



TEXAS NEUROLOGICAL SOCIETY

Broca's Area

The Voice of Texas Neurology

Fall/Winter 1999-2000

Words from the President

Martin Heitzman, M.D.

In 1996, the Research and Oversight Counsel (ROC) surveyed Texas doctors who participated in the workers' compensation system. The survey found that only 13% of the participating physicians were neurologists. In 1998 the survey was repeated and showed the number of neurologists participating in the worker's compensation system had dropped to 2%.

In 1997, The Texas Workers' Compensation Commission (TWCC) reported the number of work-related injuries in the state of Texas to be 253,260. The total health care cost related to these injuries was \$777,599,084. If pharmaceuticals and durable medical equipment were included, the cost was \$848,599,084.

In 1997, a multi-state comparison for worker's compensation cost found the cost for Texas was 47% higher than the other states.

In 1998, the National Counsel on Compensation Insurance (NCCI) found medical costs 49% higher in Texas than the national average, with only four other

states of the 50 exceeding the costs of Texas.

The 76th Texas Legislative Session recently ended, and passed additional laws relating to the TWCC System. House Bill 2510 specifically addressed efforts to lower medical costs while maintaining quality medical care.

Two thirds of the reported work related injuries in the state of Texas relate to the spine, predominantly the cervical and lumbar regions. The remaining one third relates to injuries of the extremities, head injury or occupational diseases. In all of these categories the patient needs to be evaluated for the presence or absence of neurological impairment, be it radiculopathy, carpal tunnel syndrome, or mild traumatic brain injury. As the statistics above indicate, the majority of the patients are not evaluated or treated by neurologists.

Many of the injuries are reported to be strain, sprain, overuse, or direct soft tissue injuries. Terms (*continued on page 2*)

In This Issue...

President's Messagepage 1
Call for Nominations.....page 3
Neurodotspage 4

Winter Conference Updatepage 5
Editorial Comments.....page 6
New Membership Category.....page 10

Words from the President

Martin Heitzman, M.D.

(continued from page 1)

such as repetitive strain injury (RSI) or cumulative trauma disorders (CTD's) are commonly used in clinical practice. The Federal Occupational Safety and Health Administration (OSHA) reported in 1992 that RSI's or CTD's are caused by repetitive stressful motion at work. OSHA'S Research Branch, The National Institute for Occupational Safety and Health (NIOSH) stated in 1992, that RSI's and CTD's occur in all industrial divisions.



Many of these conclusions are based on "Ergonomics," usually by engineers, not physicians. Many others have considered ergonomics to be a quasi-scientific entity with little validity.

This topic is well reviewed by Mr. Eugene Scalia, an Attorney from Washington, D.C. In 1994, his article entitled "Ergonomics: OSHA'S Strange Campaign to Run American Business" was published as a "White Paper" by the National Legal Center for public interest. This paper is an extensive analysis of ergonomics. In it, Mr. Scalia quotes from "Hand Clinic" an article by Professor Emeritus James Dobyus of the Mayo Clinic. "There is no consensus on what the term cumulative Trauma Disorder means, what it includes, or upon any criteria for a diagnosis

Many articles today refer to RSI or CTD and their reported relationships to radiculopathy, entrapment syndrome or other neurological entities. It is believed, with more involvement by neurologists, there could be improved quality in the Workers' compensation System by more accurate diagnoses, and secondarily, improving the cost factors alluded to above.

In Australia reported RSI's or CTD's

reached almost epidemic proportions in the 1980's. In 1990, Dr. N. Hadlar, Professor Emeritus from the university of Sydney, published an article entitled "Cumulative Trauma Disorder: An Iatrogenic Concept". This was followed by many other articles with similar conclusions. These diagnoses are essentially nonexistent today in Australia.

In Britain, since 1993, the terms RSI and CTD have been rejected as occupational diseases or illnesses, and the incidence of related claims have essentially disappeared.

