Neurosurgical forum

Foundation for International Education in Neurological Surgery, Inc.

To The Editor: It has now been 5 years since the creation of the Foundation for International Education in Neurological Surgery, Inc. In 1972 there appeared in the Journal of Neurosurgery a report of activities of this foundation between the years 1970 and 1972. This is a similar report for the period between 1972 and 1974.

Activities of this Foundation have continued to increase in scope and volume. We have received many requests for help from young neurosurgeons desiring to come to the United States. We have collaborated with the committee of the Congress of Neurological Surgeons, Inc., which maintains a registry of neurosurgical residency appointments, and have accumulated a roster of neurosurgical units that offer fellowships. During the past 2 years we have helped to place 10 young foreign neurosurgeons in one of these two types of appointments.

We have assisted in the interchange of neurosurgeons at varying levels of training and experience. With our help, five senior American neurosurgeons are obtaining sabbatical-leave appointments in African countries. We are helping two foreign neurosurgeons to find neurosurgical positions in North America, and are assisting an American neurosurgeon who plans to emigrate to obtain neurosurgical employment abroad. We have offered an interest-free loan to cover travel expenses for a young Canadian neurosurgeon seeking additional experience through an appointment to a neurological unit in a developing country.

Since its inception, the Foundation has received numerous inquiries from foreign neurosurgeons with various levels of experience who wish to come to the United States or Canada for several months or a year. We have also received occasional requests from neurosurgical training programs in the United States seeking someone to fill in during a prolonged absence due to illness or sabbatical leave, or to fill an occasional temporary gap in a neurological residency training program. It occurred to us that these requests might be met if, in some selected instances, the encumbrance of successful completion of the requirements of the Educational Council for Foreign Medical Graduates (CFMG), and the examination for state licensure could be eliminated. We approached the CFMG and were pleased to find that it was already directing some of its activities toward this goal. We share its belief that this would decrease, rather than increase, the so-called "brain drain." So far the CFMG has obtained temporary state licensure in three states but none has involved a neurological surgeon. We have sent an explanatory letter to each of the neurological program directors in the United States offering our services and those of the CFMG to get temporary medical licensure for foreign medical graduates desiring to practice neurological surgery in the United States, but have received no requests for this kind of assistance.

We have cooperated with the Committee on Neurosurgical Education of the World Federation of Neurosurgical Societies, Inc., and with the Committee on Foreign Medical Graduates of the American Association of Neurological Surgeons (AANS). The chairman of both of these committees are Trustees of this Foundation. In collaborating with the Committee on Foreign Medical Graduates of the AANS, we obtained from the American Medical Association a computer printout listing foreign medical graduates in the United States. This information was translated into an exhibit which was shown at the Annual Meetings of the AANS in Los Angeles in April, 1973, and the Congress of Neurological Surgeons in Honolulu in October, 1973. We have cooperated with and provided information for CARE-MEDICO; one of the Foundation’s trustees is on the Executive Committee and MEDICO Advisory Board of CARE-MEDICO. We have responded to 13 inquiries from neurosurgeons in North America planning visits abroad and from neurosurgeons abroad planning visits to the United States. In such instances we provide whatever information we have on neurosurgical educational opportunities and try to arrange liaisons and hosting wherever possible. With the coopera-
tion of the AANS and the Congress of Neurological Surgeons, we have arranged invitations for foreign neurosurgeons to attend national meetings in this country and to provide hosting facilities while they are here.

Although the Foundation's policy has always been that its strength stems primarily from the available pool of neurosurgeons and ancillary medical personnel, rather than from financial resources, we have designated and expended funds for several specific projects. In response to a request from a South American neurosurgical-neurological institute for a hospital administrator consultant, we have paid round trip economy air fare for such a person and his wife; housing and maintenance were provided by the host institute. Reports from the institute indicate that the visit was productive; the administrator has maintained contact with that institute and continued to assist them since his return to the United States. We also provided funds for the round trip economy air fare of a South American neuroanesthesiologist who came to the United States for further specific training at a prominent neurosurgical training program in this country. We have designated funds making it possible for a South American neuroradiologist to come to the United States for further training.

We receive many requests from foreign neurosurgeons and neurosurgical clinics for specific project support. Most of these requests have concerned the visit of a foreign neurosurgeon to the United States for a few months to study microneurosurgery, or to provide books and journals for a library in a foreign neurosurgical unit. Due to our limited budget and the large number of requests, we have regretfully declined support in these two areas. We do try to facilitate visits by training program directors to their former trainees, and vice versa. If the program director wishes to visit a foreign medical graduate trainee, we may sponsor the visit on a non-cost basis. If the program director or his designate cannot go, we try to recruit a volunteer if the foreign medical graduate requests it. If he has no one to care for his practice while he is continuing his education, we help recruit a volunteer to “tend the store” for him while he is away; this service may also apply to vacation coverage.

