

## Anthony J. Raimondi ISPN Award

### The occasion for the award

The 30th anniversary of the founding of the International Society for Pediatric Neurosurgery is approaching. This important celebration will be held in Japan, the country that hosted the very first of our Society's annual scientific meetings, during the next Scientific Meeting in Kyoto (October 2002), which is being organized by Prof. S. Oi.

Thirty years is a long enough period to justify some reflection on the accomplishments of our Society and lead us to acknowledge those colleagues who have made significant contributions to the development of our specialty.

In this vein, the Editor of *Child's Nervous System* is particularly glad to announce that – following a proposal from the ISPN Historian – the Executive Committee of the International Society for Pediatric Neurosurgery has decided to establish an award bearing the name of Prof. A.J. Raimondi, in recognition of his contributions to pediatric neurosurgery and his commitment to the education and advancement of young neurosurgeons.

This award will be bestowed on the author of the "best" article submitted for publication in *Child's Nervous System* by a neurosurgeon who is still in training or has held the specialist qualification for not more than 5 years. The prize is to consist of a travel scholarship (travel expenses, accommodation, and registration fees) allowing the winning author to present the paper at the Annual Scientific Meeting of the ISPN. The Scientific Committee of the ISPN will choose the winning paper.

The figure of Prof. A.J. Raimondi is well known to most pediatric neurosurgeons and needs no introduction. However, the Editor feels that the short autobiography below and Professor Raimondi's Presidential Address to the ESPN (held in 1996), both of which were found among his unpublished writings and kindly forwarded to us by his wife, Lucia, might contribute a little more to the overall picture of the personal qualities of one of the

founding fathers of our specialty and his strong commitment to pediatric neurosurgery.

Concezio Di Rocco  
Rome, Italy

### Anthony John Raimondi (autobiography)

I was born in Chicago, Illinois, July 16, 1928. I took a degree in Chemistry at the University of Illinois, 1950, and then studied in Ferrara, Italy, for two years before graduating from the University of Rome (M.D., 1954). All of my postgraduate studies were completed in Chicago: neurosurgery, pediatric neurology and pediatric neurosurgery, neuroanatomy, neuropathology, electron microscopy, at the University of Chicago and Children's Memorial Hospital.

The classic rigidity of undergraduate studies in a highly competitive American university, the total freedom to study when and how one chooses which Italian universities offer, and then the 'Ivory Tower' existence of one of the most intellectually stimulating academic environments ever to have existed were exhilarating sensations for a young man born and raised in Chicago and its suburbs.

My teachers, to whom I shall forever be indebted, were Gianluigi Crema, Joseph Evans, Sean Mullan, Douglas Buchanan, Orville Bailey, Percival Bailey, Raymond Clasen, Ruth Rhines, Luis Amador, Harvey White. My students, with whom I learned to practice neurosurgery and do meaningful research, have come from all five continents, been representative of the major religions which animate mankind, and subsequently gone on into academic life (twelve became department chairmen) and private practice. They are my links to the future, as my teachers have been to the past.

I was elected to Omega Beta Pi, Sigma Xi, and Alpha Omega Alpha.

Presently, I am Chairman of the Department of Pediatric Neurosurgery at the University of Rome 'La Sapienza,' and Emeritus Professor of Surgery (Neurosurgery), Human Anatomy and Cell Biology at Northwestern University in Chicago. One becomes what he is either by design or events, and the product permits ready identification of the path followed. As a student, developing neurosurgeon, militant (philosophically speaking!) pediatric neurosurgeon, I repeatedly said to myself and to those who would listen that I wished to be looked upon as ... "a man who tried." In preparing this sketch, however, I interpret the life I lived as that of a teacher. Design and events, rather than separate, divergent paths, snap into focus as the parallel rails of the track which is the pattern of my academic life. The interweaving of academic and personal experiences is so intricate as to render attempts at unfolding perilous, and fruitless. In fact, the academic images which take form as I meditate, or enjoy the company of my family and friends, are those of my patients, my teachers, my students. My techniques, accomplishments, writings, positions remain an emotional burden. With this said, I am hopeful that the reader will find fecund expressions of the person blending into the chronology of learning experiences and professional events which are the heart of a curriculum vitae. Its soul is, by definition, intangible.

