



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

APRIL 1981

VOL VIII NO 2

PRESIDENT'S MESSAGE

The attendance at the annual meeting in Palm Springs, February 13 through February 15, 1981 pointed out several important factors.

Adequate notification of the membership must be made far in advance of such a meeting. The date of the annual meeting must be one in which no conflict will occur with other National and State organizations. The content of the meeting must be promulgated to the membership so that each member will recognize the extreme importance of attendance wherein matters of urgency are discussed and where member input is invaluable. To have heard Clark Watts' presentation so well engineered to impart information as to the current neurosurgical manpower crisis and to the varied responses to this crisis should have been enough in itself, to have made worthwhile such attendance. To have listened to the plaintiff's trial lawyer countering the opinions of the defendant trial lawyer and to have heard the experiences of a director of a doctors' liability carrier would have been sufficient to justify travel to such an ideal location. To have listened to a thoughtful presentation by an ex-President of the United States, Mr. Gerald Ford, discuss the budgetary problems of National Economy and its influence on medicine would most certainly have pleased any attendee, but of much more importance the opportunity to have met with the leaders of this organization in order to express ideas about the direction of neurosurgery in California, if not the United States, should have mandated attendance.

The many hours that are spent by your Board of Directors and officers throughout the year in representing the views of the majority to the California Medical Association, the State legislature, to the Joint Socio-Economics Committee and Council of State Neurological Societies deserve review of these activities by the membership. Thumbnail summaries through your Newsletter might be the only way to inform you of the processes which are occurring. Direct verbal interchange, however, is the only way to initiate resolution of problems in favor of the majority of the membership. This interchange is possible at the annual meeting which should take place in conjunction with the Western Federation meeting in February of 1982.

The nominating process for officers in CANS is a microcosm of that process which exists in the National neurosurgical organizations. The General Bull Moose philosophy of what is good for me in neurosurgical practice in California must be good for the rest of the membership need not necessarily be true. Members of this society should not relinquish their individual voices and representation to officers they do not know and who might not represent them accurately in matters of

State or National importance that affect them personally and in the practice of neurosurgery. We, each of us, will try to represent the membership at every level possible and to speak with one voice for a population of neurosurgeons that only three decades ago equaled the entire number of neurosurgeons in the country. Until otherwise directed, CANS and your President will be the spokesmen for California neurosurgery.

Although BMQA recognizes 495 physicians who state they are neurosurgeons, CANS can identify only 450, of which 295 are presently members. CANS has representation on the Council of the California Medical Association and a member in the House of Delegates. It is active in the Council of State Neurosurgical Societies and the Joint Socio-Economics Committee of the Congress and AANS. In the past year it has participated in Peer Review on local hospital basis and has taken action in the testimony of so-called "experts" in neurosurgery whose expertise lies outside the sphere of reasonable neurosurgical practice and judgment. It has participated in the arguments against denial of payment by third party carriers or by certain HMO organizations. It has defined certain procedures as non-experimental and of continued value in the practice of neurosurgery in debates with PSRO and with Blue Shield of California.

It will continue to participate in matters of socio-economic importance throughout the coming year. Such problems as categorization of neurosurgical services especially through the Emergency Medical Services criteria will be attacked, and even more basic, the identification of "what is a neurosurgeon?" or "what is a neurosurgical procedure?" must be addressed. Social aspects of neurosurgical care; helmets and motor-cycle driving, drunk driving, brain death, donor programs, and the costs of maintaining non-functional life must be considered.

The possible change in the status of PSRO and HSA will demand a hard look at Peer Review and of the exposure of your board and of the entire membership of this society to potential litigation action.

