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## Chairman's Message

Thomas G. Luerssen, MD



Thomas G. Luerssen, MD

A week ago I was putting the finishing touches on my first message to the Section membership. I wrote about 1,000 words on the organization and plans for Section activities over the next 18 months or so. This is not that message. This is a message about our upcoming Annual Meeting in New York City.

The Executive Committee met by phone a few days after the terrorist attacks in New York and Washington. We discussed issues including travel times and costs, accessibility of airports and other public transportation, the option of switching venues and even the option of cancellation. While all of these issues were raised because they had to be, I am pleased to report that there was universal and resolute agreement that we should continue the planning for the meeting in New York from Nov. 28-Dec. 1. Sure, things have changed. And, while none of us can predict what developments may occur over the next two or three months, or what additional nuisances may be included in our travels, one could make a strong case that there is, especially now, no better place for us to convene our meeting this year.

### This meeting is important to the Section membership

The winter meeting is the major educational activity of the Joint Section. It is the only time that we meet intensively and exclusively. This is the only time that enough program space is available to allow almost every issue of importance to a pediatric neurosurgeon to be covered and updated. It is the time we can hear from residents and fellows. It is the time that the major business of the section is conducted, and it is the best time for our membership to participate in the decision-making process for section policy.

### The meeting will be affordable

Having an affordable meeting in Manhattan is a challenge no matter what the circumstances. A lot of thought has gone into controlling costs while still providing a full program and interesting social activities. There will not be a formal banquet this year. Attendees may note that things like lunches, receptions and other similar events that add direct costs to your registration fees may seem a bit more austere than in years past. The trade-off is an affordable registration fee and the increased time and flexibility to enjoy everything that Manhattan will have to offer during the holiday season. You will get to decide how much you wish to pay for your dinners and what entertainment you wish to see. There will be a variety of people available to help you make your plans. This, I think, is good for all of us, and it is good for a city that needs our support right now. Bring your family. Do your holiday shopping. Go out and enjoy this marvelous city and support the local businesses as they recover and rebuild.

### Think of your own important reason to attend this meeting

Even if prior to the events of Sept. 11 you were not planning on attending the meeting this year, you might want to now, for your own personal reasons. I can think of many reasons to go to New York right now. As an officer of the Section, there was no question about my attendance. However, this will be a particularly special year for me. Who could have predicted that, almost 20 years after my fellowship, I would be in a position to convey the Joint Section on Pediatric Neurosurgery's highest honor to my former professor and now dear friend, Luis Schut, MD? Dr. Schut will become only the third recipient of the Franc Ingraham Lifetime Achievement Award for his service to Pediatric Neurosurgery. For those few of you who might not know Dr. Schut, you can

# In Memoriam Bruce Hendrick, MD, Was a Rare Gem

By Robin P. Humphreys, MD

It may have occurred to more than one neurosurgeon while operating on a cerebral Galenic venous malformation that it was “like sitting beneath Niagara Falls in a basket of quivering serpents.” At least that is how E. Bruce Hendrick, MD, once described his experience with the lesion. There are few surgeons who have been able to articulate their surgical vistas or instructive bon mots in quite the colorful but memorable terms as this founder of Canadian pediatric neurosurgery.

Bruce Hendrick, who died in August at the age of 76, was a rare Torontonian who was actually born in the city in which he practiced and resided. Apart from a brief absence during his residency, his unflagging Canadian loyalties had been sustained through his high school and University of Toronto education, the postgraduate surgical program at that university and a brief military career. He traveled to Boston in 1952 to begin a two-year neurosurgery fellowship at the Children’s Medical Center and Peter Bent Brigham Hospital, where he studied under Franc Ingraham, MD, and Donald Matson, MD. About this decision, he confessed that “I knew very little about Ingraham and Matson and nothing about pediatrics.”

Even in those years, Bruce brought originality to the daily conduct of pediatric neurosurgery, as typified by a question to one of Dr. Matson’s patients with a spinal cord tumor and paresthesia. He asked the patient if “your legs feel like ginger ale looks?” The Hendrick aphorisms will remain with students and residents longer than the logical sequences of thought that the rest of us teach.

Having completed his Boston experience, Bruce returned to Toronto in 1954 to begin neurosurgical practice at The Hospital for Sick Children. Although he also held responsibilities at the Toronto Western Hospital, it was clear that his joy came from caring for children’s neurosurgical disorders, as he swept about the ill children entrancing students young and old with the mysteries of pediatric neurosurgery. Bruce became Neurosurgeon-in-Chief at HSC in 1964. During the next 22 years he attracted many young men and women from all parts of the globe for training in pediatric neurosurgery. Several neurosurgical units have been established in North America and overseas as a direct result of his stimulation of these young surgeons. His management style followed Alexandre Dumas’ maxim: “All for one, one for all, that is our device.”

## “Uncle Bruce”

Forever the generous Good Samaritan, Bruce opened his wallet and his home to a variety of old friends and new visitors to the city and his favorite hospital. Newly arrived residents who had not yet found accommodations would be housed temporarily at Leggett Avenue. And, if later on one of them or their family suffered from a winter illness, they would likely find Bruce at their doorstep ready to reactivate his family practice skills. At the conclusion of their academic year, all the residents and their families would be invited to Leggett for a pool party. On these occasions some of the Argentinean residents would repay their master by preparing fresh

meats barbecued to perfection on the lids of the Hendrick garbage cans. Throughout all these times, Bruce enjoyed the tremendous support of his wife, Gloria, to whom he had been married for 54 years and who he described as “always being there for me.”

Over the years, the relationship between Bruce and his resident staff had been quite special, if not predictable. Eschewing complete reliance upon gadgetry for clinical decisions, he exhorted residents to adhere to fundamental Oslerian principles of history gathering and physical examination. Or as he said in a 1993 editorial: “Whatever mother says!”

He advised residents to be prepared to defend their own conclusions and not to be influenced by the “reckless courage of the non-combatant.” While still assimilating such ward teachings from their respected mentor, many a resident would miss the change of mood and find himself suddenly caught in the crossfire of a water pistol fight between Bruce and his patients. It was a serious business on Friday afternoons, when nurses, parents and child life therapists joined the patients to develop strategies for these sessions. The children wore green garbage bags. “Uncle Bruce,” also known as the “Green Machine,” took the soakings in his OR scrub suit. Syringe barrels did duty for patients who didn’t have their own water pistols and all of them tried to outdo Bruce’s escalating level of armaments.

Bruce had been part of the nascence and maturation of the specialty of pediatric neurosurgery. He was on the founding committees of the International Society for Pediatric Neurosurgery and the American Society of Pediatric Neurosurgeons. He was a past President of the Canadian Neurosurgical Society and was a Board Member of the American Association of Neurological Surgeons, which in 1998 honored him as the first recipient of the Franc D. Ingraham Lifetime Achievement Award. An avid skier, he received a lifetime membership in the Canadian Ski Patrol. In recognition of his voluntary activities for that organization and others, he was awarded the Queen’s Jubilee Medal by Her Majesty, Queen Elizabeth II, in 1977. Many of these activities and the awards, as well as his collection of military miniatures, are found at home in his den to which all visitors naturally gravitate (truly a man’s room, personal, historical, comfortable and, messy!)

