



SNACC

SOCIETY OF NEUROSURGICAL  
ANESTHESIA AND CRITICAL CARE

<http://www.snacc.org> ● [snacc@societyhq.com](mailto:snacc@societyhq.com)

# SNACC News

Winter 2001



Daniel J. Cole, MD

## President's Message

It is indeed my privilege to serve the Society of Neurosurgical Anesthesia and Critical Care (SNACC) as President for the next year. I am honored by the confidence that you have placed in me, and I will do my best to fulfill the responsibilities of the coming year.

Twenty years ago, as I contemplated a career in Anesthesiology, I was impressed by the impact of an anesthesiologist. Being an anesthesiologist meant that you were a special physician empowered to use your medical expertise to make a difference at a critical time in patients' lives. For me, it was a natural step to develop an interest in neurosurgical anesthesia. For becoming a neuroanesthesiologist meant that you had a special interest and expertise in that most critical of all organ systems—the nervous system.

Of concern to me are recent comments by a SNACC member who stated that “there is decreasing demand for a specialist in neuroanesthesia”, and that there “seems to be little that differentiates us from a general anesthesiologist”. I’ve heard similar comments from other members. While this may or may not be the prevalent attitude within your institution, we must be willing to examine these comments with an open mind, one that seeks to challenge an issue with solutions—not denial of problems. We must be willing to proactively challenge our institutional culture, reassess and redefine if necessary our core values, and be willing to change the way that we as a society do business. We need a frank examination of the root of these comments to ensure that neuroanesthesia will continue to be an essential subspecialty, and SNACC a model society to serve the needs of neuroanesthesiologists. (I’d invite your comments and suggestions on this issue.)

The stated mission of SNACC is to “improve the art and science of neurosurgical anesthesia, and the care of the critically ill, neurologically impaired patient” (for simplicity’s sake, the term neuroanesthesia is meant to encompass care of the neurologically impaired patient not only in the operating theatre but in the intensive care unit). To this end we do many things well, which are evident by:

1. An annual meeting with a scientific exchange that is par excellence,
2. An extensive and meaningful contribution to the neuroscience literature by our members,
3. An affiliation with a journal (*Journal of Neurosurgical Anesthesiology*) that is dedicated to advancing the scientific exchange and clinical practice of our subspecialty,

4. The many clinical forums our members contribute to, not only at our annual meeting, but at other national anesthesiology meetings (e.g., ASA, IARS),
5. A comprehensive bibliography that is updated biennially, on relevant basic science and clinical topics,
6. A grassroots identity and function of our organization.

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# SNACC

SOCIETY OF NEUROSURGICAL  
ANESTHESIA AND CRITICAL CARE

## Board of Directors

**Daniel J. Cole, MD-President**

Department of Anesthesiology  
Loma Linda University  
11234 Anderson St.  
Loma Linda, CA 92354  
Tel: 909-824-4475 Fax: 909-824-4143  
E-mail: djcole@som.llu.edu

**Tod B. Sloan, MD, PhD, MBA-President Elect**

Department of Anesthesiology  
University of Texas Health Science Center  
at San Antonio  
7703 Floyd Curl Dr.  
San Antonio, Texas 78284-7838  
Tel: 210-567-4493 Fax: 210-567-6135  
E-mail: sloan@uthscsa.edu

**Piyush M. Patel, MD, FRCPC-Vice President**

VA Medical Center  
Anesthesia Service 125  
3350 Lajolla Village Drive  
San Diego, CA 92161-5085  
Tel: 858-552-8585 Fax: 858-534-0104  
E-mail: ppatel@ucsd.edu

**Karen Domino, MD-Secretary/Treasurer**

University of Washington  
Anesthesia Service 125  
3350 Lajolla Village Drive  
San Diego, CA 92161-5085  
Tel: 858-552-8585 Fax: 858-534-0104  
E-mail: ppatel@ucsd.edu

