Herding Cats: A Brief History of “Organized” Neurosurgery

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Disclosures

- No industry related COI
- President Elect, Congress of Neurological Surgeons
- Past President, AANS/CNS Spine Section
- Past Chair, Washington Committee Quality Improvement Workgroup
- Director, Research Council, North American Spine Society
- Executive Committee: NREF, CSRF, and CNSF
- Active Member for: AANS, CNS, SNS, and Academy
Outline

- Background
  - Who?
  - Why?
- Initial Concepts
- Evolution and Vignettes
- Present
- Future
Neurosurgery Has A Relatively Short History

• Neurosurgery began in the United States in 1904
  • “The Special Field of Neurological Surgery”
  • The few and the brave- no organized society, no separate description of neurosurgery
Evolution of Neurosurgery and Spinal Surgery

- WWI brought experience with head and spine injuries
- The need to share experiences was recognized
- October, 1919 Neurological Surgery was declared to exist as specialty at American College of Surgeon’s Mtg
- The “Senior Society” was formed in 1920
- Very exclusive (11 members!)
- Membership by invitation only
Society of Neurological Surgeons: Purpose

• The development of the field of neurosurgery, and
• The education of the medical profession, particularly the surgeons, in the idea that neurological surgery requires a special training in addition to that of the general surgeon
Society of Neurological Surgeons

- Restrictive membership policy limited impact
  - Only prominent academicians
  - Only by invitation
  - By 1931, only 29 members

- The present society has only about two vacancies left, and that will bring their membership up to thirty-five [sic]. If they get beyond that number, the society will lose much of its charm and usefulness, because, as you undoubtedly realize, the small society is far more desirable from every point of view. Assuming that to be the case, there are, I figure, about 20 men who are doing neuro-surgery exclusively and are doing a good job of it, who will not be included in the membership of the old society for many years to come. In other words, it seems to me that there is a real need and place for another society, not with the idea of making it a stepping stone to the old society, but organized along the lines that would make it desirable to remain independent in its own right.
  - Glenn Spurling
AANS

Harvey Cushing Society Founded in 1931
23 younger neurosurgeons (who were not able to join SNS) held first meeting in May, 1932
Membership limited (30-40 total) and by invitation
AANS- A New Idea

• Organized as a symposium as opposed to a “show and tell”
• Members assigned topics to discuss in advance
  • Topics debated and reports generated
  • “advance in an orderly manner towards constructive additions to our neurological knowledge”
  • Temple Fay
Cushing??

- All told he was very much in favor of the idea as presented to him. He said that he had felt for a number of years that the old society had become too gastronomically inclined to be of much use. I believe that he also will allow us to use his name in connection with the society.

- The first meeting of the new society was held on May 6, 1932, in Boston. Dr. Cushing welcomed 23 of the charter members, saying that he felt like an obstetrician bringing a new and protesting offspring into existence. He also cautioned them to remember that in 10 years' time, another group would be coming along that would look upon the present one as "senile and antiquated"
Prophetic: The Dispossessed

- The tendency of The Harvey Cushing Society not to respond to the needs of the younger element of the specialty clearly surfaced at the Society's Seventh Annual Meeting in Memphis, in 1938, where the leadership, including President Temple Fay, suggested that these young neurosurgeons might best solve their own problem by forming a third neurosurgical society.
• Distinguishing this association somewhat from those preceding it, the organizers of the Academy decided that scientific attainment was not the only important factor to be considered in the selection of new members and that the interpersonal qualities of the candidates were to be assessed as well.
Academy Affairs

- Membership continued to limited
  - many members were members of multiple societies
  - Mayfield launched a campaign to combine the societies in 1948
- Selective Membership resulted in a population of dispossessed- leading to......NSA (est. 1948)
• Travel Club, selective membership
• Must be ABNS certified and apply before 45 years of age
  • Originally, membership restricted to those less than 45
  • Once founders reached 45, bylaws changed
• “This Society was to be the fourth and the last of the series of "limited access societies" that, at their origin, seemingly offered the final solution to the "insiders versus outsiders" problem that had plagued neurosurgery since it was first recognized that The Society of Neurological Surgeons was not destined to be the ultimate forum for all neurosurgeons.”
Evolution of Neurosurgery and Spinal Surgery

