President's Message

After an enjoyable and highly successful annual meeting this October in New Orleans, SNACC is now in its second full year of operation with new professional management and I am happy to report that the Society’s infrastructure is strong. It is now time to begin looking forward to new initiatives and to strengthening current programs. This quarter’s Newsletter will detail some of the changes and innovations that we are going to implement in the near future.

First and foremost, I want to extend an invitation to our membership to participate. Any and all suggestions, ideas or comments as to what we are (or are not) doing are welcome. Our primary resource is our membership if you have ideas or would like to offer your time and talents in any way, please contact me.

In addition to continuing our efforts to interact with international neuro-anesthesia societies, we are going to reach out to other subspecialty groups which are, like SNACC, also component societies of the ASA.

Building bridges in this way can increase communication, allow cross-fertilization of ideas and perhaps make possible new insights into old problems. There are many areas of overlap between neuroanesthesia and other subspecialty domains that could benefit from open lines of communication.

One area which exemplifies overlap of interests and expertise is critical care medicine. We are looking closely at the Society’s interaction with and consideration of critical care medicine, and as a first step in this direction we are exploring the possibility of co-sponsoring a joint session of mutual interest to both the American Society of Critical Care Medicine and SNACC at an upcoming annual meeting. Benefits of such a co-sponsorship might include pooling of resources to attract high-level speakers and to allow a multi-disciplinary forum for discussions of common interests.

Another area that I would like to emphasize is our participation in Internet communications. We are on the cusp of a communications revolution; however, we are a long way from realizing the full potential of this power. Many of us (myself included sometimes!) groan when trying to browse the world wide web and wait endlessly for things to download or screens to update; we are much closer to the end of the beginning than to the beginning of the end. But we must try and look forward to a time in which network-based communications takes a prominent role. When Ford put model-Ts on the road, manufacturers of buggy whips probably didn’t feel threatened at the time, but, in retrospect, there were certainly better stocks to invest in.

SNACC will continue to encourage and support efforts to insure that the Society has a vibrant presence on the WWW and, as much as resources allow, a full range of Internet services for members of the society. Such a vibrant presence on the WWW is predicated on a wide selection of quality material available for distribution. If you have material that you would like to have us consider to be featured on our Website, please contact us. This could be a wide range of things, including case material, protocols, brief topic reviews - in short, anything that you feel might be of interest to other members of SNACC. In some ways, such an exchange is an experimental process as the borders and limits between Internet-based and traditional publishing/peer-review processes become better-defined. But the net result of increased exchange of information is the potential to become better informed. This goes equally for the latest scientific considerations and for on-line deliberations of difficult clinical situations.

Continued on page 2

What's Inside

Dinner Symposium........................................... page 2
1996 Annual Meeting Summary........................... page 3
ASA Breakfast Panel....................................... page 3
Visit to China.................................................. page 4
Literature Review............................................. page 5
Internet Update............................................... page 6
Business Meeting Report................................... page 7
CME Assessment.............................................. page 7
Calendar of Meetings.................................... back cover
New Members............................................... back cover
President's Message from page 1

There has been discussion recently in other anesthesia subspecialty groups of applying for and obtaining formal recognition of fellowship status. This accreditation process, which is handled by the American Council of Graduate Medical Education, is usually a prelude to subspecialty certification. We will continue to monitor developments by other groups and open the topic for discussion among the membership. At the very least, the Society can be more active in making information regarding neuroanesthesia fellowships available and exploring ways to offer or suggest curriculums to interested parties.