**Christian P. Werner, MD-Past President**

Klinik für Anaesthesiologie  
Technische Universität München  
Klinikum rechts der Isar  
Ismaninger Straße 22,  
81675 München, Germany  
Tel: (011 49 89) 4140-4291  
Fax: (011 49 89) 4140-4886  
E-mail: C.P.Werner@lrz.tu-muenchen.de

## Newsletter Editor

**Karen Domino, MD**

The *SNACCNews* newsletter is the publication of the *Society of Neurosurgical Anesthesia and Critical Care*. It is published semi-annually. Editorial comment in italics may, on occasion, accompany articles. Letters to the editor and comments are welcome and should be directed to:

## Administrative Office

SNACC  
2209 Dickens Road / P.O. Box 11086  
Richmond, VA 23230-1086  
Ph: (804) 673-9037  
Fax: (804) 282-0090  
E-mail: snacc@societyhq.com  
www.snacc.org

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## Continued from front cover

Much of what validates neuroanesthesia as a medical subspecialty is the unique knowledge that a physician uses to practice the subspecialty. New knowledge is our citizenship within medicine and promotes demand for neuroanesthesiologists in the community. New knowledge is our marker on the "Map of Medicine." Overall, the new science that is developed within our society is superb—as is evident each year by the more than 100 abstracts presented at our annual meeting, and the scores of laboratory investigations presented each year in the *Journal of Neurosurgical Anesthesiology* and other scientific journals. Our bibliography is widely used by members and nonmembers alike, indicating an interest in the core knowledge of our subspecialty.

However, one area where we may fall short is how we bridge our first-rate basic science contributions into innovation in the clinical practice paradigm of neuroanesthesia. Neuroanesthesia is much more than the proverbial "pent, sux, tube" and recording vital signs for a long case. We, as a society, certainly have an appreciation of the complexities and intricacies of neuroanesthetic practice, but we may at times sell our specialty short to our colleagues and patients.

The challenge of today is undeniable. For today we must validate what it means to be a neuroanesthesiologist. That is—when a patient entrusts their life to a neuroanesthesiologist during a neurosurgical procedure, they get the best medical care available because I am their doctor with a distinct expertise, and they are my patient with special needs—it is as simple as that. A neuroanesthesiologist must provide some additional benefit to patient care, as opposed to a provider without specialized training. I strongly believe that neuroanesthesiologists do make a difference in the lives of our patients, and that we should be proud of this merit. Moreover, we should not be shy about asserting this distinction, and should use our unique expertise as a base from which we should aspire to new heights as a subspecialty.

*I would be negligent to not acknowledge* Jeffrey Kirsch, MD, who as immediate past president retired this year from the Board of Directors. Dr. Kirsch recognized the importance of the grassroots identity of our society, and accordingly

formalized this into the structure and function of our society during his tenure as President of SNACC. This function was further promoted during the past year, under the leadership of Christian Werner, MD. We now have the following committees or task forces within SNACC upon which the function of SNACC depends:

1. The Committee on Electronic Communications
2. The Task Force on Membership
3. The Task Force on Education
4. The Task Force on International Relations
5. The Task Force on Professional Relations
6. The Task Force on Industry Relations
7. The Task Force on Practice Patterns

In addition, a committee will be led by Piyush Patel, MD, Vice President, on organizing the annual meeting. And finally, Maurice Albin, MD, the first recipient of the SNACC Distinguished Service Award, serves a vital function as SNACC's historian.

It was clear to me from my earliest days in SNACC, that the members, and their activity within our society, are the lifeblood of SNACC. Your work adds considerable depth and strength to our society and its mission.

It has been my pleasure and privilege to be a part of SNACC over the past fifteen years, and it will be my pleasure and privilege to serve SNACC members over the next year. Most importantly, it is my hope that every member will contribute to our rich tradition and become actively involved within SNACC.