## One of a Kind

Certainly Bruce was a teller of stories, in many of which he was the victim. On the night of his 60th birthday a surprise dinner was arranged by his medical friends. His arrival was scheduled for 7:30 p.m. It turned out to be the snowiest night of that winter. Undaunted, he and Gloria set out from Leggett Avenue to arrive at the Granite Club. The snow held up the Hendricks so that upon reaching the Club’s parking garage they found it filled. Relying on the adaptability of a surgeon, Bruce left Gloria at the Club and drove down Bayview Avenue to the MacMillan Centre where, he correctly surmised, there would be ample parking. Then he realized that somehow he had to get back to the Granite. A taxi would be

*continued on page 3*

# Luis Schut, MD, Given Lifetime Achievement Award

By Ann-Christina Duhaime, MD

This year's Lifetime Achievement Award will be given to Luis Schut, MD, in December at the Joint Section for Pediatric Neurological Surgery Annual Meeting.

Dr. Schut was born in Buenos Aires, Argentina, on June 26, 1932. He attended the University of Buenos Aires Medical School, graduating at the age of 22, and came to the United States in 1955. He was accepted into the neurosurgical training program under the direction of Francis Grant, MD, and Robert Groff, MD.

After a period in England during which he spent time with a number of neurosurgical notables and toiled around in his beloved Austin Healy, he returned to the University of Pennsylvania. He was involved in the early clinical use of silastic VP shunts with Eugene Spitz, MD, and Kenneth Schulman, MD. Dr. Schut was appointed as Chief of Neurosurgical Services at the Children's Hospital of Philadelphia, a position he held for more than 30 years. During that time, he was instrumental in the development of the subspecialty of pediatric neurosurgery in the United States as a founding member of the American Society of Pediatric Neurosurgery. Besides serving as President of that organization, he was President of the Joint Pediatric Section as well as the International Society for Pediatric Neurosurgery.



*Luis Schut, MD*

Dr. Schut's pioneering efforts have focused on the development and nurturing of interdisciplinary care of children with such neurosurgical conditions as spina bifida, brain tumors and craniofacial anomalies. He has always believed that children are best cared for jointly with our pediatric colleagues. His humane and practical approach has always focused on putting the patient first, and his tempered and wise counsel has guided and influenced the entire field of pediatric neurosurgery.

Dr. Schut also has been known both nationally and internationally as a superb teacher, as well for his work in developing fellowship training for our specialty. He has trained and mentored an entire generation of pediatric neurosurgeons. His commitment to his trainees does not end when the rotation is completed, but is a life-long relationship akin to becoming a family member. He serves as an example to our generation on how one mentors trainees successfully and fully, and he will continue to serve as a role model for us in the future.

Dr. Schut currently divides his time between Philadelphia and the Chesapeake Bay. There he resides with his wife, Lydia Schut, MD, a practicing psychiatrist and artist. Living close by are their three sons and grandchildren. Besides continuing to provide valuable advice to the field and his trainees, he enjoys sailing, reading, cooking, drinking fine wines and traveling.

## Symposium on Pediatric Neuro-Oncology Set

The 10<sup>th</sup> International Symposium of Pediatric Neuro-Oncology will be held June 9-12 in London. Antony Michalski, MD, will be the host.

### Other details are:

Location: Hilton Metropole Hotel, London  
Dates: June 9-12, 2002  
Contact: c/o Conference Secretariat, Meeting Makers Ltd., Jordanhill Campus, 76 Southbrae Drive, Glasgow, G13 1PP  
UK  
Phone: +44 (0)141 434 1500  
Fax: +44 (0)141 434 1519  
E-mail: [ispno2002@meetingmakers.co.uk](mailto:ispno2002@meetingmakers.co.uk)  
Web site: <http://www.meetingmakers.co.uk/ispno2002>

## Bruce Hendrick, MD (continued from page 2)

the solution. As mobile phones weren't available at that time, he tried to gain access to the telephone on the inquiry desk of the MacMillan Centre. Its front door was locked and the security guard was notable for his absence. Bruce eventually arrived, three hours late, for his milestone party. The experience no doubt strengthened his own view of "milestone birthdays." As he once said, "Any man who says he can do at 40 what he did at 20 didn't do much at 20."

Bruce's greatest and lasting devotion was to his small patients. He brought joy to the children for whom he cared, and their gratitude in turn showered him with crayon drawings, stuffed toys, small soldiers and large cigars. A not unfamiliar hospital sight late at night was that of Bruce sitting in his office with arms folded across numerous open books on his desktop, providing fatherly counsel to young parents seeking hope and reassurance. From time to time he had to disappoint, and in expressing his frustration he had been heard to say, "If I had distilled essence of moonbeams to give, I would."

# 2001 AANS/CNS Section on Pediatric Neurological Surgery Annual Meeting

The Pediatric Section's Annual Meeting will be held Nov. 28-Dec. 1 in New York. For information or to register, call the AANS at (847) 378-0500 or visit [www.neurosurgery.org/pediatric/meetings/index.html](http://www.neurosurgery.org/pediatric/meetings/index.html).

## Thursday, November 29, 2001

### Scientific Session I Neuro-oncology

8-10 AM

Moderators: Paul Steinbok, Howard Weiner

### Craniopharyngioma

Robert A. Sanford, Larry E. Kun, Thomas E. Merchant

8:10-8:20 AM

### Expression of Vascular Endothelial Growth Factor Receptors in CNS and PNS Tumors

Catherine A. Mazzola, Ricky Madhok, Leroy Sharer, Lucy Cho, Allen H. Maniker

8:20-8:30 AM

8:30-8:40 AM

### Does Histological Subclassification have any Predictive Value for the Long-term Prognosis of Children with Cerebellar Astrocytomas?

Flemming Gjerris, Tine Bernhardtisen, Henning Laursen, Jens Haase, Marie Bojsen-Moeller

8:40-8:50 AM

### Cerebellar Tumor Resection in Childhood followed by Transient Cerebellar Mutism: An Investigation of Residual Speech Deficits in Long-Term Survivors

Joelene Huber-Okrainec, Maureen Dennis, Kim Bradley, Brenda J. Spiegler

8:50-9 AM

### Cytogenetics in Recurrent Ependymoma

Michael H. Handler, Josephine Wyatt-Ashmead, Julie Fleitz, Nicholas Foreman

## New York Stands Ready

### By Rick Abbott, MD

There has been much coverage in the press about the trials we New Yorkers have endured since the tragedy that occurred on Sept. 11. As with everything else, the story has become exaggerated as the event becomes more distant. Yes, some shows have closed, or, I should say, closed earlier than expected, and some restaurants have closed their doors. But New York's special attractions are still here and they are now easier to enjoy. All the airports are functioning and the drive from them to Broadway where our meeting will be held is largely unchanged. The city and its people have become warmer and are working with a united spirit to prevail and grow. I have never been prouder of my home nor seen it in a better state. It stands ready to greet and entertain you. I am looking forward to hosting your visit for our annual meeting Nov. 28-Dec. 1, 2001.