Fellowship accreditation leads me to my final topic. The impetus of neuroanesthesia on the intellectual life of our specialty, anesthesiology, is much larger than one would predict from counting fellows or the number of neurosurgical anesthetics delivered. In 1991-94, for example, only 3% of fellows were described as being in neuroanesthesia (ASA Newsletter 59:6-9, 1995). My personal belief is that, in the long run, scholarship is going to keep the subspecialty of neuroanesthesia alive and on the cutting edge, not accreditation issues. When I say "scholarship," I am not simply referring to research, although this is an important piece. Scholarship includes writing of every stripe - reviews, essays, letters-to-the-editor in short, disseminating ideas for discussion. It involves teaching our students, residents, colleagues and the public. And scholarship is also needed to balance our patients' and society's needs with efficient and ethical resource allocation and management. Scholarship is important from the largest academic center to the smallest community practice; in concert with excellent patient care, scholarship will insure that anesthesiology remains an indispensable component of the larger practice of medicine. It is in scholarship that we, as a subspecialty, continue to excel.

In closing, let me say that it is my great honor and pleasure to be able to serve the Society and continue a tradition of excellence. I look forward to my interactions with the membership during the coming year. □

William L. Young, MD
President

Dinner Symposium

SNACC and Glaxo-Wellcome sponsored what is now becoming ritual, a dinner-symposium on the eve of the annual meeting. It was well attended and we must thank Dr. David S. Warner who put together a panel on the "Use of Narcotics as anesthetic components during neurosurgical procedures". The first speaker Dr. Peter Glass (Durham) made a presentation on The Pharmacology of Intravenous Opioids, focusing on the new generation of narcotics. This was followed by a highly educational address by Dr. Christian Werner from Munich who explored the different issues regarding the use of Narcotics in Neurosurgical Patients: hemodynamic, metabolic and effects on intracranial pressure. Finally Dr. Warner (Durham) presented the results of a collaborative study with Columbia University comparing the effects of a new ultra-short acting narcotic to fentanyl during neurosurgical procedures.

After these presentations, Dr. Warner animated a discussion with the panel and the audience was invited to participate. This ended in a very active and critical debate on the possible clinical utility of this new agent during surgical management of intracranial procedures.

Jeffrey Kirsh, M.D.
Johns Hopkins Hospital

PLAN NOW TO ATTEND

25th Annual Meeting
October 17, 1997
San Diego, CA
24th Annual Meeting Summary

The Society of Neuroanesthesia and Critical Care met for its 24th annual meeting in New Orleans on October 18, 1996. There were over 200 participants this year, making this one of our largest and most successful meetings to date. As usual, there were a wide range of scientific topics and professional opinions (animatedly) discussed. Dr. Arthur Lam was the organizer of the meeting and as expected he did an outstanding job. The primary focus of the meeting was the status of brain protection in 1996.

After welcoming statements by our outgoing president Dr. Adrian Gelb, the morning began with a discussion of nitric oxide (NO). Dr. Richard Traesman delivered a basic science update on research investigating the role of NO in cerebral blood flow regulation. Dr. Verna Baughman followed with a summary of the current (and potential) clinical applications of NO.

The SNACC Young Investigators award was then presented to Dr. J. Guy who presented his clinical comparison of remifentanil and fentanyl in craniotherapy patients. This was a multicenter study which demonstrated that remifentanil is at least as safe as fentanyl for use in patients undergoing elective craniotherapy to remove space-occupying lesions. After the award presentation, the plenary session divided into clinical workshops or oral presentations.

The clinical workshops (on Evoked Potentials/EEG or Transcranial Doppler) were a new addition to the meeting and were very well attended. It is clear from the level of participation and active discussion at these workshops, the "experiment" was a great success. Next year the planning committee is considering increased capacity and additional topics for the workshops.

Oral presentations ranged in topic from the use of transgenic mice for the study of mechanisms of ischemia-refusion to preliminary data from a clinical multi-center study investigating hypothermia during aneurysm surgery. The active participation of the audience enhanced the already outstanding presentations by the abstract authors.

During the afternoon session three very dynamic speakers provided the meeting participants with a very nice summary of ongoing clinical trials utilizing hypothermia (Dr. Steven J. Allen), NMDA receptor antagonists (Dr. M. Ross Bullock) and trilized mesylate (Dr. E. Clarke Haley, Jr.) which are being evaluated as therapeutic agents in the setting of brain injury from trauma and subarachnoid hemorrhage. The formal presentations were followed by an active discussion which provided the meeting participants with a well-rounded view of the implications of these clinical trial results for the care of our patients in the operating room and neuro-intensive care units.