From 1963 to 1969 I served as Chairman of the Department of Neurosurgery at Cook County Hospital (at the time the largest single neurosurgical service in the US) and the Cook County Graduate School of Medicine (where I learned to organize and conduct postgraduate courses and medical congresses). From 1969 to 1980 as Chairman of the Division of Neurosurgery at Children's Memorial Hospital I was immersed in the throbbing turmoil of congenital anomalies, trauma, neoplasia of a pediatric hospital which feared surgery, and considered neurologic disorders as inseparable an extension of pediatrics as infectious diseases or diarrhea, but which wished to evolve with medical science. I was free to develop my service, and myself. From 1972 to 1982, as Chairman of the Division of Neurological Surgery at Northwestern University, I reached the enviable position of being able to administer a major neurosurgery department, integrating the patient care and teaching aspects of the residency program. My teaching and learning were, once more, as they had been at Cook County Hospital, ecumenical in scope, freed from the confines imposed by a single age category: my pediatric neurosurgery soul and activities were once more enriched by the breath of the entirety of neurosurgery. It was also possible for me, directly and through scientific collaboration with my students and colleagues to continue investigative activities focused upon the fine structure of normal glia, cerebral edema, human brain tumors, human lead encephalopathy, and the oncogenesis of perineural fibroblastoma.

In the same time frame, the clinical workload permitted a detailed analysis of the neuroradiological characteristics, therapeutic procedures, psychomotor function, and social quotients of children with congenital hydrocephalus, with particular emphasis given to pediatric cerebral angiography and the study of two strains (HY3 and CH) of murine mutants with congenital hydrocephalus. The essence of our Department at Northwestern University was ... sub-specialization, individual research programs and goals. Only in this manner were so many different activities and experiences possible. As a student and fellow, as a resident and junior staff-man, my research was performed personally; as a chairman, my role was that of one who integrates, stimulates, facilitates. I enjoyed both roles thoroughly.

From 1962 to the present (1996) I have been continuously active in the study of neurosurgical techniques peculiar to infants and children, neurosurgical education, and integrating pediatric neurosurgery (as a clinical scientific discipline) into the general specialty of neurosurgery and socio-economic health care systems. The difficulties here have been considerable in that the sub-specialty of pediatric neurosurgery is changing dramatically: birth rates have fallen precipitously, pre-natal care and abortion upon demand are eliminating congenital anomalies from the spectrum of pathology encountered, the fracturing of the family has transferred the responsibility for child-care from the parents to social structures. I find all of this unacceptable, ethically and professionally: the science of pediatric neurosurgery is sterile without its moral and Christian implications!

The founding of the International Society for Pediatric Neurosurgery is a joy and pride which I claim and accept. I shall forever be grateful to have served as the first Secretary of the ISPN, to have become one of its Presidents; to have been the first President of the American Society of Pediatric Neurosurgery. The political dynamism of the Section of Pediatric Neurosurgery has been such that my thoughts and actions were unacceptable to that body and its pragmatism, to me. I was very pleased to have become the first President of the International Society for the Pediatric Skull Base, a Founding Member and the first Treasurer of the Italian Skull Base Society and the President of the European Society for Pediatric Neurosurgery. Also among those honors conferred upon me which I must cherish are: Knighthood of the Republic of Italy, Honorary Member of the Japan Neurosurgical Society, Man of the Year of the City of Chicago; among 90 invitations as visiting professor/guest lecturer are those from the Universities of Paris (Salpêtrière), Rome, Oxford, Coimbra, Norway, Harvard, California, Pittsburgh, Tokyo, Kobe.

Founding *Child's Brain* was a hallmark in my life, as was being the founder and Editor of *Child's Nervous System* (formerly *Child's Brain*) and of *Critical Reviews in Neurosurgery*; writing 14 books, 38 chapters, and 135

articles on pediatric neurosurgical and educational topics was an amount of work beyond my strength, so that I remain incredulous that I was able to have done it. A force beyond my own brought me through it all.