In 1996 the occupational safety and Health standards Board held a public hearing on ergonomics in Los Angeles. Many experts testified before the board. One extremely prominent individual, Dr. Blair Filler, Professor of Orthopedic Surgery at the University of Southern California, Director of Medical Education at the Los Angeles Orthopedic Hospital, a member of the Counsel of the State and Health Policy for the American Academy of Orthopedic Surgeons, and the Head of the Government Affairs Committee of the American society of surgery of the Hand testified. He concluded, "There are no convincing scientific studies to show that RSI's or CTD's exist".

Once again, the opportunity is taken, to encourage neurologists throughout the state of Texas to become more involved in the 'TWCC System, and hopefully thereby improve quality of care administered to injured workers.

For those inexperienced with the TWCC Rules and Regulations, courses are presented throughout the state on a regular basis. These are sponsored by TWCC, some in conjunction with the Texas Medical Association (THA) and others are in association with the American Academy of Disability Evaluating Physicians (AADEP).



Call for TNS Board Nominations

Here is the perfect way for you to become more involved with your state specialty society! In anticipation of the February Winter Conference, the Society is accepting nominations for open positions on the board of directors.

If you are interested in serving on the board, or would like to nominate someone for consideration, please let the TNS President know. Contact Martin Heitzman, MD, TNS President at 1250 E. Cliff Dr, Ste. 5C, El Paso, TX 79902 or (915) 533-5925, or fax (915) 532-5234. Each nominee must be an Active or Life Member.

Following is a description of the positions available:

President-Elect: The president-elect position is for one year, with the expectation that the president-elect will assume the presidency in 2001. This board member will attend the two annual board meetings, and have full voting privileges. The President-Elect will also serve as chair of the membership committee.

Vice President: This is a one-year position. The Vice President will attend the two annual board meetings and have full voting privileges. The VP's primary duty is to oversee the Young Investigator Award (YIA). The YIA is an annual award sponsored by TNS, to encourage research by neurology residents and medical students. The VP will work with the TNS administrative office to advertise the award at Texas residency programs, and oversee the grading of the submissions. The VP will present the awards to the winners at the Winter Conference. Furthermore, the VP will perform any or all duties and functions of the President whenever the President is unable to serve.

Secretary-Treasurer: This is a one-

year position. The Secretary-Treasurer will attend the two annual board meetings and have full voting privileges. The Secretary-Treasurer will work with the executive director to manage the Society's finances, authorize expenditures, and distribute membership actions to the general assembly. He/she shall serve on the membership committee with the President-Elect.

Program Co-chair: The program co-chair sits on the board as an ex officio member. This is a two-year position: the co-chair will work closely with the Program Chair for one year, and then rotate up to Program Chair the following year. He/she shall help develop the educational program for the annual Winter Conference. He/she will work with the Board of Directors and the executive director to create a budget for the conference and oversee all aspect of the conference, including speaker and topic selection.

Member at Large: At-Large Board Members will attend the two annual board meetings and have full voting privileges. This is a three-year position.

The more member involvement in the Texas Neurological Society through serving as an officer and participating in programs, the stronger the TNS becomes thus benefiting all Texas Neurologists as well as our patients. Current and past members of the board of directors encourage each of you to strongly consider participating in the governance of the Texas Neurological Society.

Neurologists and Nobel Prizes

Since the first Nobel awards were made in 1901, twenty three of the prizes for Physiology or Medicine have been awarded to forty-six neurologists (many have been co-recipients). The first neurologists to receive the award were Camillo Golgi and Santiago Ramon y Cajal in 1906 for their work on the structure of the nervous system.

Neurodotes

Lay Predictions of Ataxia

J. Thomas Hutton, M.D., Ph.D.

Long before genetic testing for Familial Ataxia was known or an understanding of prions in Kuru existed, concerned individuals carried out practical evaluations to predict afflicted persons. Members of the Schut-Swier kindred in whom Familial Ataxia transmits as an autosomal dominant trait, developed fence post walking. At periodic family reunions, a competition with serious implications was carried out in which young persons approaching the age of risk were asked to walk wooden fences. The kindred had lived principally throughout rural Minnesota and the Dakotas where split-rail fences were prevalent. Loss of balance and falling provided evidence for ataxia and aroused alarm for another afflicted family member.