*Rick Abbott, MD, is Meeting Chairman for the AANS/CNS Joint Section on Pediatric Neurological Surgery Annual Meeting.*

9-9:10 AM

**Delayed Surgical Resection for Central Nervous System Germ Cell Tumors**  
*Howard L. Weiner, Roger A. Lichtenbaum, Jeffrey H. Wisoff, Mark Souweidane, Jeffrey N. Bruce, Robert B. Snow, Jonathan L. Finlay*

9:10-9:20 AM

**Multi-agent Neoadjuvant Chemotherapy Followed by Response Dependent Reduced Dose Radiotherapy for Newly Diagnosed Germinoma in Children**

*George I. Jallo, Victoria Lamarca, Linda Velasquez, Karl Kothbauer, Jeff Allen, Joao Siffert*

9:20-9:30 AM

**Synergistic Effect of Genistein and BCNU on Growth Inhibition and Cytotoxicity of Glioblastoma Cells**

*David J. Nathan, Sami Khoshyomn, Gregory C. Manske, Turner M. Osler, Paul L. Penar*

9:30-9:40 AM

**Optic Nerve Decompression in Fibrous Dysplasia. Technique and Long-term Results**

*Derek A. Bruce, Kenneth M. Shapiro, Dale Swift, Jeffrey Fearon, Kenneth Salyer*

9:40-9:50 AM

**Rhabdoid Tumors of the Central Nervous System: Clinical, Radiographic and Pathologic Features**

*Nicholas C. Bambakidis, Alan R. Cohen*

9:50-10 AM

**Medulloblastoma: Treatment and Results in Birmingham Children's Hospital (1992-1999)**

*Anil Sivasankaran, E.C. Leung, Anthony D. Hockley, Spyros Sgouros, A. Richard Walsh, Michael Stevens, Richard Grundy, David Spooner, Sheila Parkes,*

10-10:30 AM

**Scientific Session II  
Update on CCG Protocols**

*Ian Pollack*

11 AM-12:30 PM

**Scientific Session III  
Neuro-oncology**

Moderators: Timothy George, Derek Bruce

11-11:10 AM

**Characterization of a Hypoxia-Dependent Replicative Adenovirus for the Treatment of Malignant Brain Tumors**

*Priithvi Narayan, Sarojini Devi, Dawn E. Post, Erwin B. Van Meir*

11:10-11:20 AM

**Convection-Enhanced Delivery into the Rat Brain Stem: A Potential Delivery Mechanism for the Treatment of Diffuse Pontine Gliomas**

*David I. Sandberg, Mark A. Edgar, Mark M. Souweidane*

11:20-11:30 AM

**Spontaneous Regression of a Diffuse Brain Stem Lesion in the Neonate: Report of Two Cases & Review of the Literature**

*Willard D. Thompson, Ed Kosnik*

11:30-11:40 AM

**Application of the Orbito-cranial Approach in Pediatric Neurosurgery**

*Shlomi Constantini, Vitaly Siomin, Sergey Spector, Liana Beni-Adani*

11:40-11:50 AM

**Spinal Cord Mapping as an Adjunct for Resection of Intramedullary Tumors**

*Alfredo Quinones-Hinojosa, Russ Lyon, Mittul Gulati, Charles Yingling, Nalin Gupta*

11:50 AM-12 PM

**Magnetic Resonance Screening for Occult Pediatric Spinal Intradural Metastases**

*Sanjay N. Misra, Lynn Gargan, Simpson Georgeanna, Weprin Brad, Bruce Derek*

**12-12:10 PM**  
**Pediatric Tectal Tumors: The Experience at Children's Hospital, Boston**  
*Sean M. Lew, Liliana C. Goumnerova*

**12:10-12:20 PM**  
**Germline Mutations of Human Suppressor of Fused Predispose to Medulloblastoma and Gorlin's Syndrome Through Failure to Suppress Sonic Hedgehog and Wnt Signaling**  
*Michael D. Taylor, David Hogg, Corey Raffel, Ling Liu, Todd G. Mainprize, C.C. Hui, Sharon Chiappa, Steve Scherer, James T. Rutka,*

**12:20-12:30 PM**  
**Brain Tumors in the First Two Years of Life: The CHEO Experience**  
*Khalid Almusrea, Michael Vasilyadi, Enrique C.G. Ventureyra*

**Scientific Session IV** **2:10-3:30 PM**  
**Perinatal and Congenital Anomalies**  
*Moderators: Ann-Christine Duhaime, Liliana Goumnerova*

**2:10-2:20 PM**  
**Developmental Brain Insults and their Effects on the Localization of Speech and Motor Cortex**  
*Shenandoah Robinson, Monisha Goyal, Tarif Bakdash, Max Wiznitzer, Mark Scher, Barbara Swartz*

**2:20-2:30 PM**  
**Protective Effect of Hyperbaric Oxygen on Hypoxia-ischemia in Neonatal Rats**  
*Andrew D. Parent, Wei Yin, Ahmed Badr, George Mychaskiw, John H. Zhang*

**2:30-2:40 PM**  
**Potentially Fatal "Blue Spells" in Patients with Brainstem Dysfunction: A Review of Five Patients**  
*Donna Wallace, Harold ReKate*

**2:40-2:50 PM**  
**Management of Prenatally Diagnosed CNS Anomalies**  
*Ramin J. Javahery, John Ragheb, Glenn Morrison*

**2:50-3 PM**  
**Ventricular Volume in Hindbrain Hernia (Chiari I) in Children**  
*Christos Tolia, Kal Natarajan, Spyros Sgouros*

**3-3:10 PM**  
**Peculiarities in the Very Young Patient with Chiari I Malformation**  
*Jeremy D.W. Greenlee, David M. Hasan, Kathleen Donovan, Arnold H. Menezes*

**3:10-3:20 PM**  
**Pseudotumor Cerebri Associated with Treatment for Chiari Malformation Type I**  
*David M. Frim, Lisa Fagan*

**3:20-3:30 PM**  
**Leonardo daVinci and Virtual Reality: Esthetic Criteria in Surgery for Craniosynostosis**  
*Hannes Haberl*

**Scientific Session V** **4-5:30 PM**  
**Perinatal and Congenital Anomalies**  
*Moderators: Joseph Madsen, Mark Souweidane*

**4-4:10 PM**  
**Pediatric Alloplastic Resorbable Cranioplasty**  
*Steven J. Schneider*

**4:10-4:20 PM**  
**Cranial Molding Helmets Following Treatment of Craniosynostosis: Four-Year Experience with 268 Helmets**  
*David F. Jimenez, Constance M. Barone, Cartwright Cathy*

**4:20-4:30 PM**  
**Mild Trigonoccephaly Associated with Clinical Symptoms**  
*Takeyoshi Shimoji, Satoshi Shimabukuro, Seiichi Sugama*

**4:30-4:40 PM**  
**Novel Technique for Minimally Invasive Correction of Metopic Synostosis**  
*Soren A. Singel, Hal S. Meltzer, Ralph Holmes, Steven Cohen*

**4:40-4:50 PM**  
**Are Lipomyelomeningoceles Always Associated with Tethered Cord Syndrome?**  
*Shokei Yamada, David S. Knierim, Daniel J. Won, Santiago J. Figueroa, Franky Almagud*

**4:50-5:00 PM**  
**Outcome Following Reoperations for Tethered Spinal Cords Associated with Closed Neural Tube Defects and Lipomatous Malformations**  
*Hulda B. Magnadottir, J. Gordon McComb, Michael L. Levy*

**5-5:10 PM**  
**Is the Myelomeningocele Placode Normal? - An Immunohistochemical Analysis with Implications for Fetal Surgery**  
*Timothy M. George, Thomas J. Cummings*

**5:10-5:20 PM**  
**Intrauterine Myelomeningocele Repair Reduces the Incidence of Shunt-Dependent Hydrocephalus**  
*Noel B. Tulipan, Leslie N. Sutton, N. Scott Adzick, Joseph P. Bruner*

**5:20-5:30 PM**  
**Discernment of Adipose Versus Nervous Tissue Using a Novel Solvent: A Potential Application in Lipomyelomeningoceles**  
*Ravish V. Patwardhan, Richard S. Tubbs, Robert J. Leonard, David Kelly, Cheryl Killingsworth, Dennis L. Rollins, William M. Smith, Raymond E. Ideker, W. Jerry Oakes*