God blessed me with three children: Marco, Laura and Paolo (deceased in a boating accident in 1978); and then, in 1986, with a wife one may only dream of: Lucia Duran. Lucia and I now reside in the Valpolicella, just outside of Verona, where, time permitting, I am able to enjoy cultivating our vineyard, fermenting the grapes and making wine in the ancient tradition. We also distill the lees into ‘grappa,’ a spirit typical of the Italian Alps. My personal pleasures are conversation, historical and political readings, and making entries in the diary of my observations and experiences. The precious few moments I have with my now full-grown son, Marco, are blessings for which I thank God. My time, travels, dinner, and conversations with, Lucia, are a source of energy and continuing pleasure. Those precious few hours with Marco bring me back to the human basis of a career in medicine. From time to time, it is possible to receive from Claudia that ephemeral message which says, “We are all here together, let’s enjoy it.”

## What have we done in making pediatric neurosurgery a sub-specialty?

**A valedictory Presidential Address from Anthony J. Raimondi to the XV Congress of the European Society for Pediatric Neurosurgery, held in Rome, Italy, 23–25 September 1996**

*Yea, though I walk through the valley of the shadow of death,*

*I shall fear no evil; for thou art with me:*

*Thy rod and thy staff they comfort me. Psalms 23.4*

Very probably, the monotheistic world could agree that the Twenty-third Psalm, by David, was the first recorded formal valediction. I say “recorded” only because it is intellectually sterile, or sterilizing, to consider thought perceptions and expressions as finite elaborations, having as they do a precise and thoroughly unprecedented beginning, evolving and “living” independently of the infinite human experiences and expressions which intimately interact almost interminably, and which belong to the as-yet-uncharted sphere of mental neuroendocrine–sensory motor interplays most eloquently characterized in the human existence. But ... certainly active at least in the phyla mammalia, and arguably a component of all life-forms ... as in the inanimate ... nothing is created, and nothing can be destroyed. Passing things are objects, manners of seeing and using entities or events, mannerisms by which the necessary is obtained or the ego projected.

The fundamentally and universally true observation made by the Italian diplomat, Varè: “nothing may fail like success” has been introduced into the ever-more individual-oriented cultures of the industrialized world as its antithesis, “nothing succeeds like success.” This distortion was disproved immediately by universal observation, which resulted in Parkinson’s Law: “man rises to his level of incompetence.” This latter and the original “nothing may fail like success” are corollaries which warrant reflection. Here are some examples, which I prefer to consider “ridiculous predictions,” as I guard myself against using my past performance to validate the impossible: clairvoyance.

*This ‘telephone’ has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.* (Western Union internal memo, 1876)

*Heavier-than-air flying machines are impossible.* (Lord Kelvin, president, Royal Society, 1895)

*Everything that can be invented has been invented.* (Charles H. Duell, commissioner, U.S. Office of Patents, 1899)

*The wireless music box has no imaginable commercial value. Who would pay for a message sent to nobody in particular?* (David Sarnoff’s associates, in response to his urgings for investment in the radio in the 1920s)

*Professor Goddard does not know the relation between action and reaction and the need to have something better than a vacuum against which to react. He seems to lack the basic knowledge ladled out daily in high schools.* (New York Times, editorial about Robert Goddard’s revolutionary rocket work, 1921)

*Airplanes are interesting toys but of no military value.* (Marshall Ferdinand Foch, Professor of Strategy, Ecole Supérieure de Guerre)

*Who the hell wants to hear actors talk?* (Harry M. Warner, Warner Bros., 1927)

*I think there is a world market for maybe five computers.* (Thomas Watson, Chairman of IBM, 1943)

*There is no reason for any individual to have a computer in their home.* (Ken Olsen, President, Chairman and Founder of Digital Equipment Corp., 1977)

Today, the thirtieth anniversary of the founding of the European Society for Pediatric Neurosurgery seems, is, an appropriate time to stop, to pause, to reflect upon the effects organizing pediatric neurosurgery has had upon the physical well-being of children afflicted with diseases of the central nervous system which may be treated surgically... . It is particularly proper that this be done

within the context of time-related events, disarticulating them for study and then reconstituting them as the analysis takes on meaning and form. The dynamics of pediatric neurosurgery have now attained such momentum as to free any neurosurgeon in the industrialized world to choose to dedicate himself primarily or exclusively to practicing it.