Your vote of confidence in having placed me in this position has carried with it a responsibility to use the services of a group of men who constitute your officers and directors in such a manner as to address these problems reasonably and intelligently. If you will review the names appended in this issue, you will see that you have chosen this group wisely, and that my job will be much less burdened as a result. Over the years as editor of your Newsletter, I have asked for your input for presentation of problems that can be managed on a

(Continued on page 2)

(Continued from page 1)

State platform and I will do that again at this time so that California neurosurgery will continue to be looked upon as the innovative and far-thinking group that it is. With your help it will continue to be a spokesman for the trend in professional and socio-economic affairs of National neurosurgery as well.

Sidney Tolchin, M.D.
President, CANS

**SUMMARY OF PRESIDENTIAL ADDRESS
JAMES B. GOLDEN, M.D.
ANNUAL SESSION - CANS
FEBRUARY 15, 1981**

The Founding Members of CANS were organized in time to play a major role in the malpractice crisis of 1975. It was that battle that proved the value of a state association to neurosurgeons of California. Our organization became well established.

The malpractice crisis never really cooled. In fact, a flare-up is in the making. CANS has monitored this coming crisis with great interest over the past year.

Three years ago the bylaws were changed to update the committee structure of CANS. There were many important matters in addition to malpractice problems. Such matters were worked out in the appropriate committee and resolved at the Board of Directors meetings, four times annually. Our organization developed an operating mode to deal with current problems effectively.

During the past year CANS committees have worked effectively in areas such as hospital peer review, HMO problems, legislation planning sessions, expert witness testimony and reimbursement under various third party bodies. CANS has been fortunate in having Directors who participate in other state and national organizations and thereby provide effective lines of communication.

For the future we must continue to attract younger members into the committee structure to provide energy and grass roots experience. We want the solution of socio-economic problems to be based on sound medical principles and proper patient care. We should encourage long range planning to anticipate the problem areas that lie ahead. I believe we have developed the structure and functional mechanisms to carry out our duties in this manner.

**REVIEW OF ANNUAL MEETING OF CANS
Rancho Mirage — February 13-15, 1981**

The program on Saturday morning, February 13, 1981, began with a presentation by Dr. Clark Watts, Co-Chairman of JSEC, entitled "Neurosurgical Manpower." Dr. Watts presented slides reviewing various studies and reports on neurosurgical manpower going back to 1972. He included the Report on Manpower emanating from the AANS, as well as the studies that have been reported in the Journal of Neurosurgery in recent years. The various issues were ventilated and, understandably, no conclusions defined relative to control of supply, demand and distribution.

In the second half of the morning program, problems of malpractice litigation were addressed by a panel, consisting of Attorney David Willett, who discussed "Current Legislation," Attorney Terrance O'Reilly on "Standards of Care in the 1980's," and our Past President John McRae re: "Insuring the Risk, the Experience of the Doctors' Company." The message from each attorney presented a rather gloomy future, in that the California law enacted several years ago to provide some restraints in malpractice actions will probably be declared unconstitutional, and the number of potential malpractice claims seems to be increasing. A new crisis appears to be on the horizon.

Dr. McRae outlined the various points of vulnerability for claims relative to "Untoward operative result." Apparently, unforeseen consequences of anterior cervical disc procedures rate high on the frequency scale, with claims for "wrong level" and plunge through the lumbar anterior spinous ligament being of some concern.

The guest speaker at the Saturday Luncheon was former President Gerald Ford, resident of Rancho Mirage. The speech was a most informative review of budgetary problems of the U.S. Federal Government, with specific recommendations for bringing inflation under control and maintaining fiscal solvency, on a gradual basis, mainly by cutting down on rate of growth without necessarily cutting back programs already established. Through all of this, President Ford wove a thread of warm understanding of the problems in providing health care and the dedication for maintaining a privately insured, rather than a government system.

On Sunday morning, Dr. Watts came back with a review of the functions of the Joint Socio-Economic Committee (JSEC), affiliated with the AANS and CNS and contact with the Council of State Neurosurgical Societies (CSNS). Dr. Watts indicated certain guidelines provided by the American College of Surgeons and suggested that JSEC should not be used to get the major national societies, AANS or CNS to become involved with local issues. He listed the various subcommittees of JSEC and provided specific reference to the broad spectrum covered by these committees, ranging from matters of international problems, manpower and medical cost control to subjects of Task and Terminology Identification as well as standards of medical practice and such medico-legal subjects as the role of the expert medical witness.

