Neurosurgical forum

laurels, and take our rightful place on the team.

Some nursing leaders will say in defense of this that physician’s assistants perform mostly mechanical tasks which are not really important anyway. Some said that about nurses in the operating room, too. Those of us who have been there know what a gross misjudgment that is. How boring medicine would be if we could not perform those mechanical jobs that are not only fun to do but also require a great deal of skill. Neurosurgeons probably appreciate this quality in a nurse as much as anyone. No one is more dependent on nursing observations and expertise. Physicians have a way of inspiring nurses to expand their horizons and reach out for responsibility. I hope this never ceases. I would like very much to know how the members of the American Association of Neurological Surgeons feel about this and would welcome your comments.

I realize that this is a two-sided coin but I do not wish to turn this communication into a discussion of the personalities or attitudes of physicians. I wish only to point out that nursing is not the only side at fault for this bypass grafting of responsibility to paramedics.

Nursing is no longer a job. It is a full-time career and we should be treating it as such. As with any other vocation, along with medicine comes the responsibility of contributing one’s self and one’s energies far beyond what is merely basic to getting the job done. If we are not willing to do so, or willing to rely on our expertise and experience and broaden our scope of practice, then we must be willing to be treated as handmaidens.

Professional nursing organizations are contributing significantly to the renewal of attitudes and the continuous upgrading of care rendered by their members. I want to see the American Association of Neurosurgical Nurses way ahead of the group.

PATRICIA RAUCH, President,
American Association of Neurosurgical Nurses
Macungie, Pennsylvania

AANN Workshop Speakers

TO THE EDITOR: The American Association of Neurosurgical Nurses (AANN) in its continued effort to fulfill its purpose has established regional chapters throughout the country. These chapters conduct monthly educational sessions and in many areas have sponsored workshops. The interest and response by nurses has been excellent. The need for guest speakers is growing. Subject matter may involve neurosurgical nursing, neurological surgery, neuroradiology, or any related field. The Educational Resources Committee of the AANN maintains a Speakers Bureau and the need to expand it is evident. Anyone interested in being included may write to me at 1909 Winexburg Court, Silver Spring, Maryland 20906. Please state name, address, specifics of preferred topics, and qualification. Thank you for your response. Our combined efforts and interest will continue the upward trend in excellence of health-care delivery to the neurosurgical patient.

MILDRED L. GITOMER, Chairman
Educational Resources Committee, AANN
Silver Spring, Maryland

Neurosurgical Materials and Devices

TO THE EDITOR: The September issue of the Journal of Neurosurgery contained an article on neurosurgical materials and devices (Burton CV, McFadden JT: Neurosurgical materials and devices. Report on regulatory agencies and advisory groups. J Neurosurg 45:251-258, September, 1976). The article was intended as a reference resource for members of our profession to the many significant events occurring in the device field. Neurosurgeons with an interest in implants will be interested to know that a comprehensive literature search on neurosurgical implants was awarded to the Utah Biomedical Testing Laboratory (UBTL) by the Food and Drug Administration (FDA) at the beginning of 1976. This report has been completed and copies can be obtained by contacting: Mr. Larry Kobrun, FDA Bureau of Medical Devices and Diagnostic Products (HFK-300), Silver Spring Plaza, 8757 Georgia Avenue, Silver Spring, Maryland 20910.

On the basis of this report, A. U. Daniels, Ph.D., recommended, at the July 23 meeting of the FDA Neurological Device Advisory Panel in Washington, that additional reviews of specific devices and materials be based on the literature assembled, user experience surveys, and examination of both new and used retrieved implants. Neurosurgical implants are presently defined by the UBTL as “manufactured devices or materials placed locally within the human body for more than
30 days as part of the practice of neurosurgery or any other implants whose primary interaction is with the nervous system." The UBTL noted that it was "very difficult" to identify accurately materials and devices from the scientific and manufacturing literature. One example was aneurysm clips where, of 24 distinct designs, the device material could not be determined in eight cases.

With the passage of device legislation on May 28, 1976, the FDA is now focusing its priority on implanted, life-sustaining, and life-supporting devices. It is evident from preliminary FDA regulations that by the end of 1976, both old and new implanted devices will require "investigational device exemptions" (IDE). It also appears that after the regulations go into effect, no human research on devices will be allowed without an approved IDE. The basic requirements for an IDE are spelled out in the new law (Section 520 (G)) and include: institutional peer review of the study, informed patient consent, record-keeping and recording, plus initial justification of the research.

Charles Burton, M.D.
Minneapolis, Minnesota

Hangman's Fracture

To THE EDITOR: Drs. Seljeskog and Chou have performed an excellent update on hangman's fracture treatment (Seljeskog EL, Chou SN: Spectrum of the hangman's fracture. J Neurosurg 45:3-8, July, 1976). As quoted, I earlier believed that anterior fusion was necessary in selected patients. My work was done in the "pre-halo" era; I now fully concur with the authors' treatment regime.

Horace Norrell, M.D.
Sarasota, Florida

Local Hyperfibrinolysis and Subdural Hematomas

To THE EDITOR: We found the article by Ito, et al., of great interest (Ito H, Yamamoto S, Komai T, et al: Role of local hyperfibrinolysis in the etiology of chronic subdural hematoma. J Neurosurg 45:26-31, July, 1976). We are pleased to see that these investigators have verified in 18 more cases our previously reported observations1,2 of local hemostatic-fibrinolytic alterations as a contributing factor in the enlargement of these lesions in man.

Enrique L. Labadie, M.D.
David Glover
Tucson, Arizona

References