## Friday, November 30, 2001

**Scientific Session VI** **8-9 AM**  
**Childhood Spasticity**  
*Moderators: T.S. Park, A. Cohen*

**8-8:10 AM**  
**Management of Pediatric Intrathecal Baclofen Pump Complications**  
*David John Yeh, Mark R. Lee, Ann Marie Flannery, Elizabeth Moberg-Wolff, Sandy E. Chernich, John B. Adams*

**8:10-8:20 AM**  
**Energy Efficiency of Gait: Rhizotomy and Orthopedic Surgery**  
*Joseph H. Piatt, Susan Sienko Thomas, Cathleen H. Buckon, Michael D. Aiona, Michael D. Sussman*

**8:20-8:30 AM**  
**Changes in Gait at Eight Months After Selective Dorsal Rhizotomy**  
*Jack R. Engsborg, Sandy A. Ross, Joanne Wagner, T. S. Park*

**8:30-8:40 AM**  
**Strength and Cocontraction after Rhizotomy for Spastic Diplegia**  
*Joseph H. Piatt, Cathleen E. Buckon, Susan Sienko Thomas, Gerald E. Harris, Michael D. Aiona, Michael D. Sussman*

**8:40-8:50 AM**  
**Long-Term Functional Outcome Following Selective Posterior Rhizotomy**  
*Sandeep Mittal, Jean-Pierre Farmer, Borhan Al-Atassi, Johanne Gibis, Kathleen Montpetit, Chantal Poulin, Marie-Andre Cantin, Thierry Benaroch*

**8:50-9 AM**  
**Comparison of Motor Outcomes after Selective Dorsal Rhizotomy with and without Preoperative Intensive Physiotherapy in Children with Spastic Diplegic Cerebral Palsy**  
*Paul Steinbok, Kimberley McLeod*

**Scientific Session VII** **9:30-10 AM**  
**Special Lecture: Treatment of Childhood Movement Disorders**  
*Leland Albright*

**Scientific Session VIII** **10:30-11:40 AM**  
**Childhood Epilepsy**  
*Moderators: J.P. Farmer, M. Egnor*

**10:30-10:40 AM**  
**Complications of Invasive Monitoring used in Intractable Pediatric Epilepsy**  
*Scott L. Simon, Albert Telfeian, Ann-Christine Duhaime*

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**10:40–10:50 AM**  
**Intracranial EEG and SISCOM in Localization of Epileptogenic Zone in Pediatric Patients with Intractable Partial Epilepsy**  
*Nicholas M. Wetjen, Gregory D. Cascino, Jeffrey R. Buchhalter, Corey Raffel*

**10:50–11:00 AM**  
**Memory Retrieval Resets Theta Oscillations in Patients Undergoing Invasive Monitoring for Epilepsy**  
*Joseph R. Madsen, Daniel S. Rizzuto, David Seelig, Michael J. Kahana*

**11–11:10 AM**  
**Surgical Treatment of Temporal Lobe Epilepsy in Pediatric Patients**  
*Sandeep Mittal, Jose L. Montes, Jean-Pierre Farmer, Jean-Guy Villemure, Bernard Rosenblatt, Frederick Andermann, Andre Olivier*

**11:10–11:20 AM**  
**Clinical and Seizure Outcome in Pediatric Dysembryoplastic Neuroepithelial Tumor: A Series of 47 Cases**  
*John Wadley, Joan Grieve, William Harkness, Dominic Thompson, Brian Harding, Richard Hayward, Andre Olivier*

**11:20–11:30 AM**  
**Corpus Callosotomy and Vagus Nerve Stimulation: Comparison of Results in Children with Refractory Epilepsy**  
*Nejat Akalan, Pinar Ozisik, Oguz Cataltepe, Dilek Yanlizoglu, Guzide Turanli, Meral Topcu, Andre Olivier*

**11:30–11:40 AM**  
**Vagal Nerve Stimulation in Childhood Epilepsy: The Liverpool and Manchester Experience**  
*Jim Leggate, Paul L. May, J. Z. Hussein, Hesham S. Zaki, Andre Olivier*

**Scientific Session IX** **1:30–3:30 PM**  
**Cerebrovascular Disease and Hydrocephalus**  
*Moderators: Mark Dias, Neil Feldstein*

**1:30–1:40 PM**  
**Surgical Revascularisation for Occlusive Cerebrovascular Disease in Childhood**  
*Dominic Thompson, Vijaya Ganesan, John Lumley, Brian Neville, Andre Olivier*

**1:40–1:50 PM**  
**Transforming Growth Factor-B2 and Chondroitin Sulfate Proteoglycan in Human CSF, but not Transforming Growth Factor-B1, Correlate with Hydrocephalus in Infants**  
*Richard C. Krueger Jr., Moise Danielpour, Lily Chow, Andre Olivier*

**1:50–2:00 PM**  
**Neuronal Degeneration and the Role of Ischemic Pre-conditioning in Experimental Hydrocephalus**  
*Janet M. Miller, Yuchuan Ding, Alexa I. Canady, Pat McAllister, Andre Olivier*

**2–2:10 PM**  
**Development of a Health Status Outcome Measure for Children with Hydrocephalus**  
*Abhaya V. Kulkarni, James M. Drake, Doron Rabin, Peter B. Dirks, Robin P. Humphreys, James T. Rutka, Andre Olivier*

**2:10–2:20 PM**  
**Prognostic Factors Associated with Cerebrospinal Fluid Shunt Survival in Premature Infants**  
*Ketan R. Bulsara, Peter Grossi, Matthew J. McGirt, Fuchs E. Herbert, George M. Timothy, Andre Olivier*

**2:20–2:30 PM**  
**Cerebrospinal Fluid Shunt Survival and Etiology of Failures: A Seven-Year Institutional Experience**  
*Matthew J. McGirt, Alan T. Villavicencio, J.C. Leveque, John C. Wellons, Herbert Fuchs, Timothy George, Andre Olivier*

**2:30–2:40 PM**  
**Prolonged Intracranial Pressure Recording in Children with Temporal Arachnoid Cysts**  
*Concezio DiRocco, M. Caldarelli, A. Iannelli, G. Tamburrini, Andre Olivier*

**2:40–2:50 PM**  
**Intra Operative MRI Assisted Ventricular Catheter Placement**  
*Zeev T. Feldman, Moshe Hadani, Andre Olivier*

**2:50–3:00 PM**  
**Slit-Ventricle Syndrome Symptom Resolution Through Incremental Pressure Adjustments**  
*Samer K. Elbabaa, Jennifer Ahl, Mark G. Luciano, Andre Olivier*

**3–3:10 PM**  
**Prospective Multicenter Shunt Survival Study in the Treatment of Pediatric Hydrocephalus Using a Flow Regulating Device (The European OSV II Study)**  
*Patrick W. Hanlo, Giuseppe Cinalli, Peter W. Vandertop, Joop A.J. Faber, Christian Sainte-Rose, Andre Olivier*

**3:10–3:20 PM**  
**Ahmed Valve: Flow Rate Analysis**  
*Jeffrey E. Catrambone, Joel C. Boaz, Jodi L. Smith, Thomas G. Luerssen, Andre Olivier*

**3:20–3:30 PM**  
**Is My Shunt Revision Rate Lower Than Yours?**  
*John H. Honeycutt, Stephanie L. Einhaus, Regan F. Hill, W. V. Shappley III, Robert A. Sanford, Andre Olivier*