• WWII brought more trainees back to US
  • Training not the same due to war time stresses
    • 405,399 dead
    • 670,846 wounded
  • Medical school had been reduced to 3 years
  • Internship reduced to 9 months
  • Young men with substantial experience came back and flooded the marketplace- residency positions, private practice, international outlook
  • These men were not eligible for membership in existing organizations
  • Requirement for board certification starting in 1940’s for existing organizations (ABNS founded 1940)
1951: CNS Formed
CNS Founding Principles

• Inclusive- open to all neurosurgeons upon completion of training
• Education- focus exclusively on education and exchange
• International- Name of organization specifically selected to indicate that this was not just an American organization
CNS Founding Principles

- Egalitarian - leadership transparent and based on merit - required retirement
- Participatory - an active membership (as opposed to “TW members”)
  - Multiple committees
  - Large volunteer pool
    - Improve meeting attendance
    - Improve identification with CNS
- Spouse participation
The Camp Followers of scientific societies are the alumni officers that never quit trying to run the organization.

“There were plenty of them at other neurosurgical societies, occupying the long head table and shedding tears over past remembrances. They knew how to block or delay membership, blackball unworthy peers, select meeting sites at remote and expensive sites, and erect barriers to thwart program innovations.”
• The CNS format was to promote workers to positions of leadership before they were 45 years of age and then retire them from the officer corps. Some organizational memory was lost, but new history was expected to be made every year by fresh heroes.

• The growth of the CNS was, in part, due to the involvement of large numbers of members in its operations and in innovations introduced by fresh leadership. The program format and content was, of course, equally important.

• Principle: select young leaders from the ranks of the worker bees and retire them promptly from office with thanks and token honors.
Early Accomplishments:

• CNS focus on technology and innovation in education
• CNS organized CSNS to enhance communication with state societies
• CNS officers helped found the WFNS
Early Years

JAMES C. WHITE, M.D.
Professor of Surgery
Harvard Medical School
Boston, Massachusetts
What is Old is New!

TELEVISION SURGEONS

Neal I. Aronson, M.D.—Assistant Professor of Neurological Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland
Wallace B. Hamby, M.D.—Head of Department of Neurological Surgery, Cleveland Clinic, Cleveland, Ohio
Donald D. Matson, M.D.—Clinical Professor of Surgery, Harvard School of Medicine, Boston, Massachusetts

Back-up Surgeons:
James Greenwood, Jr., M.D.—Professor of Clinical Neurosurgery, Baylor University College of Medicine, Houston, Texas
Martin P. Sayers, M.D.—Associate Professor of Neurosurgery, Ohio State University, Columbus, Ohio

TELEVISION SPONSOR

The Congress of Neurological Surgeons is deeply and gratefully indebted to SMITH, KLINE and FRENCH for providing the equipment and technical assistance which has made live television available to the Congress this year.

PROGRAM

WEDNESDAY, OCTOBER 27

Scientific Session—Grand Ballroom (7th Floor)

PLEASE WEAR NAME BADGE FOR ADMISSION

Presiding Officer—John N. Meagher

1:00 P.M. Harvey Cushing Movie.............Eric Oldberg, Narrator

1:30 P.M. Televised Surgery: A-V Malformation

.................................Wallace Hamby, Surgeon

Television Panel Discussion

.................................F. John Gillingham, Moderator

Charles Drake, Frank Mayfield, James Greenwood and Graeme Robertson

Scientific Session—Grand Ballroom (7th Floor)