In contrast, the Fore people from the highlands of the island of Papua in eastern New Guinea had no wooden fences to traverse. Nevertheless, the desire to perceive who might be developing the telltale sign of ataxia was just as strong. Going barefooted was customary, allowing for distinctive footprints in the sandy soil. The developing ataxia resulted in a distinctive gripping of the ground by the toes that increased proprioceptive feedback. This accommodation for early ataxia gave rise to the Kuru footprint. The Fore people knew of this sign and used this unobtrusive method to recognize early Kuru victims. An example of this footprint is now memorialized in the Wellcome

Museum in London.

The desire to predict those afflicted with Familial Ataxia or Kuru was great long before means for genetic testing or disease eradication existed. Members of the Schut-Swier kindred sought early diagnosis allowing time for purchases of large amounts of health insurance, or in the instances of a male member of the family, for military service and guaranteed Veterans Administration health benefits. Once Carlton Gadjusek and colleagues discovered the transmissible nature of Kuru, the Fore people had a means of avoiding the development of Kuru by turning away from the rite of ritual cannibalism.

Fence post walking and footprint examination represent human testaments to the drive of individuals to understand what the future may hold. While these methods have become anachronisms, they remain eloquent statements for the need to understand the threats of neurological affliction. Neurologists often have the ability to satisfy this need by wise and sympathetic discussion of prognosis. Or patients may also expand our understanding of the human spirit, if we will allow it.

"Neurodotes" are interesting neurology anecdotes or historical notes that depict the impact of neurological illnesses or historical events, the development of Neurology as a specialty in Texas or anecdotes of interest to other neurologists. Your contributions for Broca's Area are welcomed. Send your Neurodote to Tom Hutton, Editor, Broca's Area, 4102 24th Street, Suite 500, Lubbock, Texas 79410.

**"Neurology for the
Millennium"
Annual Winter Conference
Planned**
Gary Tunnell, MD.
TNS Program Chariman

The Texas Neurological Society will hold its annual meeting February 25, 26 and 27, 2000, in Austin, Texas, at the Marriott Capital Hotel. The theme, "Neurology for the Millennium" will deliver 12 hours of CME and 1 hour of ethics in a very timely and lively discussion by professors of Neurology from the talented training programs in the State of Texas. This year, Friday's program will include neurosurgical basics and management of neurotrauma. The role of a neurointensivist at your hospital will be discussed followed by timely information on intraoperative neuro-monitoring. On Friday evening a reception in the hotel for attendees and families will be hosted by TNS.

On Saturday morning, Dr. Roger Rosenberg will moderate sessions on ALS, medical management of complicated Parkinson's, and when to consider surgery for your Parkinson's patient. Other topics include vagal nerve stimulation for epilepsy, the hereditary ataxias, and the application of Botox in your practice. Interventional neuroradiology "Coils and Stents" will be presented by a radiologist. At noon Saturday, Rev. Chuck Meyer will deliver an Ethics Conference to attendees and their guests.

On Saturday evening, dinner at

Carmelo's in downtown Austin will be followed by entertainment at Esther's Follies. This was highly rated as a popular diversion in last year's meeting.

On Sunday morning, the business meeting of TNS will be brief and conducted by Dr. Martin Heitzman, President. The academic session will follow with topics on reflex sympathetic dystrophy by Dr. Ochoa followed by legal issues given by Dr. Gary Freeman, and assessment of neurological impairment by Dr. Martin Heitzman. The meeting will close by noon on Sunday, February 27, 2000.

For the second year, neurology residents in training will be sponsored by TNS and will be assigned a host to introduce them to other attendees. Please notify the Society if you are interested in meeting a resident or "supporting a future partner."

The TNS is dedicated to developing this Winter Conference as a truly outstanding educational opportunity which is also very cost competitive and geographically accessible. Please schedule these dates on your calendar and remind your colleagues about the 26th Annual Meeting of the Texas Neurological Society, February 25-27, 2000.

For a detailed program for the Neurology-for the Millennium Conference, see page 8-9.