I have chosen to speak today in the form of a Valediction – not a *psalm*, but rather an *oration* – upon the occasion of the conclusion of my stewardship as President of this, the oldest, pediatric neurosurgery society in the world. This is a truly unique experience for me, having previously had the honor of serving as President of the International Society for Pediatric Neurosurgery, the American Society of Pediatric Neurosurgeons, the International Society for the Pediatric Skull Base, experiences which add dimension and tone to my thoughts, perspective to my perceptions, humanity to my conclusions. I shall have no recommendations, only interpretations.

The Founders, Presidents and Congress Presidents, the defined objectives and realized goals of each Steward, a scanning of where in Europe Pediatric Neurosurgery Centers and Societies (or groups or clubs) have been organized, and, finally, a personal appraisal of what we have done in making pediatric neurosurgery a subspecialty is the substance of this valedictory address. I wish to do this in the art form, genre, of a portrayal of scenes from ordinary life, returning to the past to give meaning to the present, to make it understandable.

The Founders were a heterogeneous group of surgeons, neurosurgeons. Some were primarily active in pediatric neurosurgery: Koos, Shaw, Villani, Hovind, Hemmer; others had already made landmark contributions to our still not-yet-conceived sub-specialty: Rougerie, Bushe, de Lange, the Guest of Honor Donald Matson; and others were already established, Krause, or soon to become, Paoletti, as leaders in neurosurgery. To my knowledge, the motivation for founding the ESPN was academic and professional, and very probably the ‘*primum movens*’ was Wolfgang Koos: at the time he was in Herbert Kraus’ Department, he had only recently returned from Washington, DC, where his major activity was pediatric neurosurgery at the National Children’s Hospital, and he subsequently went on to develop pediatric neurosurgery in Vienna and to work actively in this Society.

The stature of Rougerie and Bushe guaranteed the success of the next Congresses in Versailles and Würzburg, at a time when pediatric brain tumors had not yet become the common experience which was to come forth at the end of the 1970s. The experiences and originality of these two thoughtful and original thinkers with the synostoses, their classification and treatment soon brought all of us to face up squarely to the problem – and to obtain almost acceptable results. We are still far from understanding or treating effectively these anomalies, malformations; nevertheless, we are able to bring

about some cosmetic improvement. But, they did more!

Bushe established the first, and very unfortunately still the only, section of pediatric neurosurgery in Germany, bringing along Niels Soerensen, a totally dedicated and very gifted academician. In turn, Professor Soerensen has now established a school of pediatric neurosurgery, one encompassing all aspects of our subspecialty and emphasizing ... craniofacial anomalies.

Jacques Rougerie was not one to develop assistants or put together a coterie with an identifiable hierarchy; his interests lay not in teaching the mechanics of surgery to his students, nor in planning their careers and working with them to realize their goals. He was a master surgeon who worked with such other master surgeons as his teacher Gerard Guiot, Patric Derome, Jean Tailarach, Paul Tessier. His students were many, generally not in residence, and his surgical standards were very high, as his penetrating analysis of what technique to use was deep, working within the confines of anatomy. His was original in his thinking on the correction of the cranial dysostosis anomalies, and he suggested operative procedures as bold and respectful of developmental anatomy as those of his maxillofacial surgery friend and colleague, Paul Tessier. When one stops to contemplate great steps forward, lasting steps walking on the two legs of structure and function, made in neurosurgery, and comes to Hôpital Foch where Jacques Rougerie worked, he sees before him the mature, lasting breakthroughs – trans-sphenoidal and micro-neurosurgery, stereotactic and pediatric neurosurgery, craniofacial and skull base surgery, all developed fully in this non-university-affiliated, railroad workers’ hospital on the outskirts of Paris. Patrick Derome and Olivier Delalande continue these works in skull-base and epilepsy surgery.