The second portion of Sunday morning's program was tuned to every day office problems of the neurosurgeon, relating to fees and billing procedures, as presented by Dr. DeWitt Gifford. This was a comprehensive look at current inconsistencies in the area of surgical fees, with particular reference to a need for updating to meet inflation since 1974 and consideration of evaluating newer procedures, including use of the microscope. Every neurosurgical secretary involved with sending out bills would benefit from the "hand-out" given by Dr. Gifford at this meeting, entitled "Tips on Billing."

In summary, the program of our Annual Meeting was excellent, and one could only hope that more CANS members could have been present.

FRANK P. SMITH, M.D.
Editor

which sets forth the conversion factors before the various sections in the RVS schedule. Careful reading will indicate to you that if you follow the fee schedule, this is prima facie evidence that your fees are reasonable; that it is certainly possible to charge higher fees than indicated in the fee schedule; and, in fact, you should charge higher fees and argue for them if they are justified. I would be happy to sit down with you any time to explain how this can be done. I also enclose copies of two leaflets, (1) HOW TO GET YOUR BILLS PAID and (2) HOW TO COLLECT MEDICAL BILLS WHEN THE INSURANCE COMPANY WILL NOT PAY. These leaflets might have information which would be of value to your members.

Next, I would like to thank you very much for giving me your suggestions as to what you feel the Workers' Compensation fee schedule should be in selected neurological procedures. This statistical information is of great value to us in trying to set a fee schedule.

Lastly, be assured that you will be notified individually when there are hearings to discuss the fee schedule. You can appear at these hearings and make your arguments although, of necessity, time will be somewhat limited. You may, in addition if you like, come and talk with me (or I will come and talk with you if that is more convenient) at any time if you wish to spend the time to go into your position on the fee schedule in detail.) It is one of my primary responsibilities to advise the Administrative Director with regard to the medical fee schedule, and you may be sure that anything you tell me will be relayed to him. In addition, I'm a lot easier to catch up with than he is, and I have more time.

Thanks again for your input. If I can be of further service, just let me know.

Sincerely,
WILLIAM L. CLARK, M.D.
Medical Director

REVIEW OF JSEC-CSNS SESSIONS IN BOSTON

April 3-5, 1981

Beginning with the JSEC Committee meetings and Quadrant Caucuses of the Council of State Neurological Societies on Friday evening April 3, 1981, and carrying through for the next two days from 8:00 a.m. to 5:00 p.m., your State Society was well represented by your six delegates and other California neurosurgeons attending the JSEC-CSNS sessions.

The agenda included various subjects of historic interest, but the greatest interest proved to be in manpower and the intangible mechanics concerning fees. A new sub-committee was established for reimbursement of fees.

The reports of multiple committees reflected the dedicated interest in neurological surgery of those rendering the reports. Problems of available space in this Newsletter do not allow full recounting, but it is important for every California neurosurgeon to know that issues potentially important to him, or to her, were well ventilated. The distillate of all the heated discussions verified that the important socio-economic issues that seemed to be regional a few years ago, have spread to encompass every state in the Union. It is just a matter of degree, with no levelling process in sight.

The most provocative issue was that of manpower, with a number of hard-line demands for something to be done by the Board of Directors of the AANS in

limiting the output of neurosurgeons. In conjunction with sobering comments about the complexities of dissuading young, eager candidates from entering the area of neurosurgery, a resolution was passed by the CSNS, requesting the Board of Directors of the AANS to establish a Commission of 24 members, 1/3 from the AANS, 1/3 from the CNS, and 1/3 from the CSNS, to study and take measures, in conjunction with other specialties, such as orthopedics, to reduce manpower. The exact wording of this resolution will surface at an appropriate time. There may be very little hope for consummation, but the enactment of the resolution represents the first tangible move in the direction being demanded by so many. All of this must be orchestrated in a symphony that will adjust numbers for other surgical specialists, so that neurosurgery will not just become smaller so that others will take over more and more.