## 2001 Annual Meeting Support

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# SNACC Annual Business Meeting Review

The SNACC Annual Business Meeting was held on October 12, 2001 at the Hilton Hotel in New Orleans, LA. The meeting was commenced by President Christian Werner at 1130 am. All members of the Board of Directors (BOD) of SNACC, including Drs. Werner, Kirsch, Cole, Sloan and Patel were present.

- 1) Dr. Werner addressed the general membership of the SNACC. He began by expressing his gratitude to the following:
  - a. Dr. Tod Sloan for the organization of this year's Annual Meeting.
  - b. Reviewers of the SNACC Annual Meeting Abstracts
  - c. Moderators who facilitated various aspects of the Annual Meeting
  - d. Ruggles Corporation for their able management of the Society's affairs
  - e. Sponsors of the Annual Meeting for their generous financial support.
- 2) Dr. Werner acknowledged the important function of the Journal of Neurosurgical Anesthesiology as the Society's official scientific journal. He expressed his gratitude to Drs. Cotrell and Hartung for their able editorship of the Journal.
- 3) Dr. Karen Domino was responsible for the updating of the SNACC Bibliography. This bibliography has been compiled and it is available in an electronic format at the SNACC web site. Dr. Werner expressed the gratitude of the BOD to Dr. Domino (in absentia) and to the contributors to the bibliography for their efforts at creating a superb resource for SNACC members.
- 4) The Treasurer's Report was presented by Dr. Patel. The Society is financially stable. We have sufficient funds on hand to cover the expenses of the Society for a period of one year. Dr. Patel mentioned that the Society incurred a financial loss for the two prior years. The BOD had voted unanimously to increase the membership dues to \$125 and the meeting registration dues to \$210. These increases are relatively small. It should also be noted that the Society has not increased membership dues or registration dues for the past 8 years. The increase in dues was necessary to maintain the financial stability of the Society. The BOD does not anticipate the need to increase the dues further for the next fiscal year.
- 5) Dr. Dan Cole presented the Society membership report. The membership has declined to the current 437. Full dues paying members have declined by 62. The BOD have expressed their concern about the decline in the Society membership. We have encouraged the general membership to attempt to recruit suitable resident and fellow candidates to become members of the Society. To facilitate this, the BOD has approved the provision of complimentary SNACC memberships to residents and neuroanesthesia fellows.
- 6) The Society is represented at the ASA House of delegates by Dr. Kirsch. The alternate delegate is Dr. Scott Jelish. Their contributions to the Society were acknowledged by Dr. Werner.
- 7) This year's SNACC ASA Breakfast Panel has been organized by Dr. Mary Ann Cheng. She has organized an excellent program. Experienced SNACC members will form part of the panel. Dr. Werner encouraged the general membership to attend the SNACC ASA Breakfast Panel.
- 8) The Society, at the invitation of the International Anesthesia Research Society, will host a SNACC IARS Panel at the IARS Annual Meeting in San Diego in March 2002. Dr. Werner will moderate a panel that will be comprised of Drs. Sloan, Cole and Patel. It is expected that a SNACC presence at the IARS will be an annual event.
- 9) The Society has been asked to make a contribution to the Anesthesia Patient Safety Foundation and to the Foundation of Anesthesia Education and Research. To the former, SNACC will contribute an amount of \$750.00. The BOD will determine the amount that the Society will contribute to FAER.
- 10) The SNACC Newsletter will undergo substantial changes in the coming year. The impetus to change the current newsletter is the need to reduce our operating costs. To that end, the SNACC newsletter will be distributed in an electronic format only within the next year. To assist our members, the next newsletter will be abbreviated and will be sent to the members in a hard copy format. Much of the information that is currently available in the newsletter will be available on the SNACC website. Appropriate URLs will be presented in the abbreviated newsletter.
- 11) The BOD is also exploring the possibility of electronic abstract submission. We are currently in negotiations with our management company. Further details will be available during the SNACC BOD meeting in San Diego in March 2002.
- 12) It is the duty of the BOD and the general membership to elect an officer to the position of Secretary Treasurer. The nominating committee had recommended the selection of Dr. Karen Domino as the new Secretary Treasurer of SNACC. There were no additional petitions in favor of another nominee from the floor. Accordingly, the nomination of Dr. Domino as the new Secretary Treasurer was put to a general vote. With the exception of 5 abstentions, all the members voted in favor of her nomination. At the end of the election, Dr. Werner introduced Dr. Karen Domino as the new Secretary Treasurer of SNACC. It should be noted that, because of extenuating circumstances, Dr. Domino could not attend the SNACC meeting. Her election was held in absentia. Dr. Werner reviewed the SNACC bylaws with regard to the election of members to the BOD. Her election in absentia was consistent with our current bylaws.
- 13) The BOD recommended the nomination of Dr. Gary Fiskum to the nominating committee. Dr. Mary Ann Cheng is a current senior member of the committee. Drs. Fiskum and Cheng will be responsible for the nomination of a qualified SNACC member for the position of SNACC Secretary Treasurer

