

# WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

## WFN ELECTIONS 2012

### Trustee Candidates Make Their Cases

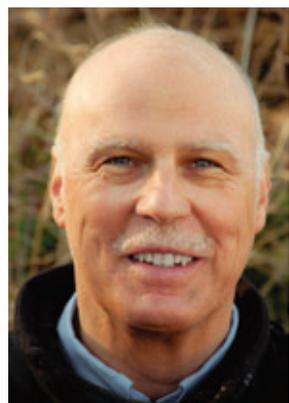


STANLEY FAHN, MD

I am the H. Houston Merritt Professor of Neurology and director of the Center for Parkinson's Disease and Other Movement Disorders at Columbia University Medical Center in New York. I am a member of the U.S. Institute of Medicine and was president of the American Academy of Neurology (AAN) in 2001-2003. Along with C. David Marsden, I am a cofounder of the Movement Disorders Society, a member society of the World Federation of Neurology.

I also am active with several lay foundations, including the Dystonia Medical Research Foundation, and I serve as the scientific director of the Parkinson's Disease Foundation. My activities with patient organizations also include my founding of the not-for-profit World Parkinson Coalition in 2004, of which I am President. The World Parkinson Coalition was founded as the parent body to organize the World

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WOLFGANG GRISOLD, MD

I have been privileged to be an elected Trustee since the World Congress of Neurology in Bangkok in 2009. The work has been interesting and exciting, and I would like to apply to continue my work.

I am a neurologist working as the head of a neurological department in a large city hospital associated with the University of Vienna (Austria). I am interested in neuro-oncology, in particular paraneoplastic and neurotoxic effects, neuromuscular disorders, palliative care, and education.

I am convinced that neurology needs strong representation, nationally and internationally, to ensure the best services for patients with neurological diseases. The triad of science, practical academic and nonacademic neurology, and advocacy for neurology, is my core.

Education has been the focus in the Austrian Society of Neurology, the European Federation of Neurological Societies,

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RAUL FEDERICO PELLI-NOBLE, MD, PHD

I was born Aug. 1, 1953, in Tucumán, Argentina, the second of three brothers. I'm married with two children. My father worked in the film industry and my mother was a schoolteacher and later received a degree in fine arts. In our home, the sense of family and education was always present. Since childhood my interest was the mystery of the brain, and during my studies in college my interest was neurology.

In 1981, I received my medical degree from the National University of Tucumán (UNT) and later became certified as a clinical neurologist by the National Academy of Medicine and then by the Certification Board of Medical Specialties of the Medical College, National University of Tucumán. In order to have a greater holistic view of the patient, I also obtained a Master's degree in psychoneuroimmunoenocrinology from the Favaloro

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JEAN SCHOENEN, MD, PHD

I'm a typical Belgian product, as I was born in the eastern German-speaking tip of the country where German, Dutch, and Belgian cultures and languages join. I studied medicine at Liège University where French became my second foreign language. Thereafter I had the privilege of doing a neuropathology and neurology residency with E.P. Richardson and Ray Adams at the Massachusetts General Hospital. Back at Liège University, my academic career has been devoted to teaching functional neuroanatomy and neurology, setting up a clinical unit for headache care and research, and performing research in spinal cord regeneration and animal migraine models. Throughout my career I have thus been combining teaching, clinical management, and clinical as well as basic research.

I also have had extensive experience in setting up and run-

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### United States

Margaret Kennard's postgraduate neuro-peregrination across European laboratories stands as an example of the exchange of students across countries.

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### Portugal

Neurologist Noshir H. Wadia recounts his experience of becoming a prisoner in the infamous Portuguese prison Caxias while on his way back home to India from the 1971 World Congress of Neurology in Buenos Aires.

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### Canada

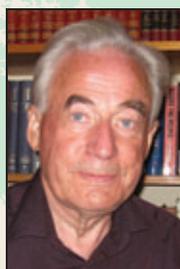
Few have made so great of a contribution to a field of study as Charles Miller Fisher did for the understanding and treatment of stroke.

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### Jordan

The influential Dr. Ashraf Al-Kurdi of the Pan-Arab Union of Neurological Societies helped to spread neurological expertise throughout the Middle East.