The interesting development in the arena of debate about various issues was the quandary of the AANS co-chairman of JSEC as to how he could straddle the breach between the firing-line neurosurgeons and those at the Board-Administrative level. In his main message, the co-chairman from AANS described the relationship of JSEC to CSNS and stated that the JSEC should not be used to get the major National Societies to become involved with local issues. This was not received enthusiastically.

The cloak-room conferences raised the question as to how current socio-economic problems are going to be managed if the spokesman organization does not address the various focal issues which have now become national issues.

In summary, the sessions indicated that practicing neurosurgeons throughout the country are more and more concerned about various socio-economic issues and that hopefully, measures can be taken to maintain the viability and progress of our specialty.

F.P. Smith, M.D.

NEW MEMBERS ELECTED FEBRUARY 15, 1981

- ★ Carr, John A., 130 La Casa Via #2-106
Walnut Creek, Ca. 94598, (415) 932-0600, Co: 7
- ★ Erasmus, Desmond, 1999 Mowry Ave., Ste. E,
Fremont, Ca. 94538, (415) 792-2911, Co: 1
- ★ Nabavi, N.A., 1360 West 6th St.
San Pedro, Ca. 90732, (213) 832-8384, Co: 19
- ★ Nchekwube, Emeka J., 150 N. Jackson Ave., Ste. 109
San Jose, Ca. 95116, (408) 259-6590, Co: 43
- ★ Nielson, Karl D., 44855 N. 10th St. West
Lancaster, Ca. 93534, (805) 948-4602, Co: 19
- ★ Palmer, Robert F., 3600 California St.
San Francisco, Ca. 94118, (415) 387-1515, Co: 38
- ★ Small, Richard B., 220 Lynn Rd., Ste. 206
Thousand Oaks, Ca. 91360, (805) 496-5385, Co: 56
- ★ St. John, James N., 150 Muir Rd., VA Medical Center
Martinez, Ca. 94553, (415) 228-6800, Ext. 551, Co. 7

COMPLIMENTARY NEWSLETTER

Complimentary Newsletters are being mailed to non-members of the California Association of Neurological Surgeons, Inc. Those interested in becoming a member of the Association may send request for an application form to: Executive Office, California Association of Neurological Surgeons, Inc., P.O. Box 41761, Sacramento, Ca. 95841 or telephone (916) 966-9760.

LETTERS TO THE EDITOR

Over the past several years we have from time to time received letters which are quite pertinent and feel that this information should be disseminated throughout the membership. Members are invited to participate in this portion of the newsletter. These letters will not necessarily represent the opinions of the editorial staff or of the CANS Board, but will reflect opinions of the membership on pertinent issues. Send your comments to Frank P. Smith, M.D., Editor, 880 Cass Street, No. 101, Monterey, Ca., 93940.

NOMINATING COMMITTEE REQUEST

The Nominating Committee will be drafting a list of candidates for officers, directors, CSNS delegates and CMA delegates for 1982 as required by the bylaws. The committee will welcome suggestions from the membership for especially qualified and interested individuals. The Nominating Committee consists of James B. Golden, chairman, George M. Austin, Melvin L. Cheatham, Philipp M. Lippe, and Byron C. Pevehouse.

BOARD OF DIRECTORS MEETING NOTICE

The next meeting of the Board of Directors will be held on Saturday, June 6, 1981, at the San Francisco Airport Hilton beginning at 10:00 A.M.