SNACC participants then viewed posters in small "walk-around" groups which allowed for 10 minute group discussions on each subject. Posters were grouped by topics which ranged from cerebral monitoring to experimental head injury and cerebral protection to cerebral blood flow physiology. Moderators for each of these small groups were specifically chosen to be individuals who are experts in the field and who would facilitate discussion among the participants. The poster session time flew. There were many outstanding posters but not enough time to see everything of interest.

The plenary session then reassembled for a final heated debate on whether cerebral protective measures exist for clinical use in 1996. Dr. Christopher Thompson argued that intraoperative cerebral protection was already a reality and Dr. Michael Todd argued that intraoperative cerebral protection was still a fantasy. Many good points were made by both experts, but the debate, as expected, concluded with a divided audience.

Laurel E. Moore, M.D.
Bayview Medical Center
The Johns Hopkins School of Medicine

ASA Breakfast Panel and Workshop

An American Society of Anesthesiologists ASA Breakfast Panel was sponsored by SNACC on the "Management of Head Injury: Current Concepts" at the annual ASA meeting on October 22, 1996. The panel was planned and moderated by Christian Werner (Munich, Germany) and well attended. Basil Matta (Cambridge, UK) addressed the issue of whether anesthetic technique makes a difference, while John Drummond (San Diego) discussed controversies in perioperative management of patients with traumatic brain injury. Donald Prough, (Galveston) provided insights on the issue of whether monitoring of head injured patients improves outcome. Members of SNACC would like to thank Dr. Werner for his efforts in organizing this panel.

A workshop on "Intraoperative Electrophysiologic Monitoring" was also sponsored by SNACC during the ASA meeting. Moderator for the workshop was Tod B. Stun (San Antonio) who helped rotate participants through three stations, each dealing with a different aspect of electrophysiologic monitoring of the nervous system. The Faculty Members were James N. Rogers (San Antonio), Michael E. Mahla (Gainesville), and Marc J. Bloom (Pittsburgh). Each faculty member contributed as a station leader who demonstrated and monitored techniques in live models and used other demonstration techniques to show how basic monitoring is conducted.

Patricia H. Petrozza, MD
Bowman Gray School of Medicine
Impressions From A Fleeting Visit to China

I left the ASA with the usual mixed feelings and headed off to China with many mixed preconceived expectations. What I found shattered my ignorant notions and made me cautiously optimistic about the potential future of Academic Anesthesiology in China. What follows is not a travelogue, there are many more eloquent reports on the history, geography and glories but simply a cataloguing of some of my impressions.

There clearly is a heavy handed bureaucracy present, but I was very pleasantly surprised by the relative ease of the arrival and departure. The former was through Xi'an's new airport and the latter through Beijing's hopelessly undersized airport. Passport control involved no exchange of words, simply scrutiny of the booklet and stamping the arrival/departure papers while Customs was a barely perceptible nod of the head to indicate "keep on walking". The expected interrogation and search never occurred and has apparently become uncommon, at least for tourists. Indeed, everywhere, bureaucrats whether checking passports, selling tickets or maintaining order at a museum were polite and helpful but firm in what was or was not allowed.

The first and most persistent surprise was the huge number of motor cars, apparently something that has escalated over the past 5 years. Yes, there are still a lot of bicycles which on the major thoroughfares have their own "roads" immediately adjacent to and connected to those used by the motor-cars much like the collector lanes on our highways. I had expected to find a much greater uniformity of motor vehicle such as is found in India. However, besides Chinese made vehicles, the Japanese brands including Lexus, the German brands VW and Audi and to a lesser extent Jeep Cherokee were all abundantly present. Most North American brands are not much in evidence. Driving in Beijing was very congested but fairly orderly while in the other cities visited the driving style was more "Asian" i.e. much honking and a subtle blend of who got to the intersection first, who has the bigger vehicle and who gave in first.