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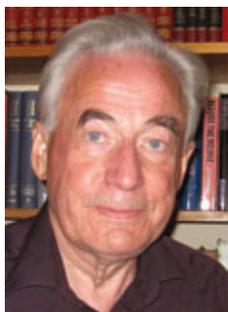


### In This Issue of WORLD NEUROLOGY

Dr. Johan A. Aarli, the new editor in chief of WORLD NEUROLOGY, recounts the history of the newsletter. See Page 2

The World Federation of Neurology is now calling for nominations for the next WFN medal awards. See Page 2

## EDITOR IN CHIEF'S COLUMN



JOHAN A. AARLI, MD

## The Many Faces of World Neurology

Mark Hallett served as editor in chief of WORLD NEUROLOGY from July 2008 to April 2012. He is a neurologist with special knowledge in movement disorders and clinical neurophysiology, and he also held the role of editor in chief of Clinical Neurophysiology for 8 years, thus giving him a firm basis in editing.

During his editorship, Mark has led the newsletter through a series of technical and administrative developments that have helped to develop its usefulness and educational value. He introduced the series "Profiles in Neurology," which presented medical care practices in neurology from around the world, as well as "Neurological Pearls," starting with Ramsay Hunt syndrome. He began including news from national neurological societies, always well illustrated with photographs and figures. Thank you, Mark! To put Mark's spectacular job into perspective, let me take you through a brief presentation of the many faces of WORLD NEUROLOGY.



MARK HALLETT, MD

## The First WFN Journal

Charles Poser had suggested to Ludo van Bogaert in March 1959 that the WFN needed its own journal for the publication of research news and also as a forum for announcements of meetings of the "problem commissions" and reports from national and international meetings in neurology.

Poser became the editor in chief, with van Bogaert and Pearce Bailey serving as associate editors. The first issue was published in July 1960.

The new journal had an ambitious program. Poser wrote in his first editorial: "Right from the beginning we are emphasizing the international and multilingual nature of this publication as well as the variety of the aspects of neurology which we hope to cover." He added that "World Neurology ... requests review papers on current concepts and recent advances in their field of endeavor from authorities in clinical and basic neurology and the allied disciplines. These are then translated into English, French, German, or Spanish, in each case, a language different from the one most often used by the author. An article in any language is followed by comprehensive abstracts in the other three."



CHARLES POSER, MD

Thus, Gilbert H. Glaser wrote in French on "Les cortico-stéroïdes et l'ACTH dans les affections nerveuses"; John Walton in German on "Die progressive Muskeldystrophie – gegenwärtiger Forschungsstand," and Sigvald Refsum in Spanish on "Heredopathia atáctica polyneuritiformis: Reconsideración."

Some of the papers published in WORLD NEUROLOGY have remained classics in their field. In 1960, Leonard Kurland and his colleagues wrote on "Minamata Disease. The outbreak of a neurologic disorder in Minamata, Japan, and its relationship to the ingestion of seafood contaminated by mercuric compounds." In 1962, Pruzanski and Altman wrote on "Encephalitis due to West Nile Fever virus." There was an epidemic in 1959 in Morocco of 10,000 cases of myelopolyneuropathy due to criminally contaminated cooking oil, which was meticulously described by Geoffroy and colleagues.

In retrospect, publishing articles in four different languages was too ambitious and time consuming. Poser realized that standards for reviewing manuscripts varied considerably around the world. The traditions of the referee systems varied. There were considerable differences in traditions for the presentation of data, and spelling, usage, style, and grammar varied. The number of subscriptions increased very slowly.

Not unexpectedly, disagreements on editorial policy appeared. Gilbert

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## Nominations For Next WFN Medal Awards Now Accepted

The trustees of the World Federation of Neurology are now calling for nominations for the next WFN medals. There are two medals: one for Service to International Neurology and one for Scientific Achievement in Neurology. Each award carries an honorarium of \$5,000.

Nominations may be made by WFN member societies or by individual members of a member society. They should be seconded by at least five neurologists, of whom at least three should be from other WFN member societies.

The nominated individual should have approved his or her nomination and the principal proposer should write a citation of no more than 300 words in support of the nomination. The medal committee will be made up of the current president of the WFN and either two of his predecessors or two WFN trustees of the president's choice.

The medals will be awarded during the 2013 World Congress of Neurology in Vienna (Austria).

Nominations must arrive by Oct. 12. All nominations should be sent to:

**The WFN Medals Committee**  
c/o Keith Newton  
Executive Director  
WFN London Office  
Hill House  
Heron Square  
Richmond  
Surrey  
TW9 1EP  
United Kingdom



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## WORLD NEUROLOGY

WORLD NEUROLOGY, an official publication of the World Federation of Neurology, provides reports from the leadership of the WFN, its member societies, neurologists around the globe, and news from the cutting edge of clinical neurology. Content for WORLD NEUROLOGY is provided by the World Federation of Neurology and IMNG Medical Newswire.