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# SNACC 2001 Dinner Symposium Review

for the fiscal year 2002-3. The nominee will stand for election at the next SNACC Annual Meeting in Orlando, FL in October 2002.

- 14) As per the SNACC's traditional custom, Dr. Cole was appointed as the new President, Dr. Sloan was appointed to the position of President-Elect and Dr. Patel was appointed to the position of Vice President.
- 15) Dr. Werner then officially stepped down as the Society's President. He took over the position, formerly held by Dr. Kirsch, of Immediate Past President.
- 16) In his capacity as the new President of SNACC, Dr. Cole expressed the gratitude of the BOD and of the general membership to Dr. Werner for the superb service that he has rendered to the Society. Dr. Cole then presented Dr. Werner with an official SNACC plaque commemorating his SNACC Presidency.
- 17) Dr. Cole then introduced Dr. Patricia Petrozza. Dr. Petrozza is the Chairwoman of the SNACC committee that is responsible for the identification of SNACC members who have provided distinguished service to the Society. Dr. Petrozza introduced Dr. Maurice Albin as the first recipient of the SNACC Distinguished Service Award. In a brief statement, Dr. Albin recalled the developed of the subspecialty of neuroanesthesia. He paid homage to the individuals and the institutions that pioneered the field of neuroanesthesia. The Society expressed its gratitude to Dr. Albin for his distinguished service to the Society.
- 18) With there being no further business, the meeting was adjourned by Dr. Werner.

Submitted respectfully,

Piyush Patel, MD  
SNACC Vice-President

The 29th Annual Dinner Symposium of the Society of Neurosurgical Anesthesia and Critical Care was held on October 11, 2001 in New Orleans together with the American Society of Critical Care Anesthesiologists. The symposium was opened by the moderators Christian Werner, M.D., SNACC President and Robert Sladen, M.B., ASCCA President.

The main topic of the meeting was an analysis of the new sedative dexmedetomidine and its use in neuroanesthesia and critical care medicine. Mervyn Maze, MD (Chelsea&Westminster Hospital, London, United Kingdom) was the first speaker. Dr. Maze explained the mechanisms and pharmacology of the sedative action of the highly specific  $\alpha_2$ -adrenoreceptor agonist dexmedetomidine. Pharmacological and behavioural studies have shown that dexmedetomidine provides sedation very similar to natural sleep, however contrary to the physiological sleep spontaneous arousals were observed during sedation with dexmedetomidine.

Richard R. Riker, MD (Maine Medical Center, Maine) addressed the use of dexmedetomidine in the ICU. He analysed the intrinsic problem to assess adequate sedation of patients in the ICU and supported the use of the Ramsey Scale, the Sedation-Agitation Scale and the BIS monitor. Dr. Riker discussed several studies comparing dexmedetomidine for sedation in the ICU with propofol or midazolam. All studies showed that dexmedetomidine has favourable sedative, anxiolytic and analgesic-sparing effects, without signs of significant ventilatory depression. However, one side effect of dexmedetomidine is the decrease of heart rate. Dr. Riker recommended the use of dexmedetomidine especially in patients with hyperresponsiveness associated with ethanol withdrawal and in patients showing ventilatory impairment.