EXCHANGE OF CORRESPONDENCE

To William L. Clark, M.D., Medical Director, Department of Industrial Relations, State of California and response

February 10, 1981

William L. Clark, M.D.
Medical Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Dear Doctor Clark:

We are interested in providing optimal quality neurosurgical care to the injured worker. Assurance of quality care can be achieved best by involving the neurosurgical community at large. Mainstream neurosurgical care should be available always to the injured worker. It is not equitable or reasonable to expect neurosurgeons to care for industrial accident cases at "discount" level, thereby, in effect, supporting Worker's Compensation through subsidies from private patients. Inadequate surgical fees tend to shunt industrial accident cases away from quality care toward the operation mills.

The neurosurgical community, with other specialties and organized medicine, believes in the concept of *usual, customary, and reasonable* fees as the basis for compensation of medical services. We feel strongly that in a free society this principal will assure the most cost-effective basis for providing optimal medical care and for providing automatic adjustments to cost of living changes without artificial regulatory encumbrances. There are now adequate peer review mechanisms in force to prevent the abuse of this system.

An alternative and definitely second-choice mechanism for reimbursement of neurosurgical fees would be

a fee schedule. It is imperative that if this method of reimbursement is adopted that it reflect a realistic rate based on *current* professional fees. Adequate allowances must be made to provide for variations in individual cases. Criteria for deviating from the fee schedule should be spelled out. The fee schedule should not be construed as representing a fixed maximum or ceiling. The present fee schedule, for example, is presented as a *minimum* fee schedule, but is used by the insurance carriers as a maximum schedule. A fee schedule presented as a range of fees would be more appropriate. Even a range-type fee schedule should provide an automatic adjustment of fee structure commensurate with the consumer price index.

Neurosurgery, as a specialty, has a high overhead factor which must be appreciated by third party payer and patient alike. A neurosurgical practice consists of high risk and low volume patients. Malpractice insurance premiums alone impose a heavy financial burden on neurosurgeons, and they are increasing. It is estimated that the insurance overhead alone for a new neurosurgical work-up examination is \$60-100, and for an operated case it is \$500-750.

In view of the complexities of the issues raised and the importance of adequate compensation for industrial accident cases in neurosurgery, we would be pleased to make a personal appearance before your committee.

James B. Golden, M.D.
Philipp M. Lippe, M.D.

March 3, 1981

James B. Golden, M.D. and
Philipp M. Lippe, M.D.
California Association of
Neurological Surgeons, Inc.
P.O. Box 41761
Sacramento, CA 95841

Dear Drs. Golden and Lippe:

Thank you very much for your letter of February 10, 1981, setting forth the position of the California Association of Neurological Surgeons with regard to the Official Medical Fee Schedule in Workers' Compensation.

You state that the "neurosurgical community, with other specialties and organized medicine, believes in the concept of *usual, customary, and reasonable* fees as the basis for compensation of medical services." Unfortunately, the Division of Industrial Accidents, which must establish the Worker's Compensation fee schedule, does not have the option of going to *usual, customary, or reasonable*, since the State Legislature has said that we *must* have a fee schedule. It is, therefore, our desire to get as much information as possible so that the fee schedule we do adopt will be satisfactory to as many physicians as possible. If you feel that Workers' Compensation cases should be paid for on the basis of *usual, customary, or reasonable*, you should consult with your representatives in the State Legislature to see if they can't get the law changed.

I should point out to you that the fee schedule is not a "minimum" fee schedule but is the "Official Medical Fee Schedule." I am enclosing a copy of Section 9792 of the Administrative Regulations which describes the Official Medical Fee Schedule, and I would like to direct your attention to the paragraphs below the portion

ANNUAL BUSINESS SESSION
February 15, 1981

Minutes

The President, Dr. James B. Golden, called the Annual Session of the California Association of Neurological Surgeons, Inc. to order at 8:30 A.M. on February 15, 1981 at the Marriott's Rancho Las Palmas Resort, Rancho Mirage, California. Twenty-six members and one applicant for membership were present.