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## PRESIDENT'S COLUMN

VLADIMIR HACHINSKI,  
MD

## Successful Continuity Means Continuous Change

“Continuity and change” is the motto of the current administration. The continuity is manifest in a stable administration at the

London, England, headquarters; scientifically and financially successful World Neurology Congresses; and a balanced budget. The continuity is comfortable and desirable, but it risks conservatism and obsolescence in a rapidly changing and globalizing world – hence continuity as planned evolution has become a priority.

One change began when as Vice President I presented a white paper on holding World Neurology Congresses more often, for discussion by the Delegates at an annual meeting in Glasgow in 2006. The 4-year cycle of Congresses had been so successful that there was some resistance to a 2-year cycle. The main arguments for moving to a quicker cycle was that it allowed us to hold Congresses where they would make the greatest difference, namely in regions where neurologists with limited resources and others interested in neurology could attend. A second argument was that if the Congresses took place every other year, it would provide greater financial stability to the WFN. President John Aarli was strongly supportive from the beginning and the decision was made during his administration to move to a 2-year cycle.

The first Congress held under the new policy was in Marrakesh in 2011, fulfilling one of the main aims of the Aarli administration: to hold the First World Congress of Neurology on the continent of Africa. The Congress motto was “For Africa, With Africa.” It had special registration fees for participants from sub-Saharan Africa, and no scholarship from that region to attend the Congress was denied. Additionally, our Moroccan guests made special arrangements for affordable housing for attendees from sub-Saharan Africa. Finally, a commitment had been made for 20% of the proceeds of the Congress to be devoted to projects in Africa. This is a good example of continuity and change.

Another change was to redefine the mission of the WFN as “fostering quality neurology and brain health worldwide.” By making brain health part of our mission, we expanded our role and implied that we would have to work with partners beyond our own specialty in order help achieve this aim. Additionally, including brain health is in line with the definition of health by the World Health Organization, “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.”

“Fostering quality” implies that there

should be standards by which quality is judged. These indeed have been developed, and consist of the following:

► **Value.** They have an impact for relatively little investments in time, money, or resources.

► **Viability.** What is the outlook of a particular initiative past the initial funding? We favor investing in viable projects with growth potential.

► **Synergy.** How can the initiative be enhanced by working together within the WFN or with other organizations?

► **Evaluation.** How will we know if we have succeeded? Even failure can provide profitable lessons if evaluated properly.

In line with upholding standards of quality assessments, a committee made up of Askel Siva (chairperson, Turkey), Sarosh Katrak (India), and Charles Warlow (UK) developed criteria for endorsing meetings and Congresses that require that they meet the standards, and also that the events should be for the benefit of societies, neurologists, and their patients, and not for the personal profit of the organizers.

Having established quality criteria, we held a grants competition for the first time to encourage projects initiated by our members. An initial competition took place in 2011 and the following projects were funded:

► Prof. Masharip Atadzhanov (Zambia), “Bringing EMG/NCV Capacity to Zambia’s University Teaching Hospital.”

► Dr. Thomas Bak (Scotland), “Cognitive Clinics Worldwide.”

► Dr. Donna Bergen (USA) and Dr. Raad Shakir (UK), “Revision of ICD-10 – Neurology Chapter and Beta Field Testing.”

► Dr. Philip Gorelick (USA), “Prototype Survey of Diagnostic and Management Capabilities for Neurological Disorders: Stroke Survey.”

► Dr. Douglas Postels (USA), “Pediatric Neurology Electronic Training Tool and Site.”

► Dr. Barbara Scherokman (USA), “Neurological Education for Non-Neurologists in Developing Countries: A Web-Based Initiative.”

► Prof. Ryuji Kaji (Japan), “Educational Grant for Asian Neurology.”

► Dr. Mohammad Wasay (Pakistan), “Neurology Training in Afghanistan: A Short Course.”

► Prof. Jo Wilmshurst (South Africa), “Children With Epilepsy in Developing Countries, and Training and Retaining Child Neurologists.”