**Scientific Session X** **4–6 PM**  
**Hydrocephalus**  
*Moderators: Andrew Parent, Jeffrey Wisoff*

**4–4:10 PM**  
**Molecular Approaches to Understanding Hydrocephalus: The Future**  
*Fran W. Morgan, Timothy Morris, Jogi V. Pattisapu, Andre Olivier*

**4:10–4:20 PM**  
**Choroid Plexectomy Eliminates Re-operation, Neurosurgical Re-admission, and Further Neurosurgical Intervention in Patients with Hydranencephaly when Compared with CSF Diversion**  
*John C. Wellons, R. Shane Tubbs, J.C. Leveque, Jeffrey P. Blount, W. Jerry Oakes*

**4:20–4:30 PM**  
**Treatment of Hydrocephalus Using a Choroid Plexus Specific Immunotoxin: An In Vitro Study**  
*Jake Timothy, Ewan Morrison, Aruna Chakrabarty, James M. Drake, Paul D. Chumas*

**4:30–4:40 PM**  
**Lumboperitoneal Shunts in Children**  
*Harold L. Rekate, Donna C. Wallace*

**4:40–4:50 PM**  
**Lumboperitoneal Shunting as a Treatment of Slit Ventricle Syndrome**  
*Hoang N. Le, David Frim*

**5:40–5:50 PM**  
**Stretching and Breaking Characteristics of Cerebrospinal Fluid Shunt Tubing**  
*Daniel J. Tomes, Leslie C. Hellbusch, L. Russell Alberts*

**5–5:10 PM**  
**An Estimate of the Natural Rate of Shunt Infections**  
*Jeffrey W. Campbell, Stephen J. Haines*

**5:10–5:20 PM**  
**Length of Antibiotic Therapy for the Treatment of Shunt Infection**  
*Adam S. Arthur, John R. W. Kestle*

**5:20–5:30 PM**  
**Late Shunt Infection: Incidence, Pathogenesis, and Therapeutic Implications**  
*Matthieu Vinchon, Lemaitre Marie-Pierre, Valle Louis, Dhellemmes Patrick*

**5:30–5:40 PM**  
**Sudden Death in Hydrocephalic Children Treated with Endoscopic Third Ventriculostomy**  
*Conor Mallucci, Paul L. May, Mosin Javadpour, Andrew A.C. Webb*

**5:40–5:50 PM**  
**Repeat Third Ventriculostomy in Pediatric Patients**  
*Loi K. Phuong, Kimberly Schoeberl, Corey Raffel*

**5:50–6:00 PM**  
**Endoscopic Third Ventriculostomy in Patients after Cerebrospinal Fluid Infection and/or Hemorrhage**  
*Shlomi Constantini, V. Siomin, G. Cinalli, A. Grotenhuis, A. Golash, S. Oi, K. Kothbauer, H. Weiner, J. Roth, A. Pierre-Kahn*

## Saturday, December 1, 2001

**Scientific Session XI** **8–9 AM**  
**Trials and Tribulations of Using the MR Scanner in the Operating Room**  
Moderator: *Rick Abbott*  
Panelists: *Mark Proctor, Andrew Parent, George Jallo, Shlomi Constantini, M. Hamilton*

**Scientific Session XII** **9–10:30 AM**  
**Neurosurgical Diseases**  
Moderators: *Paul Grabb, Michael Handler*

**9–9:10 AM**  
**Intra-operative MRI and Pediatric Neurosurgery**  
*Thomas M. Moriarty, Todd Vitaz, Joseph Christiano, Paul Larson, Norman Mayer, Stephen Hushek*

**9:10–9:20 AM**  
**The Successful Utilization of a Mobile 1.5-Tesla Intra-operative Magnetic Resonance Imaging System During Pediatric Neurosurgical Procedures**  
*Mark G. Hamilton, Terry Myles, Taro Kaibara, Garnette Sutherland*

**9:20–9:30 AM**  
**Utility and Safety of Intraoperative Magnetic Resonance Imaging for Pediatric Patients**  
*Mark R. Proctor, Elizabeth A. Eldredge, Ferenc A. Jolesz, Liliana Goumnerova, R. Michael Scott, Peter M. Black*

**9:30–9:40 AM**  
**fMRI Demonstrates Residual Eloquent Cortex in Perinatal Stroke: Significance and Implications for Post-Surgical Functional Recovery**  
*Samuel R. Browd, Marion L. Walker, Leeza Maron, Robin Gilmore, Steve Roper, Christiana Leonard, Richard Briggs, Bruce Crosson, Douglas Brockmeyer, John Kestle*

**9:40–9:50 AM**  
**Distance of Motor Cortex from the Coronal Suture as a Function of Patient Age**  
*Dennis J. Rivet, Jeffrey G. Ojemann, T.S. Park*

**9:50–10:00 AM**  
**Approaches to the Third Ventricle: A Pediatric Surgical Series of 25 Patients**  
*Charles Teo, Peter Nakaji*

## Course on Advanced Coding Strategies Scheduled

A course on coding will be offered by John Piper, MD, on Dec. 1 in New York immediately following the close of the Annual Meeting. This course will be held in the same location as the Annual Meeting and will last the afternoon.

In response to comments made about last year's course, those who plan on attending the course can submit coding scenarios that they find problematic or would like Dr. Piper to comment on. These can be sent to Jane M. Ries, Director of Education and Practice Management, at AANS headquarters. Her e-mail is [jmr@aans.org](mailto:jmr@aans.org) and her fax is (847) 378-0658. You are strongly urged to take advantage of this so that the course will be of utmost benefit.

**10–10:10 AM**  
**Medial Pectoral Nerve Transfer for Reinnervation of the Biceps and Deltoid**  
*Paul A. Grabb, Charlie Law*

**10:10–10:20 AM**  
**Entrapment Neuropathy Contributing to Dysfunction after Birth Brachial Plexus Injuries**  
*P. David Adelson, N. Ake Nystrom, Robert Scabassi*

**10:20–10:30 AM**  
**Pediatric Neurosurgery Fellowship after Forty**  
*Howard J. Silberstein*

**Scientific Session XIII** **11 AM–1 PM**  
**Congenital Anomalies and Trauma**  
Moderators: *Douglas Brockmeyer, S. Schneider*

**11–11:10 AM**  
**Endoscopic Approach to Pineal Region Tumors**  
*Bakhtiar Yamini, Charles Rubin, David M. Frim*

**11:10–11:20 AM**  
**Craniovertebral Abnormalities in Type VI Mucopolysaccharidosis (Maroteaux-Lamy Syndrome)**  
*Ian D. KAMaly-Asl, John A. Thorne, Mohsen Javadpour, David G. Hughes, Ed Wraith, Richard A. Cowie*

**11:20–11:30 AM**  
**Temporal Evolution of Brain Injury in Term Newborns Characterized by Diffusion Tensor Imaging**  
*Robert C. McKinstry, Jeffrey H. Miller, Amit Mathur, Abraham Z. Snyder, T. S. Park, Jeffrey J. Neil*

**11:30–11:40 AM**  
**Hyperglycemia is a Poor Prognostic Sign in Pediatric Head Injury**  
*Francesco Sala, Massimo Miscusi, Marianna Manfredi, Carlo Mazza, Luciano Cristofori, Albino Bricolo*

**11:40–11:50 AM**  
**Smarter Dummies: Infant Head Injury Mechanism Studies Using Improved Anthropomorphic Modeling**  
*Ann-Christine Dubaime, Michael T. Prange, Cindy Christian, Susan S. Margulies*