Alex Bekker, MD and PhD (New York University Medical Center, New York) talked about the intraoperative use of  $\alpha_2$ -adrenoreceptor agonists in neuroanesthesia. First he outlined the pharmacokinetic profile of dexmedetomidine, emphasizing its long context-sensitive half-time. Dexmedetomidine decreased cerebral blood flow with no effect on the cerebral metabolism and

intracranial pressure. It also affects the neurophysiologic monitoring, increasing the absolute and relative power band in the lower frequency bands of the EEG and additionally produced EEG changes that correspond to the BIS index of 60. The neuroprotection seen with dexmedetomidine might be mediated by the decreased sympathetic tone. Dr. Bekker then reported his personal experiences with dexmedetomidine in neurosurgical patients and underlined the advantages of dexmedetomidine when used for intraoperative brain mapping and tumor resection in the awake patient. Dexmedetomidine provides adequate sedation and analgesia in the awake and cooperative patients, without respiratory depression.

The last talk was presented by William Peruzzi, M.D., S.M., F.C.C.M. (Northwestern Memorial Hospital, Chicago). He presented his experiences with dexmedetomidine in patients with neurologic injury. Dr. Peruzzi presented the results of a study dealing with the question of dexmedetomidine induced bradycardia in patients with spinal cord injury. The data of this study showed that 26% of these patients suffered from spontaneous bradycardia and that dexmedetomidine did not increase the incidence of bradycardia. Dr. Peruzzi's talk ended with the presentation of an algorithm for sedation on the ICU using dexmedetomidine.

The SNACC Dinner Symposium was supported by a generous educational grant from Abbott Laboratories. Their financial support for the Society is gratefully acknowledged.

Kristin Engelhard, MD  
*Klinik für Anaesthesiologie  
Technische Universität  
Munich, Germany*

# 29<sup>th</sup> Annual Meeting Review

The 29<sup>th</sup> Annual Meeting of the Society of Neurosurgical Anesthesia and Critical Care was held at the Hilton Hotel, New Orleans on October 12, 2001. This year's program was ably arranged and organized by the Vice President of SNACC, Dr. Tod Sloan. The meeting was officially opened by a welcoming address to the membership by the President of the Society, Dr. Christian Werner.

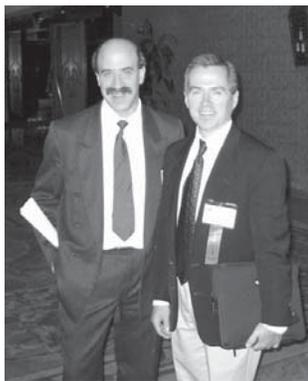
After the welcoming address, Dr. Werner introduced the keynote speaker for the meeting. Dr. David Kline, Boyd Professor and Chairman of the Department of Neurosurgery at LSU Health Sciences Center, delivered the keynote lecture. Dr. Kline is an internationally renowned expert in the management of peripheral nerve injury. The focus of the keynote lecture was the identification of iatrogenic nerve injuries and the evaluation of the severity of these injuries. The pathophysiology of nerve injury, including the nature of nerve degeneration and endogenous repair mechanisms, were detailed. The approach to the clinical management of the problem was outlined. Finally, Dr. Kline detailed the various methods by which iatrogenic nerve injuries can be prevented in the operating room setting. Perioperative nerve injury is a topic that is of considerable interest to neuroanesthesiologists and the keynote lecture was enthusiastically received.