Atmospheric pollution is a huge problem in evidence wherever one looks or breathes. One may abhor splitting in public but it doesn't take long before one is also persistently coughing and clearing griny phlegm. Sources include the cars and the use of coal for cooking domestically and at cheaper restaurants and as the primary source of electricity. All of us will pay the price unless there is quick meaningful action.

The most startling discovery about Health care was that everyone "pays" for their care: definitely not my preconceived notion about how a communist state would look after its citizens. If you work for the Government, the military, a corporation, etc. they pay for you otherwise it's out of the individual's pocket. On ward rounds, it was occasionally possible to discern different levels of care provided to patients with similar problems and which were ascribed somewhat sheepishly on questioning to the inability to pay the fee. Similarly, education to grade 9 is compulsory but also involves the payment of a fee. The fees by our standards are very small but proportionate to income they can be quite large. However, on the other hand most people do not qualify to pay income tax at all.

The hospitals visited were all approximately 30 years old or less with a ward layout similar to most North American hospitals i.e. a blend of 1, 2 and 3 person rooms but rather frugally furnished. The operating rooms were surprisingly well equipped compared to most non Western countries I have visited. Every room had an oximeter and non invasive automatic blood pressure machine but a rather limited number of capnometers. All seemed to have access to at least one or two high end units e.g. HP Merlin. Similarly anesthetic machines ranged from stripped down Boyle's machines to the sort of machines we use in our daily practice. Thiopental, enflurane, isoflurane and fentanyl seemed the most common drugs but propofol, sevoflarane and desflurane can be found in some of the premier institutions. In some other Asian or African countries all these commodities usually exist in the private non teaching hospitals while the government funded teaching hospitals use antiquated goods. The presence of the "state of the art" at the teaching institutions with subsequent spill over elsewhere is one of the things I found encouraging. I was however discouraged by the relative absence of stocked departmental libraries although I was assured that all the major books and journals could (eventually) be obtained through the institutional library.

I was also surprised by the amount, relative to many other countries, of anesthesia related laboratory research. There is a lot of in vivo animal work, quite a lot of it relating to cardiopulmonary bypass or global cerebral ischemia, but there also seems to be some cell culture and molecular biology work. For example, Prof. Yun Yue who is slowly establishing a strong academic unit in Xi'an, has people involved in cross circulation studies to establish anesthetiic actions on the brain and spinal cord, excitatory amino acid and free radical brain levels during CPB, electrophysiological assessment of depth of anesthesia. Studies seem to be appropriately done although the discussion, at least in English, is often quite narrow or unrealistically imaginative. The potential for some departments to develop into well rounded academic units is clearly there as is the desire to achieve such status.

I would encourage anyone who has the chance to visit this fascinating country to do so. The anesthesiology departments would welcome your visit and you will find your hosts polite, gracious, appreciative and interested in improving what they do clinically. In addition, you will learn to eat peanuts with chopsticks and on your return you will feel so nimble that you will offer to scrub in and help your friendly neurosurgeon do a difficult aneurysm.

Adrian W. Geith, MB, FRCA
University Hospital
London, Ontario
The results of the study showed no statistically significant correlation between NIRS and SjO2. Fourteen incidents of significant decreases in SjO2 were noted during the study. The NIRS failed to detect any of these. The authors concluded that NIRS is not sufficiently validated for detecting cerebral ischemia in head injury patients.


Despite its well established use in neuroanesthesia, the mechanism of action of mannitol in the reduction of intracranial pressure (ICP) has not been completely elucidated. Convolution wisdom in this matter holds that manni tol creates an osmotic gradient favoring the movement of fluid out of the brain. If this is the case, then serum osmolality should increase and ICP should decrease after mannitol is given. This study employed a unique cat model to investigate this relationship.