**11:50 AM–12 PM**  
**Folic Acid Supplementation Improves CNS Regeneration and Outcome after Spinal Cord Injury in Rats**  
*Bermans J. Iskandar, Daniel K. Resnick, Nithya Hariharan, Gao Peng, Nelson Aaron, Johnson Chenara, Cechvala F. Cate*

**12–12:10 PM**  
**Clinical Significance of CervicoMedullary Deformity in Chiari II Malformation**  
*Prithvi Narayan, Timothy B. Mapstone, Shane Tubbs, Paul A. Grabb, Timothy Frye*

**12:10–12:20 PM**  
**Guidelines for the Management of Severe Head Injury in Children: Update**  
*Nathan R. Selden, David Adelson, Susan Bratton, Nancy Carney, Randall Chesnut, Hugo duCoudray, Brahm Goldstein, Peter Kochanek, Helen Miller, Michael Partington*

**12:20–12:30 PM**  
**Incidence of Delayed Intracranial Hemorrhage in Children with an Uncomplicated Minor Head Injury**  
*Mark G. Hamilton, Tanya Tran, Jennifer J. McGuire, Christine Malcolm, David W. Johnson*

**12:30–12:40 PM**  
**Single Photon Emission Computed Tomography in Mild to Moderate Head Injury: A Developing Modality**  
*Larry Binkovitz, Scott Elton, Edward Kosnik*

**12:40–12:50 PM**  
**Management of Traumatic Occipito-Cervical Instability in the Very Young**  
*Saadi Ghatan, David W. Newell, Jens R. Chapman, Soheil K. Mirza, Michael S. Grady, Frederick A. Mann, Richard G. Ellenbogen*

**12:50–1:00 PM**  
**Refuting Untenable Mechanisms of Fatal Head Injury and G Force Calculations in the Prosecution of Child Abuse Cases**  
*William Micheal Vise*

# Membership Process May Be Streamlined

By Al Cohen, MD

The Executive Council of the Joint Section met on April 25, 2001, in Toronto. A proposal was made to simplify the procedure for application for membership, eliminating the current requirement that the names of candidate members be circulated to members of the Joint Section one month prior to the business meeting. The problem has been that applications come in at different times during the year and it is not always possible to have all the candidates' names circulated to the general membership before the business meeting. Thus, under the current scheme, some applications may be delayed for long periods.

Eliminating the circulation of candidate names to the general membership requires a change in the Rules and Regulations. The proposed change is presented for your consideration and will be voted on at the next business meeting.

## Proposed:

### Section 3. Procedure for Application for Membership

- a) A candidate must meet the qualifications for membership as set forth in Article II, Section 1 of these Rules and Regulations.
- b) A candidate for membership shall apply in writing to the Joint Section and submit the names of two references who are active members of the Joint Section. A candidate for international membership shall apply in writing to the Joint Section and submit a *curriculum vitae written in English* and the names of three references, at least one of whom shall be an AANS Active, Active (Foreign) or International Member from the applicant's country, or an individual of international stature in that country or geographical region. ~~The proposal shall be submitted to the membership committee at least 30 days prior to its meeting, and must be accompanied by a curriculum vitae written in English.~~

- b) The Membership Committee shall investigate the credentials of a candidate for membership.
- c) After approval of the Membership Committee, the candidate shall be presented to the Executive Council.

### Section 4. Procedure for Election to Membership

- a) If a candidate is approved by a majority of the Executive Council, the name or names of the proposed members shall be ~~circulated for comments to the members of the Section one month prior to the business meeting occurring at any of the meetings of the Joint Section:~~ *voted on at the next business meeting.*
- b) Election to membership requires an affirmative vote of three-fourths of the active membership present at the business meeting.

*Al Cohen, MD, is Chair of the Rules and Regulations Committee.*

## Chairman's Message (continued from front page)

find a brief profile on page 3. If even a small proportion of Dr. Schut's former fellows or current friends and admirers would also come to honor him, we would have to increase the meeting capacity by several orders of magnitude.

While on the subject of the Lifetime Achievement Award, many of you already know that pediatric neurosurgery recently lost one of its founding fathers, E. Bruce Hendrick, MD, who passed away in August after a brief illness. When the Section created the Lifetime Achievement award in 1998, Dr. Hendrick was the singular and obvious choice of the selection committee to receive the inaugural Ingraham Award. His personal and professional life was truly one of honor and achievement. More importantly, he was an example for us all: a caring physician and surgeon, a scholar and a teacher. For me, he will be remembered as someone who embodied the true spirit of what it means to be a doctor for children. The Joint Section on Pediatric Neurosurgery has conveyed our condolences to his wife, Gloria. A remembrance of Dr. Hendrick is found on page 2.

In conclusion, while it might appear that I am making a worried plea for attendance at this year's Annual Meeting, I am not overly concerned about it. I am confident that the Section membership will want to continue the educational mission and the business of the Section without interruption. The meeting is on. Manhattan will be at its holiday finest. As far as the tragic events of Sept. 11, we have even more reasons to go there. Fate has allowed our Joint Section to be the first in organized neurosurgery to demonstrate our support for the city. A unique opportunity has been provided for each of us, as American, Canadian or foreign citizens, to show confidence in our institutions, trust about the future and our determination to continue our way of life, even in the face of this terrorist act.

## Six New Members Join Pediatric Section

The following people were voted into membership in the Section at the business meeting in spring 2000: Gerald Tuite, MD, Michael Medlock, MD, Karl Kothbauer, MD, Shenandoah Robinson, MD, Todd Maugans, MD, and Mark Krieger, MD. At our upcoming meeting in New York, applications for membership for Bruce Cherny, MD, and Sandeep Sood, MD, will be voted on.



# Neurosurgery Takes Part in AAP Meeting

By Joseph Piatt, MD

The 2001 American Academy of Pediatrics National Conference and Exhibition was held from Oct. 20-23 in San Francisco. The Provisional Section on Neurological Surgery had an official presence for the first time this year. The Section participated in the following events:

- The first segment of a two-part joint meeting with the Section on Critical Care regarding the management of severe head injury. On the program were Hector James, MD, FAAP, serving as moderator, and Derek Bruce, MD, speaking on cerebral blood flow and metabolism.
- The second segment of a two-part joint meeting with the Section on Critical Care regarding the management of severe head injury. Speakers included Christine Duhaime, MD, on the role of CT scans and MR imaging in head trauma, and Thomas Luerssen, MD, FAAP, on prognostic indicators.
- The first business meeting of the Provisional Section on Neurological Surgery. Minutes will be distributed to Section members.

- “Recognition of Abnormal Head Shapes,” a two-hour seminar presented jointly with the Section on Plastic Surgery. Hal Rekate, MD, FAAP, represented the Provisional Section on Neurological Surgery.

Due to a global restructuring of the AAP organization, the progress of the application of the Provisional Section on Neurological Surgery for full Section status has been delayed, along with the applications of four other provisional sections. The leadership of the Academy continues to be encouraging, and the Steering Committee of the Provisional Section anticipates full section status within the year.

Neurosurgeons interested in specialty fellowships in the American Academy of Pediatrics can learn more about the application process at the AAP Web site: <http://www.aap.org/member/memcat.htm>. Plan to attend next year's National Conference and Exhibition, which will be held from Oct. 19-23 in Boston.