SNACC, in conjunction with the American Society of Neurophysiological Monitoring, hosted an intraoperative neurological monitoring symposium. Dr. Bloom, the President of ASNM, served as the moderator for the symposium. The symposium began with a presentation, by Dr. Mahla, about the utility of somatosensory evoked potential monitoring in the operating room. Dr. Gugino followed Dr. Mahla with a presentation about motor evoked potentials. He outlined the technology that is used for MEP monitoring and its common intraoperative uses. The use of neurophysiologic monitoring during skull based surgery represents a clinical management challenge. Dr. Happel discussed the anesthetic requirements for such cases, the means by which impaired neurophysiologic function can be restored and the importance of effective communication between the anesthesia and surgical teams.

In keeping with the overall theme of monitoring, Dr. Philip gave a stimulating lecture about pharmacokinetics of inhaled agents and the measurement of volatile agent concentrations in exhaled gases. He pointed out the limitations of agent monitoring with respect to their ability to predict the depth of anesthesia. Given these limitations, Dr. Philip indicated that direct measurement of the depth of consciousness, as is possible with newer technologies, should be a component of the total physiologic monitoring of the patient in the operating room. Dr. Philip's presentation was made possible by a generous grant from Baxter Corporation.

The Society holds a competition for the best research project conducted by a relatively junior investigator. This year, the Young Investigator Award was presented to Dr. Peter Teschendorf from Heidelberg, Germany. His presentation, titled "Improved resuscitation after cardiac arrest in rats expressing the baculovirus broad-spectrum caspase inhibitor protein p35 in central neurons" detailed a novel approach to the prevention of ischemia induced neuronal apoptosis in rodents.

Our understanding of degenerative neurological disorders has increased significantly over the past decade. This knowledge has led to novel approaches, including surgical approaches, to the treatment of these disorders. Dr. Roger Albin, Professor of Neurology at the University of Michigan, delivered a stimulating lecture that detailed our current understanding of the pathophysiology of Parkinson's disease. The neuronal circuitry and the neurochemistry of both normal and abnormal functioning of the basal ganglia was presented. Finally, Dr. Albin summarized the role that surgical management, including the lesioning of selective pathways with the basal ganglia, plays in the contemporary management of Parkinson's Disease. Dr. Craen, from the University of Western Ontario, Canada, then provided an update on the current anesthetic management for neurosurgical procedures for movement



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disorders and epilepsy. The perioperative concerns of the anesthesia and surgical teams were discussed. In addition, the rationale behind anesthetic drug choice in various conscious sedation techniques was highlighted.

One of the primary goals of the Society is to use the Annual Meeting as a forum for continuing medical education for our members. To that end, the Society hosted four workshops, each of which dealt with a specific neurologic monitoring modality:

- 1) The somatosensory and auditory evoked potential workshop was hosted by Drs. Rusy, Jameson, Mowry, Janik, Broderick and Lotto.
- 2) The motor evoked potential workshop was hosted by Dr. Gugino.
- 3) The EEG workshop was hosted by Dr. Bloom.
- 4) The transcranial Doppler ultrasono-graphy workshop was hosted by Drs. Lam, Vavilala and Lee and by Ms. Visco, CRNA.

Each of the workshops delved into the theory and principles of monitoring. In addition, a considerable amount of “hands on” experience was provided to the attendees. These workshops were enthusiastically received by membership.

The annual meeting also serves as the forum in which members of the Society present their scientific, basic and clinical, research. This year, a total of eighty two scientific posters and five oral abstracts were presented. SNACC members have diverse scientific interests and the breath of the abstracts presented was in keeping with these interests. Topics included the physiology and pharmacology of cerebral blood flow, the molecular biology of cerebral ischemia, the pharmacology of cerebral protection, clinical neuroanesthesia and clinical neurosurgical critical care. It is quite clear from the quantity and quality of the scientific presentations that SNACC members are active clinical and basic science investigators and that their contributions significantly expand our collective scientific knowledge. The abstracts of the scientific presentations have been published in the official journal of the Society, the Journal of Neurosurgical Anesthesiology (Volume 13, No. 4, pp 352-381).

The Annual Meeting concluded with the traditional wine and cheese reception. Thereafter, the meeting was officially adjourned by the new President of SNACC, Dr. Daniel Cole.