For 2012, the Grants Committee was enlarged to include the following partners: Peter Black, USA, World Federation of Neurosurgical Societies (WFNS); Harry Chugani, USA, International Child Neurology Association (ICNA); William Carroll, Australia, Multiple Sclerosis Research Australia (MSRA); Richard Hughes, UK, European Federation of Neurological Societies (EFNS); Pierre Magistretti, Switzerland, International Brain Research Organization (IBRO);

Solomon Moshe, USA, International League Against Epilepsy (ILAE); Bo Norving, Sweden, World Stroke Organization (WSO); Bruce Sigsbee, USA, American Academy of Neurology (AAN); and Günther Dueschl, Germany, The Movement Disorder Society (MDS).

These additional partners will probably result in several jointly funded projects, which has the advantage of making the brain community aware of the initiatives and making sure that the resources are used synergistically.

The WFN has also sought to create alliances for specific purposes. In March 2011, the World Brain Alliance was formed in Geneva by the WFN and 10 other organizations. It was founded on the premises that there is no health without brain health; that brain health and health begin with the mother’s and the child’s health and their education; and that our brains are our future.

The Alliance has now participated in a high-level ministerial meeting sponsored by the WHO and the Russian Federation, a United Nations consultation in

### WFN ACTIVITIES ARE EXPANDING TO HAVE A NEW FOCUS ON FOSTERING BRAIN HEALTH AND GREATER COLLABORATION WITH OUTSIDE ORGANIZATIONS.

June 2011, and the General Assembly deliberations that adopted a Noncommunicable Diseases political resolution on Sept. 19, 2011.

The World Brain Alliance continues with its aim of helping to implement these resolutions, given that most brain diseases fall into the category of non-communicable diseases. In May 2012, the Alliance also participated in the World Health Assembly in Geneva.

The World Brain Alliance also will be part of the European Year of the Brain 2014, which is being planned by the European Brain Council. The aim is to create an annual Brain Year (Europe in 2014, the Americas in 2015, and so on) on a rotational basis. This is an ambitious goal that is being pursued.

The WFN has had a longstanding, close collaboration with the WHO. Former President Johan Aarli was a major participant in two WHO publications: “Atlas of Country Resources for Neurological Disorders” and “Neurological Disorders: Public Health Challenges.” The current Secretary General, Raad Shakir, is the Chair of the Expert Committee advising the revision of ICD-10 on neurological disorders. Donna Bergen, the Chair of the Applied Research Committee, is involved in the Mental Health Gap Initiative of the WHO.

In the spirit of collaboration and partnership between subspecialty and relat-

ed organizations, a Specialty Network has been organized by Vice President Werner Hacke, which had a very successful meeting at the time of the Congress in Marrakesh. It is likely that some multidisciplinary focused congresses will ensue as a result of this initiative.

Donna Bergen and her committee have created criteria for interest groups to be associated with the WFN, including the formation of working groups in emerging areas such as outcomes research.

Every WFN officer holds a portfolio. The largest and most challenging Committee is that of Education, which is headed by Steven Sergay and Wolfgang Grisold, who have worked together successfully to develop a number of initiatives that will now be accelerated, given that the priorities have been developed and the Committees and Task Forces have been enlarged.

Gustavo Roman leads the Latin American Initiative, which has resulted in the election of the WFN Regional Director by a democratic process, namely Marco Tulio Medina, who has the responsibility of working towards the development of a Latin American Federation of Neurological Societies. This potential Federation has also invited Canada and the American Academy of Neurology to join, in which case it would become a Pan American Federation of Neurological Societies. Ryuji Kaji leads the Asian Initiative, which is very keen to foster neurology in the less-developed parts of Asia. Johan Aarli has accepted the invitation to become the Chair of the Africa Initiative, with Alfred Njamnshi (Cameroon) and Girish Modi (South Africa) as Vice-Chairs.

The greatly expanded activities of the WFN required enhancement of the WFN infrastructure. The trustees met in London in February at a professionally facilitated retreat to consider the advantages and disadvantages of a central office, compared with infrastructure support from a professional organization.

A central office has the advantage of a fixed location and the loyalty of its employees. It also allows for continuity. The disadvantages are that should one of the staff members become ill, go on maternity leave, or move on, it would create a small crisis, because the depth of staff would not allow coverage for such an eventuality. A further disadvantage is that with few people working in the same office, there is little opportunity for learning or using the advanced technologies that can be afforded by larger organizations.