The Congresses in Edinburgh, Stresa, Rotterdam and Freiburg were respectively to cement collegial relations among pediatric neurosurgeons shifting first between Kenneth Till and John Shaw – while gathering the ‘world’ of pediatric neurosurgery between London and Edinburgh; then with Roberto Villani to bring the pediatric neurosurgeons to face the realities of brain tumor surgery, before putting into relief, with de Lange and Hemmer, the limits of our knowledge of the nature of hydrocephalus and our techniques in treating it. But, they also gave us a forum to communicate to all our colleagues that we had, in our valves, an instrumentation which permitted us to treat effectively, with an 80% clinical compensation rate, those forms of congenital and acquired hydrocephalus not complicated by severe parenchymal dysplasia or destruction. To be sure, by now the ISPN and ESPN were very active, and the ASPN was beginning to produce large numbers of very significant publications from ever-increasing numbers of excellent pediatric neurosurgery centers. In fact, by 1984, when Wolfgang Koos hosted, as President, the ESPN in Vienna, our sub-specialty was almost uniformly represented



in the United States, Japan and what was then called Western Europe. Asia (Northeast and Southeast), Africa, South America, the Middle East, and Turkey were not yet active, and we knew very little about the highly organized and well-functioning centers in Romania, Hungary, Czechoslovakia, and Poland. The USSR was an unknown entity.

The various westerly winds blowing across Central Europe, opening pathways of communication between all European countries, sweeping away communism, and exposing us to one another, had such a stunning effect on the economic and military sectors of all countries that academic affairs could not have continued as they had for over forty years. Our Society went through similar, at first incomprehensible, changes, which brought into our teaching and Congress activities eager students, accomplished clinicians we only knew from our reading or met rarely. Our membership doubled, [and] our teaching activities were expanded in format and frequency.

We reached into the *East* as it came into the *West*, both [of us] finding ourselves saying what we felt: *We had never been any more different from one another than our separate languages and customs*, though a socio-economic system which attempted to separate us eternally did hold sway for two score years. The re-mix was, however, confusion, and very probably responsible for over-reactions, misunderstandings.

During these years the ESPN, going from Vienna to Naples, from Naples to Warsaw, from Warsaw to Berlin, and from Berlin to Lyon, crossed more than ideological lines. Pediatric neurosurgery meetings in Europe went through changes in recognition of speakers, and into the re-structuring of its Congresses into scientific gatherings with heavy social activities.

The tightly woven hospital fabric, on both sides, with one Director and fairly rigid obedience, had come undone. National societies, university hierarchies, and political parties, were now feeling the repercussions of younger physicians going elsewhere to learn, leaving the 'system' to work in their own ways as they became economically independent. It is most interesting that as communism crumbled in the East, the younger professionals in the West began to relate more with their own age groups in the exchange of information and referral of patients, sidestepping the previously organized lines. And, it is remarkable how all this has shaken up the way things were done.

As a stark example of what has just been said, imagine an ESPN president from Naples, Antonio Ambrosio, sanctioning a teaching course close to the Polish-Russian border one year and a Congress in Berlin the next! Today, we may all say 'How very quaint,' but almost 10 years ago the world was very different. And it took great courage to face those economic and organizational challenges. This was done. It was a success. There was no longer a separation of pediatric neurosurgeons across the

very center of Europe. And ... the following Congress was brought to Berlin.

How refreshing! How eclectic! How productive! Since then, the number of registrants for ESPN courses and congresses has increased each year, and the world of our sub-specialty has repeatedly complimented us on the success of both! Initially, we wondered whether the success of these teaching activities in Congresses and fully dedicated Courses could have been due simply to presenting something new, a novelty.

The students were present, but they were silent, distant, quite different from the American 'students' who are outgoing, interactive. This was as true for the students from the West as for those from the East, so we sought elsewhere for the reason (our teaching? inadequate undergraduate preparation? the presence of famous, native-English-speaking teachers who could, by their stature, create a distance where one was neither wanted nor helpful?). It took us years to find the explanation. And then, this came to us as an observation, not by either induction or deduction: we saw that those who were good, fluent, in English stood up to speak; those who were not, sat to listen. It is very difficult for non-native English-speaking people to participate on equal terms in the rapid-fire exchange of thoughts and experiences such courses demand. Thus, we de-emphasized native-English-speaking teachers and called more heavily upon those for whom English is a second language. This had the added advantage of bringing to the forefront the leaders in European pediatric neurosciences, stimulating the teachers to become ever more active in the ESPN, with the awareness that this Society belongs to them. It was unfortunate that some native-English-speaking leaders in pediatric neurosurgery interpreted this as a negative "ad personam" decision. It was fortunate that our Executive Board adhered to its charge to strengthen European pediatric neurosurgery, to build the confidence of established and young Europeans.