During the past 2 years we have initiated our first overseas volunteer project. A new neurosurgical unit in Singapore has requested a roster of neurosurgical staff volunteers until permanent personnel have been recruited and trained. The Singapore institute furnishes a stipend that covers housing and provides an automobile. We have offered to pay round trip economy air fare for anyone volunteering for 2 months or longer, or for a volunteer and his wife who plan to spend 4 months or longer at the Singapore institute. The first volunteer began his tour of duty in January, 1974, and at present the roster is filled through December, 1975. Reports from the Singapore unit and the volunteers indicate that the visits have been mutually enjoyable and productive.

We have tried to publicize the existence of this Foundation to all neurological surgeons. Critical in soliciting financial contributions is evidence of the judicious expenditure of funds, to which we hope the treasurer's report will attest. On a very limited budget we have helped neurosurgeons obtain residency appointments, fellowship or sabbatical appointments, and made arrangements for housing and travel with no expenditure of funds other than secretarial expenses. Attendance at Board meetings has been remarkably consistent and always at the expense of the Board member. During the early years of the Foundation it was necessary to build financial resources; now we have accumulated enough to designate funds for selected projects. We hope that although the funds spent will deplete the Foundation's resources, awareness of these expenditures will attract increased financial support. We continue to be grateful to the World Federation of Neurosurgical Societies, American Association of Neurological Surgeons, Congress of Neurological Surgeons, Society of Neurological surgeons, American Academy of Neurological Surgery, Neurosurgical Society of America, and the Southern California Neurosurgical Society, as well as the Uihlein Foundation and Crooker Foundation, for their contributions to this Foundation. After establishing a broad base of support among neurological surgeons, we plan to seek funds from industry and other non-neurosurgical foundations.

We are particularly grateful to the 221 neurological surgeons who have contributed to the activities of this Foundation by maintaining their sustaining or contributing
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membership during 1974. As indicated in a recent letter to the editor of the Journal of Neurosurgery from Ernest Sachs, Jr., we earnestly desire participation of the many other neurosurgeons in North America by sustaining ($50.00 per year) or contributing ($10.00 per year) membership in this Foundation. Not only will the individual contribution provide additional financial support but it will be of even greater value in justifying our attempts to obtain funds from non-neurosurgical sources. Without the interest, support and generosity of a large number of neurosurgeons, the Foundation for International Education in Neurological Surgery could not exist.

We were deeply saddened by the death of Hendrik J. Svien, the first Chairman of the Board of Trustees of this Foundation. Dr. Svien had been active in this Foundation since its inception and his participation and leadership will be sorely missed. A. Roy Tyrer, Jr., has been elected Chairman of the Board of Trustees and Lester A. Mount First Vice-Chairman. In addition, there have been a number of changes in the composition of the Board of Trustees during the past 2 years. Harold C. Voris, who served as Treasurer from its inception, has resigned from the Board of Trustees, but has agreed to continue as a consultant to the Board. Bernard S. Patrick has been elected Treasurer. Trustees Alfred A. Uihlein and Kenneth E. Livingston have now become consultants to the Board.

We have also been fortunate in obtaining two non-neurosurgical consultants to the Board of Trustees, both of whom are well known in the area of international medicine. These are Kenneth Holland, former head of the Institute of International Education, and William Polk, President of the Stevenson Institute. We anticipate that both men will provide guidance and counsel in many areas in which other Board members are less experienced and less knowledgeable. New members of the Board of Trustees are: Bernard Patrick (Treasurer), H. Harvey Gass, Courtland Davis, and Ernest Sachs, Jr. We are especially grateful to Benjamin Hippe, LL.B., a member of this Board of Trustees, who has served faithfully and provided invaluable legal counsel at no charge to this Foundation.

WILLIAM H. MOSBERG, JR., M.D., Secretary
Foundation for International Education in Neurological Surgery, Inc.
Baltimore, Maryland

References

Address reprint requests to: William H. Mosberg, Jr., M.D., Secretary, Foundation for International Education in Neurological Surgery, Inc., 803 Cathedral Street, Baltimore, Maryland 21201.

Quantitative Evaluation of Patients for Shunt Therapy

TO THE EDITOR: The recent article by Mahaley, et al., (Mahaley MS Jr, Wilkinson RH Jr, Sivalingham S, et al. "Radionuclide blood levels during cisternography of patients with normal-pressure hydrocephalus or Alzheimer's disease. J Neurosurg 41: 471-480, 1974") represents an attempt to arrive at a quantitative method of determining whether patients will be benefited by a shunting procedure. The author measured the rate of transfer of a radionuclide tracer, ^131I-HSA, from CSF into the blood. Although this approach is theoretically promising, I think that several technical errors in the methodology and calculation of the data largely invalidate the authors' results.

^131I-HSA is known to be primarily absorbed from the subarachnoid space into the blood through the arachnoid villi. This represents the rate of absorption of the CSF, namely, it is a measure of "bulk flow." Patients who received epidural or subdural injections of the isotope were not excluded from the study; however, the absorption of the isotope from these spaces may not represent bulk flow. No data are available on this point.

The counting data from the blood samples were calculated as percent of injected dose.