Editorial Comment

Editorial comments for this issue of Broca's Area are reprinted from the July, 1999 issue of Action, newsletter of the Texas Medical Association. The following articles address the important issue of physicians' negotiating power. JTH, ed.

Dear TMA Colleagues:

Physicians nationwide are angry; frustrated, and exhausted over the intrusion of investor-driven managed care organizations into the day-to-day practice of medicine. We share that anger, frustration, and exhaustion. The sanctity of the patient-physician relationship is under attack.

Texas physicians strongly believe that the ability to jointly negotiate quality of care issues with these insurance companies is the right answer for us and for our patients. The recently concluded session of the Texas Legislature granted us that right. It is an alternative to collective bargaining.

Throughout that debate, we very carefully avoided using the terms "collective bargaining," "labor organization, unions," "work stoppage," or "strike." We kept to the high ground and maintained the respect and support of our patients, our colleagues, state leaders, and the general public. Governor George W. Bush signed that bill not because it was a union bill, but because it was *not* a union bill. He understood that we were dealing with antitrust law, not labor law.

The House of Delegates of the American Medical Association voted last month to develop an affiliated national labor organization to represent employed physicians and, where allowed, residents. We regret that the AMA chose to endorse creation of a national labor organization under the National Labor Relations Act. However, we understand that the AMA House of Delegates represents phy-

sicians in every specialty and in every community across the nation. Some of our colleagues in other parts of the country may find that the Texas approach is inappropriate; those physicians needed the AMA House of Delegates to act as it did.

Although the AMA resolution refers to its existing policy on this topic, we are disappointed that the AMA House of Delegates chose to defeat a Texas-supported proposal that would plainly delineate our AMA's opposition to strikes and the withholding of care to our patients. Some would label this "semantics." But it is our position that words matter. We are not laborers, we are not strikers, we are not simply providers. We are servants. We are caregivers who have a sworn duty to society.

A physician's first duty is to his or her patients, regardless of the consequences. It is not in the patient's best interests for a physician to withhold care, despite the physician's best intentions.

With best regards,
Alan C. Baum, MD
 President, TMA

Governor signs negotiation bill

Texas again leads the nation in patient protection and care reform with the passage of a first-ever physician negotiation bill this past legislative session. Senate Bill 1468 allows independent physicians to jointly negotiate contract terms with managed care plans.

The bill gives physicians a defense against federal antitrust laws that prevent them from conferring with competitors. It goes into effect September 1. Competing physicians may discuss contract terms such as referral and payment policies, clinical practice guidelines, and administrative procedures and appeals. The bill says physicians also may hire a third party to represent them.

The Texas Attorney General's Office will supervise negotiations between groups of

Broca's Area

A periodic newsletter of the Texas Neurological Society

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Editorial Comment (cont. from page 6)
physicians and health plans.

I) physicians' fees may be negotiated only in limited circumstances when the health plan has substantial market power as determined by the attorney general, and as long as the group of physicians represents less than 10% of all physicians in the area. The attorney general has the discretion to change that percentage. Senator Chris Harris (R-Arlington) and Rep John Smithee (R-Amarillo) introduced the law

and pressed hard for its passage against tremendous protest from health plans and their business partners. Governor George W. Bush signed the bill into law in June.

TMA is exploring all options to represent physicians in their negotiations with managed care organizations and other insurers, including the possible creation of a TMA 'representation unit' for member physicians under the new law, says Louis J. Goddamn, PhD, TMA executive vice president.

Preliminary Program
Neurology for the Millennium

Texas Neurological Society's
3rd Annual Winter Conference
February 25-27, 2000 Austin Marriot at the Capital

Make plans now to attend the TNS Winter Conference in February. The conference will offer approximately 13.5 hours of CME, included one hour of ethics required by the Texas State Board of Medical Examiners. It is not too soon to reserve your hotel room: call the Marriott at (512) 478-1111 or (800) 228-9290 to make your reservations. Be sure to mention that you are part of the TNS conference, and ask for the special rate of \$108 for the nights of February 24, 25 and 26. A detailed brochure will be mailed to you in November. Call the TNS office at (512) 370-1532 with any questions.