The advantages of a large professional organization are that it has depth of knowledge and resources, as well as a global reach. There is a constant learning environment, sharing of information, availability of the state of the art

## FROM THE WFN HISTORY GROUP

## Margaret Kennard's "Neuroperegrination" in Europe

Exchange of students between countries has probably occurred in all ages, and Margaret Kennard's European travels as a student are no exception.



BY PETER J. KOEHLER, MD, PHD

Dr. Koehler is a neurologist in the department of neurology at the Atrium Medical Centre, Heerlen, the Netherlands. Visit his website at [www.neurohistory.nl](http://www.neurohistory.nl).

Kennard (1899-1975) was a pioneer in the experimental study of sparing and recovery of brain functions following injury. Following her MD graduation from Cornell University Medical College, New York, USA (1930), she worked with John Fulton at the physiological laboratory at Yale University, New Haven, Conn., USA. She received a Rockefeller Foundation scholarship for a 2-year stay in Europe (with Bernard Brouwer in Amsterdam; Otfried Foerster in Breslau, Germany; and Gordon Holmes in London). Brouwer had made two lecture trips the United States: one in 1926, when he presented the Herter Lecture at Johns Hopkins University, Baltimore, and another in 1933, when he visited Fulton in New Haven. Fulton asked him to let Kennard do neuroanatomical work in Amsterdam.



Dr. Margaret Kennard

After she arrived in Amsterdam in September 1934, Brouwer asked her to analyze the lesions in a degenerative process of the cerebellum of a 59-year-old woman who had died from cerebellar disease within 7 months after its onset. At autopsy, a carcinoma of the ovarium was found, of which Kennard wrote "... one striking abnormality was the practically complete absence of Purkinje cells." Microscopic figures of the cerebellum (using Bielschowsky stain) that

showed the empty basket cells (Figure 1) accompanied her paper. It resulted in one of the first papers on paraneoplastic cerebellar degeneration, following Brouwer's own 1919 paper on the subject. In the correspondence with her Yale colleague Fulton, we read that he was eager to see Kennard return experienced in cerebellar research: "I am very glad you are working on cerebellar connections for we shall be at your feet when you return."

As Brouwer had become well known and his Amsterdam institute attracted many foreigners, Kennard met several other European colleagues. She corresponded with Fulton about her impressions (see Figure 2): "Bielschowsky is to come soon to work with him [Brouwer]." She was referring to the well-known German neuropathologist Max Bielschowsky, who had left Nazi Germany in the early 1930s and whose staining method she had used in examining the cerebellum. She had "considerable difficulty due to language" and "... met half a dozen very pleasant doctors all with unpronounceable names..." Later she "shares a lab with" Bielschowsky, but is disappointed about "his and my language difficulties." In November 1934, she reported to Fulton that "the world has been to Amsterdam these last two weeks. ... Foerster was here ... Last week, of 10 people around a patient, there were 8 nations represented." She also corresponded on nonscientific issues, including social habits in Amsterdam. "We sat down to dinner at 7:45. We rose at 1:15. We ate all the time. No dancing or anything except many long-winded speeches."

In February 1935, Kennard left for Breslau, Germany (Wroclaw in the present Poland) to stay in Foerster's institute (built with Rockefeller money). There she worked on several subjects, including "The cortical influence on the auto-

nomic nervous system," on which she published a chapter (1 of the 4 English chapters among 163) in Bumke and Foerster's 17-volume *Handbuch der Neurologie* (1935-1937).

In the summer of 1935, she moved to London, where she did clinical work at the National Hospital as well as London Hospital. She attended the Second International Congress of Neurology, where Foerster presented the Hughlings Jackson Lecture (for which she helped with the English language).

After her European peregrination, she continued working with Fulton at Yale until 1943 but also cooperated with two Dutchmen, notably physiologist Joannes Gregorius Dussier de Barenne and Willem Verhaart, the latter a professor of neurology at Leiden University. She passed her specialty boards in neurology and psychiatry in 1942 and held several posts in psychiatry and physiology, but also became vice president of the American Neurological Association (1958-1959).

She died of amyotrophic lateral sclerosis in 1975.