Cerebral edema was induced in 12 anesthetized cats by subjecting them to 60 minutes of continuous arteriovenous hemofiltration with countercurrent dialysis (CAVH-D). The ultrafiltrate generated by the CAVH-D was replaced with a hypertonic solution, thereby causing serum osmolality to decrease. A euolemic state was maintained. At the conclusion of the CAVH-D, 6 of the cats were given mannitol. Intracranial pressure was measured by means of previously placed intraparenchymal ICP monitors.

As expected, intracranial pressure, which had risen during the CAVH-D, decreased to a greater extent in the mannitol treated cats. Serum osmolality in the untreated cats rose after the discontinuation of CAVH-D. The surprising finding was that serum osmolality measurements made 15 minutes after mannitol administration showed a further decline. This result would not support a mechanism of mannitol action that required the creation of an osmotic gradient. Even 30 minutes after receiving mannitol, the treated cats had lower serum osmolarities than the untreated ones.

The authors suggested that the increase in serum osmolality after mannitol administration is very transient while the impact of mannitol on ICP is prolonged. □

Cleveland Waterman, M.D.,
Louisiana State University Medical Center

SNACC Bibliography Completed

The 1996-97 bibliography has been printed and will be distributed to the chairs of all anesthesia residency programs.

This 224 page publication was provided by an unrestricted educational grant from Zenea Pharmaceuticals. Dr. Jeffrey R. Kirsch served as the Editor and was assisted by Co-editor, Drs. Daniel Cole and Priyush Patel.

We encourage the membership to make use of the bibliography which is accessible on SNACC's Website (http://ira-mac.ucsf.edu/snaccweb/snacc.html). We also have a limited number of copies available to members who do not have access to the World Wide Web. Please request printed copies from the SNACC administrative office.

1996 Dues Statements Mailed

The membership received their first notice for 1997 dues in early October and a second notice was mailed the third week of November.

You are encouraged to forward your payments as soon as practical in order to ensure the continuity of your membership.

A Special Note to those that receive the Journal through your membership. The publisher needs to know all persons that have renewed their membership with a journal subscription by the end of January, or the subscription will not be renewed.

Should you have any questions about your dues, please call the administrative office at (804) 673-9037. □
Video On the Net

The jewel in the crown of multimedia is video. For the present time, however, video on the World Wide Web is only cubic zirconium. The WWW is unable to provide the data transfer rates that video demands for smooth motion without intolerable download times. The huge files necessary for storing video information must be massively compressed in order to traverse the web. The result is a small jerky picture that blurs when anything more than a pair of lips is moving. But the promise is obvious and the time is now to learn how to manipulate video.

There are numerous competing systems for performing the compression necessary to display video on a web browser. The player for viewing the video is generally free while the software for putting video on the web ranges in cost from five hundred to several thousand dollars. The viewing software programs are "plugins" that extend the capability of the web browser. The plugins usually do not come with the browser, but must be added after installation of the browser. Which system will be predominant a year from now is anybody's guess.

The system that is currently in the lead is probably VDO LIVE. VDO LIVE is in use on several anesthesia web servers. The GASNET server at Yale University has a video library that contains several ASA and Anesthesia Patient Safety Foundation clips. The address of the video page is http://gasnet.med.yale.edu/reference/videos/. These clips were originally intended for playback to a regular TV, so some text in the video may be difficult to read on a diminutive web video screen. Another Vidoct Live offering comes from the Division of Anaesthesiology and Critical Care at The University of Queensland, Australia. Their video site can be reached by typing http://gasbone.herston.uq.edu.au/vdo.html into your web browser. Lectures given at the university were video taped and formatted for the web. The topics include positioning in anaesthesiology, nitrous oxide and diabetes. The VDO LIVE system has the advantage of being able to dynamically match its data transfer rate to the speed of the web browser's connection. However, if the Internet connection is poor, video information can be lost in favor of transmitting audio.