Friday, February 25

11:30-12:30 pm

Registration & Light Lunch

Afternoon Moderator:

Gage Van Horn, MD

12:45 pm

*Welcome from the
President*

Martin Heitzman, MD

1:00-1:45 pm

Neurosurgical Pearls for Neurologists

Duke Samson, MD

1:45-2:30 p.m.

Neuro Trauma Management

Speaker tba

2:30-2:45 pm

*Refreshment break
with the exhibitors*

2:45-3:30 pm

*Role of the Neurointensivist at
Your Hospital*

Jeff Frank, MD

3:30-4:15 pm

Legal Issues

Robert McMichael, MD, JD

4:30-5 pm

Panel Discussion

6:00-7:30 pm

*Welcome Reception for All Attendees and
their Families*

Hosted by TNS

Saturday, February 26

7:00-8 am

Continental Breakfast with the Exhibitors

Morning Moderator:

Roger Rosenberg, MD

8:00-9:00 am

Update on ALS

Stanley Appel, MD

9:00-9:45 am

*Medical Management of Complicated
Parkinson's Disease*

Tom Hutton, MD, PhD

9:45-10:00 am
Refreshment Break

10:00-10:45 am
*Advising Your Patients about Surgery for
Tremors or Parkinson's Disease*
Gage Van Horn, MD

10:45 -11:30 am
*Vagal Nerve Stimulation
for Epilepsy*
Jim Wheless, MD

11:30- Noon
Panel Discussion

Noon-1:30pm
Luncheon, spouses invited
Ethics Discussion Rev. Chuck Meyer

Afternoon Moderator:
Stanley Appel, MD

2:00-3:00 pm
The Heredity Ataxias
Roger Rosenberg, MD

3:00-3:30 pm
Young Investigator Award
Eugene Lai, MD, PhD, presenter

3:30-3:45 pm
Refreshment Break

3:45-4:30 pm
*Botox Application in
Your Practice*
Joseph Jankovic, MD

4:30 5:15 pm
Interventional Neuroradiology:
Coils & Stents
Joe Hisc, MD

5:15-5:30 pm
Panel Discussion

6:30 pm
*Dinner at Carmelo's
followed by
Entertainment at Esther's Follies
for attendees and their families*

Sunday, February 27

7:30-8:30am
Breakfast

Moderator:
Martin Heitzman, M.D.

8:30- 9:15 am
*Texas Neurological Society
Business Meeting &
Installation of New Officers*

9:15-9:30 am
Refreshment Break

9:30-10:15 am
Assessing Neurological Impairment
Martin Heitzman, MD

10:15-11 am
Complex Regional Pain (RSD)
Jose Ochoa, MD

1100-11:45 am
Legal Issues
Gary Freeman, MD, JD

11:45- Noon
Panel Discussion

New Membership Category of Fellow Approved by TNS Board

During the 1999 TNS business meeting in Austin, the Society voted to add a Fellow category of membership, to distinguish outstanding members. Fellowship is open to those who fulfill the following criteria:

1) Meet the criteria for Active membership, and have been Active members of the Society for no less than seven (7) years,

2) Have attended no fewer than five (5) annual meetings after becoming an Active member,

3) Have demonstrated special achievement in the neurosciences by providing documentation of one of the following:

*service as a member of the TNS Board of Directors or committee member;

*service as an officer of a state, regional, national, or international neurological society; consistent, documented service in the area of clinical neurology; OR

*other unusual accomplishments as determined by the Board of Directors,

4) Possess overall professional reputation and standing, as determined by the Board of Directors of the Texas Neurological Society which qualifies such physician for this highest category of membership.

If you are eligible for Fellowship status, please contact the TNS office at (512) 370-1532 or (800) 880-1300, ext. 1532 and ask for an application for elevation. New Fellows will be voted on at the 2000 Winter Conference.