# An Overview of the Accreditation Council

By David G. McLone, MD, PhD

The Accreditation Council for Pediatric Neurosurgery Fellowships (ACPNS) was established in 1992 by a group of pediatric neurosurgeons who were concerned about the quality and content of fellowship programs. Just prior to the establishment of the ACPNS the Accreditation Council for Graduate Medical Education (ACGME) had agreed to accredit a one-year pediatric neurosurgical fellowship. However, when the Residency Review Committee (RRC) published the fellowship requirements they listed it as a two-year fellowship. None of the fellowships that were functioning at that time were two-year programs and therefore were not eligible. After the RRC was made aware of this, the criteria were not changed to a one-year fellowship. After five years no program had applied for accreditation, and the ACPNS withdrew the accreditation of the fellowship.

The ACPNS bylaws were drafted at a two-day special meeting in Maui and the ACPNS was incorporated in the state of Ohio. The ACPNS is a separate body, not a committee or part of the American Board of Pediatric Neurological Surgery (ABPNS) or the American Society for Pediatric Neurosurgery (ASPN). The ACPNS defines the criteria for pediatric neurosurgical fellowship training, reviews applicant fellowship programs and accredits. The council consists of three pediatric neurosurgeons, a pediatric critical care physician and a physician from childhood neurology. These five individuals are eligible to serve six-year terms.

The present chairman of the council is Ken Winston, MD. The other two neurosurgeons are Robert McLaurin, MD, and Marion Walker, MD. The member from pediatric critical care is Babette Horn, MD, of Children's Memorial in Chicago, and the individual from childhood neurology is Bruce Cohen, MD, of the Cleveland Clinic. At the last meeting of the ACPNS on July 20, 2001, three new programs

were reviewed, bringing the total number of approved fellowship programs to 22 accredited pediatric neurosurgical fellowships in the United States and Canada. The most recently accredited programs are the Cincinnati Children's Hospital, Denver Children's Hospital and Miami Children's Hospital.

The neurosurgical fellowships are reviewed every five years. All of the programs are coming up for review next year. This will be the third review by the ACPNS. The criteria for reaccreditation includes the submission of data from the previous year of practice and any change in staff or content of the fellowship training. All programs must be headed by a pediatric neurosurgeon, certified by the ABPNS, and a second neurosurgeon must be either certified or on track to certification. If there has been no substantial change in the content or leadership of the training program, the submitted data will be reviewed by the council and accreditation given for the next five years. Should there be a significant change in the program, then the program would be site visited and a decision to accredit the program would be made by the council following that site visit.

The Joint Section of Pediatric Neurosurgery voted unanimously to accept the ACPNS as the accrediting body for pediatric neurosurgery fellowships at the New Orleans meeting of the American Association of Neurological Surgeons. A member of the ACPNS sits on the Executive Committee of the Joint Pediatric Section as an ex-officio member.

The ACPNS is preparing a CD-ROM that will list all of the accredited programs and a list of the trained fellows and their present address. Criteria for a training program can be obtained from Dr. Winston and the forms to apply for a fellowship will also be made available. The most important function of the ACPNS is to maintain a high level of quality in the pediatric neurosurgery training programs.

# John Shillito Jr., MD, Given Top Honor

*John Shillito Jr., MD, was given the Joint Section for Pediatric Neurosurgery's Lifetime Achievement Award at the AANS Annual Meeting in Toronto. Below is Michael Scott's, MD, introduction of Dr. Shillito.*

John Shillito Jr. was born in Cincinnati, Ohio. After a two-year tour of duty on a destroyer in the Pacific, he received his bachelor's from Harvard in 1947. He graduated from Harvard Medical School in 1952. He began his post-graduate training at the Peter Bent Brigham Hospital in Boston, where he spent three years on the General Surgical Service under Francis "Frannie" Moore, MD.

Those were the days when the interns did all the lab work on blood and urine specimens, typed and cross-matched the blood, set up instruments in the OR for the next day's cases, etc.—the days of the "iron men" in surgery and neurosurgery. He was rotated through neurosurgery as an intern and was exposed to Drs. Franc Ingraham, Donald Matson and Edgar Bering. The first two were world-renowned pioneers in pediatric neurosurgery and the latter was a famed CSF physiologist. All three influenced his career choice of neurosurgery.

John began his neurosurgery training in 1955 in the program at the Children's Hospital in Boston and the Peter Bent Brigham Hospital and supplemented his training with a year at the University of Tennessee at the John Gaston city-county hospital, where he learned vascular neurosurgery under Francis Murphey, MD. He was appointed to the neurosurgery staff at the Children's and Brigham Hospitals in 1958 and worked his way up the academic ladder at Harvard Medical School, becoming Professor of Surgery in 1980.

Along the way, John held many posts in Boston-area hospitals. Among his important positions of leadership in the hospital were the Presidency of the Children's Hospital Medical Center staff and the hospital's Alumni Association. Nationally, he was a director of the American Board of Neurological Surgery from 1972 to 1977, a member of the Board of Directors of the American Association of Neurological Surgeons and a member of the Executive Council of this pediatric section. He was President of three neurosurgical groups: the Congress of Neurological Surgeons, the Society of Neurological Surgeons and the New England Neurosurgical Society. These many positions of authority were bestowed on him by his colleagues in our profession in recognition of his abilities as a leader and his qualities as a human being.

John has authored more than 70 papers in the peer-reviewed literature in the days when publication by academics was not as profligate as it is today. Among his co-authors were Drs. Murphey, Matson, Floyd Gilles, Robert Ojemann, Keasley Welch and numerous residents in whose training he played a major role, including Drs. Garry Fischer, Howard Eisenburg, Loren Amacher, Robert Martuza, Ken Winston, Cliff Gall, Greg Hornig, Matt Moore and others.

## **An Exemplary Teacher**

In his 50 years at Harvard Medical and Longwood Medical Area, John forged a reputation as an educator and teacher. Every year his classes on the clinical examination of a patient with neurological abnormalities, involving the demonstration of an actual patient before a class of medical students, were standing-room-only. The class was famed not only for teaching how to examine a patient but also how to treat the patient as a *human being*. He was an assiduous and careful teacher on the patient floors and in the operating room. He sought out the most junior members of the team, inviting them to scrub with him and teaching them the rudiments of proper handling of instruments in the operating room and proper operating room decorum.

He was a patient, careful teacher, and to me, one of the more striking aspects of his teaching abilities was his desire every year to be on call during the month of July when the new house officers came on board. In those days, we took call one month at a time, and July was always John's month, used by him to inculcate surgical skills and clinical know-how to the new house officers. His textbook on pediatric neurosurgery properly emphasized these issues with a great deal of attention given to detail and technique, even to prepping and draping.

He will leave a clinical legacy in many areas, including the management of sagittal synostosis. He wrote the first paper on this topic in 1961 with Dr. Matson. He also wrote important articles on surgery for stroke (he was among the first to perform a middle cerebral artery embolectomy in the days before microsurgery and microvascular technique), the treatment of hydrocephalus and the management of craniopharyngiomas in children. All of these papers have had a tremendous influence on our specialty and form the basis of treatment of many patients to this day.

John has been our link to our forebears in neurosurgery. Every year he presented a talk describing the changes that had occurred in the Longwood Medical Area over decades. He illustrated his talks with photographs of the early buildings and their subsequent replacements and with photographs and anecdotes of the surgical pioneers such as Drs. Cushing, Ingraham, Matson who created the tradition of Boston neurosurgery. When John retired, we lost something that can never be regained by any neurosurgical service, and we were fortunate to have had the wisdom of his perspective for such a long period of time.