I. Minutes

MOTION — Ablin; Seconded; Carried

THAT THE MINUTES OF THE MARCH 16, 1980, ANNUAL SESSION BE APPROVED AS PUBLISHED IN THE MAY 1980 NEWSLETTER.

II. Reports

A. Secretary — Charles B. Wilson

In the absence of the Secretary, the Administrative Assistant reported the total current membership of CANS was 287, including 248 Active members, 32 Associate members and 7 Senior members. Eight applicants, including 2 applicants for Active membership and 6 applicants for Associate membership, will be presented to the membership for election during this meeting.

B. Treasurer — William H. Wright

MOTION — Gifford; Seconded; Carried

THAT THE PROPOSED BUDGET FOR THE 1980-1981 FISCAL YEAR, AS APPROVED BY THE BOARD OF DIRECTORS AND PRESENTED TO THE MEMBERSHIP, BE ADOPTED.

III. New Business

A. Bylaw Amendments

Sidney Tolchin, Chairman of the Bylaws Committee, commented on the rationale for the proposed Bylaw amendments and corrected the erroneous printing in February 1980 Newsletter and annual program which stated under Articles of Incorporation, "Article III," be corrected to read "Article IV."

MOTION — Newquist; Seconded; Carried

THAT THIS ASSOCIATION DELETE ARTICLE IV OF THE ARTICLES OF INCORPORATION (Page 2) (Editorial change by renumbering existing articles.)

MOTION — Aymes; Seconded; Carried

THAT ARTICLE X, EXECUTIVE OFFICE, LOCATION, SECTION 10.01 (page 22) BE AMENDED AS PUBLISHED IN THE FEBRUARY 1980 NEWSLETTER. ARTICLE X NOW READS: "THE ASSOCIATION SHALL MAINTAIN AN EXECUTIVE OFFICE. THE BOARD OF DIRECTORS MAY ESTABLISH A PERMANENT EXECUTIVE OFFICE WHICH MAY BE AT A LOCATION OTHER THAN THE MEDICAL OFFICE OF THE PRESIDENT. THE EXECUTIVE OFFICE OF THE CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC., BE MAINTAINED IN SACRAMENTO, CALIFORNIA, AND THAT OUR AGENT TO RECEIVE SERVICE OF PROCESS BE LOCATED AT 44 MONTGOMERY STREET, SUITE 3500, SAN FRANCISCO, CALIFORNIA."

B. Election of New Members

The following applicants for membership were presented and elected unanimously:

1. For Active Membership — Robert F. Palmer and Karl Douglas Nielson.
2. For Associate Membership — John Allen Carr, Desmond Erasmus, Nosrat A. Nabavi, Emeka Nchekwube, Richard B. Small and James Nelson St. John.

Election was held by ballot, as provided in the bylaws. Active members received ballots containing the names of all applicants for membership. Associate members received ballots containing the names of applicants for Associate membership.

C. Election of Officers and Directors

Richard E. Newquist, Chairman of the Nominating Committee, presented the following slate of candidates for Officers and Directors:

President Elect, Douglas M. Enoch; First Vice President, William H. Wright; Second Vice President, Harold C. Murphree; Treasurer, David G. Scheetz; Director (North) Frank P. Smith; Director (South) N. Edalatpour. There being no nominations from the floor, the slate of candidates was declared elected to office by the President, Dr. Golden.

D. Election of Delegates and Alternates to the Council of State Neurological Societies

Dr. Newquist presented the following slate of candidates for Delegates and Alternates to the CSNS:

1. Delegates — N. Edalatpour, Douglas Enoch, Philipp Lippe and Frank P. Smith for three-year terms.
2. Alternates — W. Bradford DeLong, Stephen L. Tillim and Michael Sukoff for three-year terms.

There being no nominations from the floor, the slate of candidates was declared elected to office by the President, Dr. Golden.

E. CANS endorsed Philipp M. Lippe for Councilor to CMA Specialty Society Delegations.

IV. Adjournment

The meeting was adjourned at 11:30 A.M. for the Presidential Addresses by Dr. Golden, outgoing President and Dr. Tolchin, incoming President.