Now this is all history, for Europe has many gifted neuroscientists willing to teach; and, the younger, or aspiring, pediatric neurosurgeons speak English very well. They are also comfortable in a Congress, and relaxed about their knowledge and abilities to learn. The linguistic and professional gaps have been narrowed or closed.

I would fall short of my commitment to be candid with you if I did not now give leadership-credit for many of our successes to *Mauro Colangelo*, to whom I gave the soubriquet of 'the Evangelist,' or at least one of the Evangelists, for the rebirth – or diffusion, as the reader wishes – of this Society during the years 1986–92, and to the then President, *Antonio Ambrosio*. Two other 'Evangelists' may be best described as one Evangelist, *Julius Wocjan*, and one archangel, *Mario Brock*. They brought the full body of those countries east of the Oder-Nisse and the European Association of Neurosurgical Societies, respectively, to understand who we are and what we

are about doing. Our Warsaw Congress, one year after the Pediatric Neurosurgery Course in Bielowicza, Poland, succeeded by a miracle (Rainer Oberbauer and James Steers stepped in to give talks to fill the gaps left by those speakers who withdrew at the last minute). This was the cementing factor for a single European Society for Pediatric Neurosurgery in that it cleared away the arcane, repulsive and un-natural division of Europe, in all spheres of human activity, into Eastern and Western. By unanimous vote at the Business Meeting, following the motion put forth by *Paraciz*, which was seconded by *Ciurea* and *Benes*, this terminology was officially refuted.

Our Berlin Congress, with *Mario Brock* – President of the EANS – as Congress President, gave us the de facto recognition of organized European Neurosurgery. Immediately thereafter, in the capacity of Secretary of the ESPN, I was invited – really after my formal request to *Luc Calliauw* – to be present at a UEMS (Union Européen Médecins Spécialisés) Meeting to explore the means by which pediatric neurosurgery could be inserted into the European Health Care System. James Steers joined me in this undertaking, which has been crowned with success: Pediatric Neurosurgery is now (1996) officially recognized as a ... sub-specialty ... by the UEMS! A clear and proper identification of our organization and professional activity has been given. It remains for future officers to expand upon this and to finalize this participation. It is essential (given the unfolding of compartmentalized Europe into one geo-politico-economic unit in which professionals may move about freely for work purposes).

This same time-frame, 1986–1994, was one during which we – the Executive Board of the ESPN and representatives of other leading neurosurgical organizations – held two workshops, to study ‘*The Definition and Goals of Pediatric Neurosurgery*’ and ‘*The Insertion of Pediatric Neurosurgery into the European Health Care System*.’ To do this, we needed funds, grants, which the Pierfranco and Luisa Mariani Foundation provided on both occasions, permitting us to identify our mission and goals and to articulate the mechanics by which to insert these into the European Health Care Systems. The President of the Foundation, *Antonio Magnocavallo*, and the Managing Secretary, *Maria Majno*, were indescribably generous in terms of time, advice, support. They are two friends of the pediatric neurosciences. In fact, they also funded our grant request for the publication in *Child’s Nervous System* of the entirety of the proceedings of both Workshops.

I think it has been true since the 10 Commandments were written in stone: you may say what you wish, but until it is written down its value is ephemeral. From the word – less true if written than spoken – to the deed is a difficult row to hoe. The defined goals were set separately from the realities in each country. In Lyon, and during the ensuing two years, we have had, yes, an Executive

Board which is multinational, but not yet one representative of all of Europe. Our leadership has also been skewed to the south, France and Italy: 50%! Also, we had not been able to meet often, for financial reasons, and we have not had the benefit of working together for prolonged periods. And yet, we have been able to come to terms with working within our bye-laws, we have come to labored but agreed-upon decisions, and we are providing for long-term plans regarding courses, pediatric neurosurgery services and centers, and Europe-wide standards. The Lyon Congress, a resounding success academically, was the beginning of the balancing process between the selection of Executive Board members, their coming to work together, and the reading of our long-term goals in an understandable language for subsequent articulation. Difficulties, attrition, and polarization have occurred and, as all goal-directed struggles, have proven to be of absolute benefit to the ESPN.

