## Errata

Two errors were made in the publication of the Position Statement of the AANS regarding the patenting of surgical procedures which appeared in the summer 1995 AANS Bulletin. The Position Statement was formulated by the Ethics and Human Values

## In Memoriam

Lifetime

Irvin H. Betts, MD

October 8, 1995

George L. Hawkins, Jr., MD

1995

► **Answer from page 7**

## What is Patent # 2333987?

Walter Dandy's invention—a protective baseball cap with pockets on both sides in which caps of plastic or compressed filler could be inserted for protection of the vulnerable parts of the skull when a baseball player is at bat. The patent was registered on November 9, 1943. One of Dr. Dandy's patented baseball caps, manufactured by Spalding, is in the Baseball Hall of Fame at Cooperstown, New York.

Committee of the AANS. The statement that read "A medical process patent is to be distinguished from" should read "A medical process patent is to be distinguished from." In addition, several words were left out of the last sentence of the statement. It should read "5. Enforcement mechanism for surgical patent safekeeping are not in place but if implemented would likely place undue burden on the practicing neurosurgeon and cause delay or waving of potentially beneficial procedures for patients." We regret the error.

Announcements for the AANS Bulletin should be mailed to:

AANS Bulletin  
22 South Washington Street  
Park Ridge, Illinois 60068-4287

or fax to:  
(847) 692-2589

## Clinical News

### Guilford Pharmaceuticals Receives FDA Clearance for Drug Test

Guilford Pharmaceuticals, Inc. has received clearance of a Treatment protocol from the U.S. Food and Drug Administration (FDA) for a clinical trial with the investigational new drug GLIADEL wafer, a product for use in cases of recurrent malignant glioma. Patients enrolled into the Treatment protocol must have a previous diagnosis of malignant glioma. In addition, this diagnosis must be confirmed at the time of GLIADEL wafer implantation.

GLIADEL is a biodegradable polymer which contains carmustine (BCNU). Up to eight wafers are implanted directly into the tumor resection cavity after the removal of the malignant glioma. GLIADEL has been designed to deliver high concentrations of BCNU directly to the cancer site for an extended period of time.

Physicians who wish to receive further information about the Treatment protocol may contact Lisa Butler of Guilford Pharmaceuticals at (800) 701-9035.

## Moving?

Don't forget to send your change of address to:

AANS Member Services  
22 South Washington Street  
Park Ridge, Illinois 60068-4287