HR 2723, The Comprehensive Bipartisan Managed Care Improvement Act Of 1999 (Norwood-Dingell) Passed by US House of Representatives

Bowing to pressure to enact comprehensive patient protection legislation, On October 7, 1999, the House passed HR 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999 or the Patient Protection Act. The bill was introduced by Rep. Charlie Norwood (R-GA) and Rep. John Dingell (D-MI). This comprehensive bipartisan legislation included the managed care reforms to guarantee patients the best possible medical care. The bill will now go to a conference committee with the Senate-passed legislation, which was much weaker than HR 2723.

As passed by the House, HR 2723 will

1. Give physicians the final say about what is medically necessary;

2. Give patients the right to appeal a health plan's medical decision with an independent, timely, fair external review;

3. Hold health plans accountable when their actions cause a patient to be injured or die;

4. Extend protections to cover all insured Americans; and

5. Provide point of service language, so that all insured employees have the opportunity to choose, at their own expense, an option that allows them to go outside the network of health care professionals chosen by their employers.

Despite millions of dollars spent by the insurance industry to defeat HR 2723, patients and physicians can claim a great victory in the debate for managed care reform.

Silent Visitors

J. Thomas Hutton, M.D., Ph.D.
Editor

Soundless come the visitors to those with treated Parkinson's disease. Be they human, animal or inanimate, all dissipate when approached and all the while remain mute. Human faces of the visitors may be pleasing and even recognizable, but far more commonly such faces are abhorrent with grotesque features or excessive facial hair. Physical size may be normal, but frequently is miniaturized as when Gulliver entered the land of the Lilliputians.

The initial tendency especially for the inexperienced clinician is a hasty deletion of the visual hallucinations by medication adjustment. Once, many years ago, a patient described several dogs that visited regularly and participated in a standing game of pinochle. Aghast, yours truly offered to adjust immediately the medications and send the canine pinochle players off to the dog pound. "Oh, no," was the reply, "I should miss my doggy friends, and besides, who would play pinochle with me!

Other encounters with silent visitors are not so enjoyable and are capable of producing fear. One man for years described "people" who lived in his backyard tree. Other than occasional trips out to the backyard and being never able to confront the unwanted squatters, the "people" created no real disturbances. Later, with progressive cortical involvement, the "people" moved indoors and began to lounge on the couch and in the patient's favorite chair. These unwanted visitors developed pro-

gressively abhorrent physical characteristics that struck terror into the palsied patient. Despite multiple calls to and visits from the local sheriff, the menacing squatters continued to return. Finally, a call was made to the neurologist from the safety of a local motel to which the patient and hapless wife had retreated. While the visitors were hallucinated, the fear was all too real. Medication adjustment proved successful in evicting the squatters from the patient's home and property.

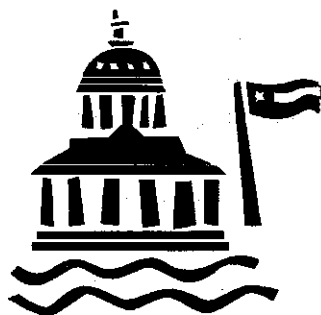
How is it that impairment of the basal ganglia function in the face of dopaminergic treatment results in seeing faces in the closet or objects in the wallpaper? Is it not odd that through dissolution of the nervous system may result a creative elaboration of visual phenomena?

From Lewy bodies and dopamine deficiencies and attempts at replacement may spring dogs, cats, spider webs and all manner of silent human visitors. The great Cogan, father of neuro-ophthalmology attributed visual hallucinations to degradation of visual stimuli to the visual centers. This superimposed on waning memory and cognitive function may manifest as visual hallucinations.

Might patients who experience visual hallucinations share a sense of fraternity, much as do persons who survived a shipwreck or prolonged incarceration. What impact might such hallucinations have on beliefs in mysticism, religious experiences, or creative expression? By taking time to listen to our patients, are we not reminded of the initial attraction that Neurology offers to students and the fascinating stories resulting from assaults on the nervous system?

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**Visit the
TNS
Website**

Visit the TNS website for information about the Texas Neurological Society, membership information, and registration forms for TNS meetings such as the Annual Winter Conference. Also included on the website are *Broca's Area* and other information about the Texas Neurological Society.

Visit our website and bookmark it for the future:



<http://www.texmed.org/tns/default.htm>