In the terms of the *genre* I chose to use for this history, more an oratory, using well known events, well known fully only to one who has taken the time to integrate them, but partially known to many, the past is used to make the present understandable and familiar. Only for this reason have I gone into such detail and been so – refreshingly or bristlingly – frank. We must not allow a small group – an oligarchy – to rule our sub-specialty! We must look upon the present of our sub-specialty as something very familiar to us if we wish to give it the dignity it deserves. If we respect it, sincerely respect it, so will others. We must also resist the temptation to ... deify ... it.

How can I be so sure of what I say? and how does all this measure up to my title “*What have we done in making pediatric neurosurgery a sub-specialty*”?

First, all of pediatric neurosurgery, not just that within the limits of the ESPN, has evolved, as a sub-specialty and as a socio-scientific entity. By and large, we have not set forth a series of tenets, or principles, and then demanded adherence. From its founding and throughout its evolution the ESPN has not taken the position that all children with surgical diseases of the central nervous system should be operated upon by one (neurosurgeon) dedicated to pediatric neurosurgery. Nor has it specified or recommended special education in pediatric neurosurgery. It has never implied that these children may be most effectively treated in a children’s hospital or a specific unit on a neurosurgical service, and it has never formerly sustained that pediatric neurosurgeons should be the responsible teachers, solely responsible, for these clinical entities and techniques. It has never promoted the codification of such professionalism by a Special Certificate of Competence, for we know that this will come naturally. And, in my mind, this has been good, for the sub-specialty has had time to evolve. Antibodies were not produced.

In fact, societies and clubs have been formed in Spain, France, Great Britain, Russia, and Turkey. Among

the eight most highly industrialized nations of the world, only Germany and Italy have no administratively independent forum – club, or group, or society – in which pediatric neurosurgeons can gather to enrich one another, academically ... and to my knowledge it is only in Germany and Great Britain that pediatric neurosurgical procedures are regularly performed by pediatric or general surgeons: We have come a long way, but our journey has not been completed!

There was no need to advocate the formation of independent pediatric neurosurgery services. Patient load and social conscience has done this in the great majority of European countries. But, even where this has occurred, it has not always been with the blessing of organized neurosurgery, something which I shall never understand (being as familiar as I am with the memories of how much Neurosurgery itself struggled for its identity). To the great credit of all, efforts to work within the system have been tireless, and rewarded by a relative lack of animosity. Patience is being rewarded, for every year new centers are established, our peers are calling upon us to

teach and inviting us to take our proper place in the universities or hospitals, and major neurosurgical societies are bringing us into their executive structures. In almost all of Europe the sub-specialty of pediatric neurosurgery is developing within neurosurgery.

Lastly, I think that pediatric neurosurgery the world over, but especially in the USA, has been responsible for the birth and development of the sub-specialties of pediatric neuroradiology, neuro-oncology, and neuro-anesthesia.

So, then, I should like to answer the question of my title: “What have we done in making Pediatric Neurosurgery a sub-specialty?” In making pediatric neurosurgery a sub-specialty we have provided for the development of a very large number of neuroscientists dedicated to the care of children with surgical diseases of the central – and now, most recently, also peripheral – nervous systems.

I shall forever be honored (and inwardly satisfied) for having been a part of this active scientific, and human group. Thank you!

### **Technical notes on the Anthony J. Raimondi ISPN Award – submission of papers for the award**

Papers to be evaluated for the A.J. Raimondi Award must be sent to the Main Editor, accompanied by a statement from the Director of the Training Program of the author’s institution confirming that the author is eligible for the award.

Candidates must be neurosurgeons in training or have completed their training as neurosurgeons not more than 5 years before.

In the case of a multi-authored paper, the paper must also be accompanied by a letter signed by all the co-authors, acknowledging that the main contribution to the study has been that made by the author competing for the award.

The prize, which will be assigned by the Scientific Committee of the ISPN, is to consist of a travel scholarship (travel expenses, accommodation and registration fees) allowing the winning author to present the paper at the Annual Scientific Meeting of the ISPN.