The Society of Neurosurgical Anesthesia and Critical Care represents the interests of scientists and clinicians who have an interest in the basic and clinical neurosciences. It is quite clear that, judging from the depth and breath of the various presentations, the Annual Meeting of the Society serves as an excellent forum for exchange of scientific and clinical ideas. The next Annual Meeting of SNACC will be held in Orlando, Florida in October 2002.

Respectfully submitted,

Piyush Patel, MD  
Vice-President, SNACC

## Workshops



## Scientific Posters



## Exhibits



# Dr. Maurice Albin, Distinguished Service Award Recipient

The SNACC Distinguished Service Award is presented to a SNACC member who has made important and significant contributions, not only to SNACC, but to the field of neuroanesthesia. This year, Dr. Maurice Albin was the recipient of this honor. Dr. Patricia Petrozza presented the award to Dr. Albin at the Annual Meeting of SNACC in New Orleans in October 2001. Dr. Petrozza introduced Dr. Albin:

“It is a distinct honor for me to present the inaugural SNACC Distinguished Service Award to Maurice Albin. The plaque reads: SNACC in recognition of service rendered to the society as a clinician, scientist and teacher honors Dr. Maurice Albin recipient of the Distinguished Service Award, October 12, 2001.

I'd like to make a few remarks about Dr. Albin's career particularly in reference to this organization and the growth of Neuroanesthesia. While his CV is certainly impressive, highlights to me include the fact that he has been responsible of the training of 20 neuroanesthesia fellows! Four of these fellows won the “Young Investigator Award” at a SNACC annual meeting and two of his fellows were honored for their research at ASA meetings.

Additionally, Maurice has served as a wonderful international ambassador for neuroanesthesia, contributing at least five chapters to comprehensive neurosurgery textbooks.

While these accomplishments in his distinguished career are wonderful, on a personal note, the image that will always remain with me when I think of Dr. Albin at SNACC is his care, patience and concern for new investigators. He always takes the time to study each abstract, provide a little encouraging comment to the (usually), young, nervous presenter and even offer a little constructive criticism or an interesting idea to further the research.

Please join me in honoring Dr. Maurice Albin.”

Patricia Petrozza, MD

## *In Retrospect Maurice S. Albin, M.D., M.Sc. (Anes)*

I would like to thank the officers and membership of SNACC for their kindness in conferring upon me the signal honor of being the first recipient of the SNACC Distinguished Service Award.

In terms of the anesthetic and critical care management of the patient with neurological dysfunction, the world was very different in the late Fifties and early Sixties. There were two basic problems that came to the fore and they involved the state of the art of our knowledge relating to cerebrovascular and spinal cord physiopathology and its interaction with anesthetics. The second problem concerned itself with the state of art of Neurosurgery itself.

Indeed, our understanding of cerebrovascular dynamics was certainly very primitive and that of the spinal cord physiopathology even more abysmal. While we were able to define the physical characteristics of the anesthetic agents employed, we were quite uncertain when it came to understanding or explaining the influences of anesthetics on brain and spinal cord in the face of functional changes brought on by trauma, neoplasms, intracranial hypertension or abnormal vascular phenomena.

The second problem intruding upon our ability to manage this patient with neurological dysfunction concerned itself with the rigidity of the specialty of Neurosurgery because of its hierarchal and technique-driven culture. This is epitomized by the following episode that took place in the very early Sixties at a Neurological Morbidity and Mortality Conference. A patient was presented who had died a week after a very extensive resection of a malignant intracranial tumor. After the case history was read and the Neuropathologist gave his findings on the brain-cutting, the case was thrown open for discussion. I mentioned that a review of a couple of arterial blood gases taken the day before the patient died indicated that the patient had quite a severe respiratory acidosis probably due to hypercarbia and hypoxemia with a PaCO<sub>2</sub>>65 mm Hg and a PaO<sub>2</sub><50 mm Hg. Before I could continue further, the Chairman of the Department of Neurosurgery interrupted me saying, “Albin, we don't have time to worry about those blood gases. We have to teach

our Residents how to operate!” Another factor inhibiting the development of relevant anesthesia research was the fact that the overwhelming majority of academic anesthesiology services in the United States were classified as a **Division** of the respective Department of Surgery.