CHARLES B. WILSON, M.D.
Secretary

CANS ANNUAL SESSION — 1982

The next Annual Session is scheduled to be held on February 26 and 27, 1982, at the Hotel Del Coronado, San Diego, Ca. Information regarding the session will be provided to all members on a continuing basis.

BOARD OF DIRECTORS MEETING

The Board of Directors met February 13, 1981, and took the following actions and/or recommendations:

1. Adopted the following Position Statement: THAT CANS IS THE SPOKESMAN FOR NEUROSURGERY IN CALIFORNIA. THE POLICIES AND POSITION STATEMENTS OF CANS, AS DETERMINED BY THE BOARD OF DIRECTORS, WILL BE PUBLISHED QUARTERLY. THESE STATEMENTS MAY BE QUOTED VERBATIM BY ANY CANS MEMBER. ANY OTHER STATEMENTS TO INDIVIDUALS OR ORGANIZATIONS REGARDING CANS POLICIES MAY BE MADE ONLY BY THE PRESIDENT. THAT THIS POLICY BE CIRCULATED TO ALL MAJOR ORGANIZATIONS IN THE STATE OF CALIFORNIA.
2. The Board of Directors authorized the Executive Committee to propose names of appropriate candidates to be submitted for nominations to positions on the AANS Board for the year of 1982.
3. Dr. Lippe was appointed as consultant to the board for the term 1981-82.
4. The proposed budget for the period covering September 1, 1980 to August 31, 1981, was approved by the Board.
5. Dr. Tahmouresie reported the schedule of events for the Annual Session and that former President Gerald Ford would be the guest speaker at the luncheon on February 14, 1981.
6. Dr. Gifford reviewed the program activities as printed in the annual program and announced that Dr. Clark Watts would address the assembly February 15, 1981.

The next meeting of the Board of Directors will be held on Saturday February 14, 1981, at 7:30 A.M.

CHARLES B. WILSON, M.D.
Secretary

OFFICERS AND DIRECTORS — 1981-1982

- President Sidney Tolchin, M.D.
- President Elect Douglas M. Enoch, M.D.
- Secretary Charles B. Wilson, M.D.
- Treasurer David G. Scheetz, M.D.
- First Vice President William H. Wright, M.D.
- Second Vice President Harold C. Murphree, M.D.
- Immediate Past President James B. Golden, M.D.
- Past President Richard E. Newquist, M.D.
- Directors N. Edalatpour, M.D.
Frank P. Smith, M.D.
Melvin L. Cheatham, M.D.
W. Bradford DeLong, M.D.
Robert E. Florin, M.D.
DeWitt B. Gifford, M.D.
- Consultant Philipp M. Lippe, M.D.

COMMITTEE CHAIRMEN — 1981-1982

- Standing Committees:*
- Executive Sidney Tolchin, M.D.
 - Nominating James B. Golden, M.D.
 - Bylaws Douglas M. Enoch, M.D.
 - Membership Charles B. Wilson, M.D.
 - Finance David G. Scheetz, M.D.
 - Member Services DeWitt B. Gifford, M.D.
 - Community Relations Robert E. Florin, M.D.
 - Professional Relations & Peer Review David G. Scheetz, M.D.

- Judicial Council*
- | | |
|--------------------------|--------------------------|
| Members | Alternates |
| Byron C. Pevehouse, M.D. | John B. Doyle, M.D. |
| James R. St. John, M.D. | Robert W. Cranston, M.D. |

- Special Committees:*
- Personnel Douglas M. Enoch, M.D.
 - Emergency Medical Services Melvin L. Cheatham, M.D.
 - Task Force on Medi-Cal Reimbursement James B. Golden, M.D.
 - Newsletter Editor Frank P. Smith, M.D.
 - Program Albert W. Lizarraras, M.D.

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