A competing system is Vivo Active. It doesn't have as good a compression algorithm as VDO LIVE but it appears to have a better fail-safe in the event of heavy Internet traffic. VDO LIVE drops video information in heavy traffic while Vivo Active comes to a halt and starts up again when the connection improves. An example of Vivo Active content can be seen on the anesthesia server at Louisiana State University Medical Center in Shreveport. The web address is http://www.anesthesia.lsumc.edu/video/caudal.htm. This clip shows a caudal anesthetic done at LSUMC. Moreover, it illustrates the capabilities of desktop computer video editing in enhancing web presentations. Desktop editing allows titles to be overlaid on moving video as well as inserting still images into a video clip. The audio segments can also be altered. All of the work was done using a pentium based computer and an 8mm camcorder. The technique for doing this will be presented in greater detail by this author at the International Symposium on Computing in Anesthesia and Intensive Care that will be held at Yale University in April of 1997.

Video on the net is in its infancy. Video on CDROM is on the verge of exploding into adolescence. The next SNACC newsletter will explain why.

Cleveland Waterman, M.D.
Louisiana State University Medical Center
cwater@lsumc.edu

SNACC Website News

The Society's web site (http://ira-mac.ucsf.edu/ snaccweb/snacc.html) continues to be a popular point of reference for web surfers of all types. On average, there are about 100 references per day to the SNACC Bibliography pages. For privacy reasons, identifying data is not stored for individual users, however, review of the server logs indicates a healthy mix of academic and public/commercial users. The site has received visits from more than 80 countries. Jeff Kirsch and I have begun to dress up the Bibliography a bit by including hot links on each topic page to other relevant web sites.

SNACC has formed an Information Technology Committee to formulate plans to expand the Web site as a service to the membership and try to increase public understanding of the role and contributions of neuroanesthesiologists. Among the plans taking shape is a password system for members to access "premium" services, such as an on-line membership directory, patient care protocols, Society Bylaws, and a Guide for Authors and links to the Journal of Neuroanaesthesia. We welcome any additional suggestions for content or feedback about the site.

Ira Rampil, MS, MD
University of California, San Francisco
rampil@sirius.com
Business Meeting Report

At the Annual SNACC Business Meeting held on October 18, 1996, Dr. Jeffrey R. Kirsch, Associate Professor of Anesthesia and Critical Care at the Johns Hopkins Medical School was elected Secretary/Treasurer of the organization. Several bylaw changes were also approved by the membership following the election of Dr. Kirsch. The language of the Bylaws was updated made gender neutral. The option was provided for the nominating committee to nominate more than one individual to the Board of Directors in any given year. A membership report provided by Adrian Gelb, revealed that membership has remained steady while a financial report provided by Patricia Petrozza indicated that financial resources are sound.

The general membership recognized the contributions of the immediate past president, David S. Warner from Duke University for his hard work and many hours spent in support of the SNACC organization. With his election as the new Secretary/Treasurer of SNACC, Jeffrey R. Kirsch will assume responsibility for the production of the "SNACC News". Three issues are planned for the 1997 year. Any members who wish to help Dr. Kirsch in this endeavor should contact him at E-mail: jkirsch@welchlink.welch.jhu.edu.

Patricia H. Petrozza, MD
Bowman Gray School of Medicine

---

Continuing Medical Education Needs Assessment

1. What topics would you like to see addressed at future annual meetings?

| 1. | 2. | 3. | 4. | 5. | 6. |

2. Do you like workshops at the annual meeting?

| Very Much | 1 | 2 | 3 | 4 | 5 |

3. If you like workshops, which topic would you like to see included:

| 1. | 2. | 3. | 4. | 5. | 6. |

4. a. Would you be interested in a 2nd SNACC meeting during the year?

| Very Much | 1 | 2 | 3 | 4 | 5 |

b. How do you feel if the meeting is co-sponsored with another organization (critical care, neurology, etc)?