PLEASE WEAR NAME BADGE FOR ADMISSION

Presiding Officer—Gordon van den Noort

9:00 A.M. Televised Surgery: Carotid Endarterectomy

.................................Neal Aronson, Surgeon

Television Panel Discussion

.................................A. Earl Walker, Moderator

Wallace Hamby, Frank Mayfield, Francis Murphey

11:00 A.M. Intermission

11:20 A.M. Introduction of Neurosurgical Residents

Introduction of Honored Guest

Some of what is old is ... old
AANS and CNS: Side by Side Growth

• Cushing Society continued to require board certification
• Congress assumed significant role in preparing surgeons for board certification-
  • didactic courses geared towards oral board examination
• An interesting phenomenon emerged- as younger neurosurgeons became board certified they did NOT drop out of CNS, indicating the important role that the CNS played in their professional lives
• Differentiation of purpose began in the 1960’s
  • Mayfield and Sviem, 1962: Proclaimed the Cushing Society as “Spokesorganization” for neurosurgery (only approval sought was from their own board) and changed name to American Association of Neurological Surgeons in 1967
Historian’s Take

- During the years of rapid evolution experienced by the AANS, the relationship between the two major neurosurgical associations (the AANS and the Congress) has cycled several times between harmony and uncomfortable truce, with the other neurosurgical societies remaining essentially uninvolved.
- Although precious time and resources have been wasted on these political skirmishes, the parallel relationship of the AANS and the Congress has fared quite well in terms of reflecting the fundamental needs of the neurosurgical community. In fact, the element of competition can be seen as a driving motivation to both organizations.
  - Carl Hauber, AANS Historian
Growing Pains

• As the CNS grew, administrative burdens grew
• In an effort to avoid duplication of services between the AANS and CNS, increased reliance on AANS administrative services occurred
• Over time, this lead to a significant erosion of the ability of the CNS to pursue its mission
• In 1999, the CNS hired its own staff and began managing its own administrative affairs
The CNS Today

• Largest neurosurgical organization in the world with over 8000 members
• Independent administration
• Driving force in educational innovation
  • Cited as exceptional by ACCME
• Outstanding Journal, Annual Meeting, and Electronic educational offerings
• Growing rapidly in international arena
Mission of the CNS

• Mission Statement
  • The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.
Others:

- SUN
- Regional Societies
- Travel Clubs
- Sections
  - Specialty
    - Neurosurgery Specific
    - Allied Societies
  - CSNS
- Self esteem aids
- Rogue Boards
- Marketing Associations
FAQ #1

• How is the CNS substantially different from the AANS?
  • Our missions are complementary but not identical
  • The focus of each organization is different, consistent with their missions
  • The history of the societies are different
  • The culture of the societies is different
Compare and Contrast

AANS Mission Statement

- The American Association of Neurological Surgeons (AANS) is the organization that speaks for all of neurosurgery. The AANS is dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care.

CNS Mission Statement

- The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.
Differences in Focus
FAQ #2

• What is the relationship between the AANS and the CNS?
  • The CNS actively supports the AANS in the pursuit of its mission
  • The CNS steadfastly pursues its mission and seeks support from the AANS and other societies for cooperative efforts
  • The AANS and CNS make each other better
FAQ #3

• Why don’t the CNS and AANS merge?
  • Topic has come up multiple times in past, twice in my tenure on CNS EC
  • Hundreds of volunteer and staff hours devoted to topic last go around (early 2000’s)
    • Both sides agreed that merger not advantageous for either organization or for neurosurgery in general
  • The CNS found that its ability to pursue its mission was compromised by assimilation with the AANS- not particularly interested in going backwards
  • AANS found that managing the CNS detracted from its mission as well- not particularly interested in going backwards
Careful What You Wish For

• There are substantial benefits to neurosurgery derived from the two organizations
  • 501c3 and 501c6 structures allow flexibility for educational activities, lobbying activities, and division of labor
  • Double representation in multiple forums - multiplying the voice of a small specialty
  • Double revenue from industry partners than would be realized with a single organization allows more innovation and impact of education and advocacy
  • Competition keeps dues low - AANS/CNS COMBINED dues less than most single society specialties (plastics, ENT, etc.)
  • Cooperation also allows substantial economy
    • Guidelines and Outcomes
    • Washington Committee
What Are You Paying For?

More than 50% of CNS Active North American dues goes to neurosurgery advocacy efforts supporting the Washington Office/Committee and the CSNS.

25% of your CNS dues are used to develop educational programming and resources for members.

25% of your CNS dues goes to producing the journal Neurosurgery®.
Where do we go from Here?