It is amazing, however, that even though a mantle of darkness appeared to come over the academic horizon, small rays of light were poking their beams across the firmament – in the mid-forties at the University of Pennsylvania, Kety and Schmidt published their seminal work on cerebral blood flow and metabolism, validating the N<sub>2</sub>O method for CBF in humans; showing the responses to ICP and cerebral metabolism in diabetic acidosis; and the cerebral circulation in essential hypertension.

In the Fifties, we noted the responses of the EEG to anesthetic agents as pioneered by Faulconer and Bickford at the Mayo Clinic. Slowly, we were accumulating information about the physiopathology of intracranial hypertension as well as the effects of anesthetics on the normal and abnormal brain. Equally important, a new breed of neurosurgeon came to the fore, one who had understanding of the physiological processes underlying neurological dysfunction and need to integrate the operative process with the anesthetic considerations. As the Sixties developed, it was wonderful to see niduses of research dedicated to these problems being pursued in Philadelphia, Montreal, Rochester, Toronto, San Diego, Pittsburgh, Glasgow, London (UK) and London, Ontario. It was also gratifying to note the collaborative efforts between Neurosurgeons and Anesthesiologists and the beginning of our subspecialty of Neuroanesthesiology.

So it is with a great deal of pleasure that I accept this award, not only for myself, but in honor of the many others who have made such important contributions along the way, including R.G.B. Gilbert, Tom Langfitt, Ian Hunter, Jack Michenfelder, Bryan Marshall, Brian Jennett, Jim Harp, Harry Wollman, Peter Cohen, Aaron Gissen, Luke Kitahata, Craig Alexander, Don Becker, Gordon McDowell, John Barker, Larry Marshall, Emeric Gordon, Harvey Shapiro, Robert White, Bill Fitch, A.M. Harper, Alan Smith, Betty Grundy, Jim Cottrell, Jane Matjasko, Philippa Newfield, Adrian Gelb, Michael Todd, and John Drummond.

# Nominations for Secretary- Treasurer

# Newsletter Update

The SNACC Nominating committee (Mary Ann Cheng, MD; Gary Fiskum, PhD; and Tod Sloan, MD, PhD) is pleased to support Stella Tommasino for Secretary-Treasurer. The election will be held at the business meeting during the 2002 Annual Fall SNACC meeting.

As specified in the bylaws, additional nominations can be made from the general membership using the procedure given in article 6.7. "Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary/Treasurer at least thirty (30) days prior to an election at the annual membership meeting. In order to qualify as nominating petitions, there shall be affixed thereto the signatures of twenty-five (25) members of the Society as a minimum. No additional nominations shall be made in any other manner than as herein described."

Tod Sloan, MD, MBA, PhD  
*President Elect, SNACC*

The SNACC Newsletter will undergo substantial changes in the coming year. The impetus to change the current newsletter is the need to reduce our operating costs. To that end, the SNACC newsletter will be distributed in an electronic format only within the next year. To assist our members, the next newsletter will be abbreviated and will be sent to the members in a hard copy format. Much of the information that is currently available in the newsletter will be available on the SNACC website. Appropriate URLs will be presented in the abbreviated newsletter.

The trend toward electronic publishing and communication is gaining momentum. Fundamental to the success of this endeavor is the availability of accurate electronic mail addresses. We urge the members of the Society to update their email addresses. Members' profiles, which include their email addresses, can be updated at the SNACC web site. This is the preferred method for ensuring that the Society has the necessary information about our members. Alternatively, email addresses can be updated at the time of registration for the meeting.

Return Service Requested

SNACC  
2209 Dickens Road  
P.O. Box 11086  
Richmond, VA 23230-1086