| Very Much | 1 | 2 | 3 | 4 | 5 |

5. Additional comments and suggestions:

---

Mail / Fax to:
SNACC
P.O. Box 11086 / 1910 Byrd Ave., Suite 100, Richmond, VA 23230-1086
phone (804) 673-9037 / fax (804) 282-0090
Email: 75112.2053@compuserve.com

7
SNACC welcomes its new members

David C. Adams, M.D., Hasting-on-Hudson, NY
Philip W. Allen, FFARCS, Brisbane, Australia
Mark Asgille, M.D., Montreal, Quebec, Canada
Teodulo Aves, M.D., Houston, TX
Macej F. Babinski, M.D., San Antonio, TX
Lawrence J. Baudendistel, MD, PhD, St. Louis, MO
Antonio Belda, D., Red Hook, NY
Michae Brody, M.D., Downers Grove, IL
Hyun-Gyu Choi, M.D., Chonju, Chonbuk, Korea
William M. Coplin, M.D., Detroit, MI
Deborah J. Culley, M.D., Waukegan, WI
Oliver B.L. Detie, Munich, Germany
Terry Lynn Edwards, M.D., Northfield, IL
Margaret Ekstein, M.D., Brooklyn, NY
Hossam El-Behiry, MD, PhD, Toronto, Ontario, Canada
Jennifer Fabling, MB, ChB, Dunham, NC
Alistair Fair, MBBS, Cambridge, UK
Eugene Fu, M.D., Tampa, FL
Francois Girardet, M.D., Montreal, Quebec, Canada
Arun K. Gupta, MBBS, Cambridge, United Kingdom
Guy Guy, M.D., Chapel Hill, NC
Catherine M. Harris, M.D., Salt Lake City, UT
Elena J. Holak, M.D., Milwaukee, WI
Mohammad B. Khan, M.D., Newark, NJ

Gregory J. Lawler, D.O., Totowa, NJ
Stephen Lucey, M.D., London, Ontario, Canada
Junwei Tsonioli, M.D., Porto Alegre, Brazil
Robert A. McTaggart Cowan, M.D., Toronto, Ontario, Canada
David Krishn Menon, MD, PhD, Cambridge, UK
Richard Moberg, MS, Ambler, PA
Guy J. Mongelli, M.D., Belle Harbor, NY
Catherine M. Mullaly, MD, FRCP, Calgary, Alberta, Canada
Wilson G. Nuesa, IV, M.D., Ridgewood, NJ
Tommaso Z. Polis, M.D., Ottawa, Ontario, Canada
Kenneth R.A. Ringsrud, M.D., Winnipeg, Manitoba, Canada
Nigel Niven Robertson, MB, ChB, Waimauku, Auckland, New Zealand
Ilya, Rubin, M.D., Peoria, IL
Jaime E. Arbi, Salamando, M.D., Bogota, Colombia
Gabor Simon, M.D., Philadelphia, PA
Martin Smith, MD, FRCA, London, UK
Sulpicio G., Scitano, M.D., Boston, MA
Michael Souter, MB, ChB, Edinburgh, UK
Christopher Thompson, MBBS, Fairlight, N.S.W., Australia
Leon O. Ubag, M.D., Amsterdam, The Netherlands
Alison Wagstaff, M.D., Glasgow Scotland, UK
Mark H. Zornow, M.D., Galveston, TX

Meetings of Interest

1997

Feb 6-8 22nd International Joint Conference on Stroke and Cerebral Circulation, Anaheim, CA; sponsored by the Stroke Council, Info America Heart Association, Scientific and Corporate Meetings, 7272 Greenville Ave., Dallas, TX 75231-3406, Ph: (214) 706-1100, Fax: (214) 373-3406.

SNACC
1910 Byrd Avenue, Suite 100
P.O. Box 11086
Richmond, VA 23230-1086

ANDREW W. KOFKE
MONTEFIORE ANES/CCM-N4483
200 LOTHROP ST.
PITTSBURGH
PA 15213-2546

First Class
U.S. Postage
PAID
Permit No. 1225
Richmond, VA