In his retirement, he has not let the grass grow under his feet. When he left the service, he was given as a parting gift a MacIntosh computer—which he has mastered! He has become an inveterate e-mailer and will transmit a scanned photograph at the drop of a hat. He and his wife, Bunny, have a lovely retirement home in Fearington, N.C., where he conducts courses in photography both in the community and at the local community college. His photographs are hanging in many of the local businesses in the area, and he and Bunny are a vibrant, active part of their community.

*continued on page 11*

# News from the Hydrocephalus Association

The Board of Directors and the Medical Advisory Board of the Hydrocephalus Association are pleased to jointly release the following consensus statement on Physical Activities for Children with Hydrocephalus:

“All children have a need and the right to be their own person as they mature and explore their world. A child with hydrocephalus is no different. It is essential that he or she be treated as any other child and afforded every opportunity to live as normal a life as possible. The shunt is a very durable device and should pose no special problems to normal handling, physical activities or to childhood bumps and falls.”

“In general, the activities of children and adults with hydrocephalus should not be restricted. They should be encouraged to participate in regular activities, including school and after school physical education programs and recreational sporting activities. While some neurosurgeons are reluctant to have their patients participate in contact sports, it should be emphasized that the specifics of each patient’s situation are unique.”

“Consultation with a neurosurgeon is strongly recommended. Together, the neurosurgeon, the patient and the family should be the ultimate decision-makers regarding specific activities for each individual with treated hydrocephalus.”

This statement was published in our fall 2001 newsletter, as well as in our newly released *A Teacher’s Guide to Hydrocephalus*.

*A Teacher’s Guide to Hydrocephalus* is a 28-page booklet geared toward teachers of children with hydrocephalus who are in mainstreamed classes.

Chapter 1 introduces the condition of hydrocephalus, and Chapter 2 describes associated physical problems. Chapter 3 discusses various learning problems that may be associated with hydrocephalus, and offers strategies for overcoming them. Chapter 4 covers the emotional and social issues faced by many children with hydrocephalus, and the last chapter suggests additional resources.

A copy of *A Teacher’s Guide to Hydrocephalus* is available free to our members. Multiple copies are available for purchase. For a sample copy and an order form, please contact the Hydrocephalus Association at (415) 732-7040. Or stop by our table at the Pediatric Section meeting and pick up a copy.

Our updated, expanded Web site was launched in September: [www.hydroassoc.org](http://www.hydroassoc.org). We have a number of links to neurosurgical practices that have a specialty in hydrocephalus. If you have such a site and would like a link from our site, and vice versa, please contact our office.

## John Shillito, MD (continued from page 10)

### Testimonies from Peers

The Pediatric Section received numerous letters and requests that John be considered for the Lifetime Achievement Award of the Joint Section. I would like to read to you just a few of the excerpts from these letters:

- “Dr. Shillito is a consummate physician and neurosurgeon. He is an impeccable role model and it is hard to imagine that anyone could have spent much time on his clinical service without being deeply impressed by his compassion and thoughtful care to his patients and their families. His personal attention to detail was legendary. To those of us under his tutelage, he was invariably gracious, honest, and always a gentleman. His ties to tradition, his associations with Dr. Matson and Dr. Ingraham and his sense of history afforded him a perspective on pediatric neurosurgery that is unique.”
- “I have considered Dr. Shillito to be one of the founders of our field. I have often consulted his writings and my mentors have all spoken most highly of him.”
- “There is no question that he has been one of the most prominent pioneers in this field and a dignified teacher and mentor for numbers of pediatric neurosurgeons who have followed in his footsteps, not only in North America but also in other continents throughout the world.”

- “Dr. Shillito’s kind and gentle hand is evident throughout pediatric neurosurgery. He helped to establish the Boston program as one of the outstanding training programs for pediatric neurological surgery. Dr. Shillito has been a significant contributor in the training of general neurosurgeons to provide outstanding care for pediatric patients.”

In summary, this is a remarkable man, physician and surgeon. My own personal commentary on him is that he was always the doctor’s doctor in our neurosurgery office. He took care of physicians, their relatives, their children and their grandchildren. His office notes were models of thoroughness. He always created a word portrait of his patients that remained fixed in one’s mind, and his Polaroid pictures attached to the charts of every patient that he encountered served to document the changes wrought by years and the progression or the conquering of illness. He went down to the Emergency Room to see his patients personally and would make sure that they were wheeled up to radiology or to the OR, often carrying out these tasks himself. His attention to detail in the care of his patients is a skill and clinical art that is rapidly disappearing from our medical landscape. I should also emphasize that this man is extremely modest and would certainly not be sitting here listening to all of this were it not for the requirements of the day.

It is my greatest pleasure to present to you Dr. John Shillito Jr., the recipient of the Joint Section’s Lifetime Achievement Award in Pediatric Neurosurgery.

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**Thomas G. Luerssen, MD**  
Phone: (317) 274-8852  
Fax: (317) 274-8895  
E-mail: tluersse@iupui.edu

#### **Secretary**

**Rick Abbott, III, MD**  
Phone: (212) 870-9600  
Fax: (212) 870-9810  
E-mail: rabbott@bethisraelny.org

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**Jeffrey H. Wisoff, MD**  
Phone: (212) 263-6419  
Fax: (212) 263-8173  
E-mail: jhw1@nyu.edu

#### **MEMBERS AT LARGE**

**Douglas L. Brockmeyer, MD**  
Phone: (801) 588-3400  
Fax: (801) 588-3409  
E-mail: douglas.brockmeyer@hsc.utah.edu

#### **Philip H. Cogen, MD, PhD**

Phone: (202) 884-3020  
Fax: (202) 884-3091  
E-mail: pcogen@cnmc.org

#### **Andrew D. Parent, MD**

Phone: (601) 984-4500  
Fax: (601) 984-6986  
E-mail: aparent@neurosurgery.umsmed.edu

#### **Frederick A. Boop, MD**

Phone: (901) 259-5321  
Fax: (901) 259-5300  
E-mail: faboop@aol.com

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**John P. Laurent, MD**  
Phone: (713) 770-3950  
Fax: (713) 796-9636  
E-mail: pednsurg@msmail.his.tch.tmc.edu

##### **Rules and Regulations Committee Chair**

**Alan R. Cohen, MD**  
Phone: (216) 844-5741  
Fax: (216) 844-5710  
E-mail: alan.cohen@uhhs.com

##### **Membership Committee Chair**

**Ann-Christine Duhaime, MD**  
Phone: (215) 590-2780  
Fax: (215) 590-4809  
E-mail: ann-christine.duhaime@hitchcock.org

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**Ann Marie Flannery, MD**  
Phone: (706) 721-5568  
Fax: (706) 721-5551  
E-mail: aflanner@mail.mcg.edu

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**Rick Abbott, III, MD**  
Phone: (212) 870-9600  
Fax: (212) 870-9810  
E-mail: rabbott@bethisraelny.org

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Fax: (617) 734-2628  
E-mail: scottr@a1.tch.harvard.edu

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**Robin P. Humphreys, MD**  
Phone: (416) 813-6427  
Fax: (416) 813-4975  
E-mail: robin.humphreys@sickkids.on.ca

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**Paul A. Grabb, MD**  
Phone: (205) 939-9856  
Fax: (205) 939-9972  
E-mail: paul.grabb@ccc.uab.edu

###### **Publications Committee Chair**

**Sarah Gaskill, MD**  
Phone: (210) 615-1218  
Fax: (210) 615-1215  
E-mail: scushing@concentric.net