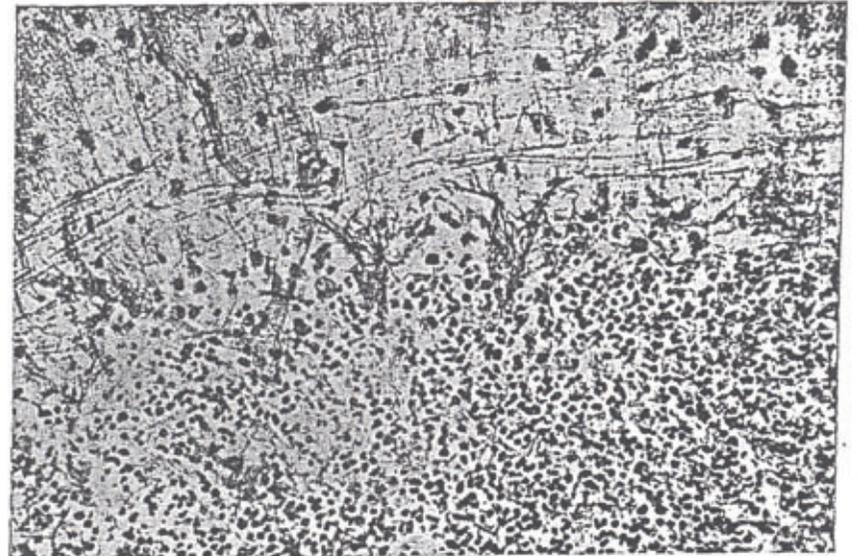


Figure 1. Kennard's preparation of a microscopic slide of the cerebellum (in Bielschowsky stain), showing disappearance of the Purkinje cells.

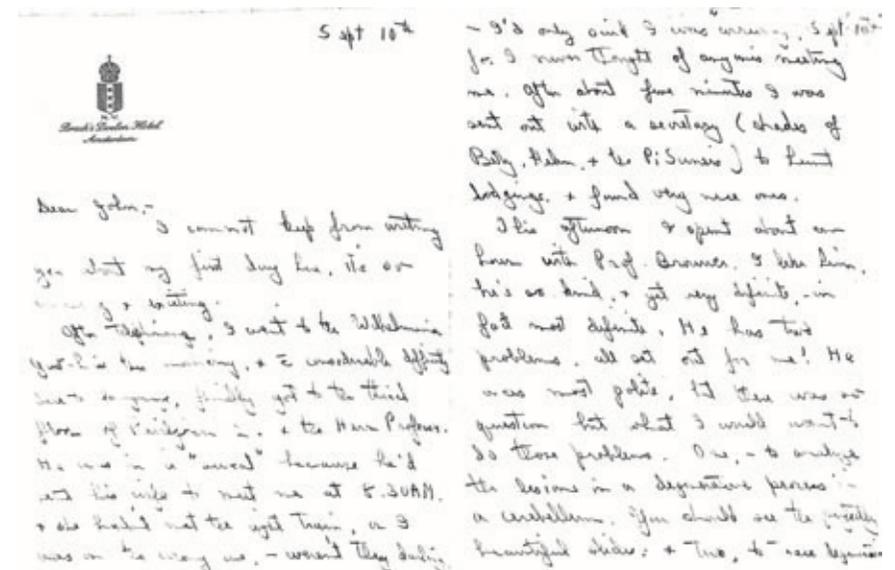


Figure 2. One of Kennard's letters to John Fulton during her 1934-1935 European peregrination.

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She died of amyotrophic lateral sclerosis in 1975.

It is evident the changes that are taking place under this administration are a direct result of the work that has been performed by all the preceding administrations of the past half century, documented in a forthcoming book by Johan Aarli, titled "The World Federation of Neurology: The First Half Century." The success of the WFN has come from leading and adapting in a rapidly evolving field of neurology in a globalizing world. Successful continuity means continuous change.

enlarged with the deliberate creation of vice chairs of committees and task forces. This has facilitated continuity and allowed the recruitment of younger neurologists, more women, and more individuals from diverse regions of the world.

Preparations are well underway for the World Congress of Neurology in Vienna on Sept. 21-26, 2013, and the theme is going to be "Neurology in the Age of Globalization." This is very apt, given the enlarging scope of WFN activities.

## Adjustments to WFN Infrastructure

Successful Continuity • from page 3

technology, and a business performance standard. The disadvantages are that professional organizations tend to be more expensive, may have rapid turnover in personnel, and may not provide the continuity that is offered by a central office and long-term employees.

The Trustees agreed about the desirability of having a central London office

complemented by services from a professional organization.

Although the term of this administration is for 4 years, all appointments were deliberately made for 2 years to allow the development of priorities, criteria, and "modi operandi." Now, the leadership and the membership of the committees and task forces have been renewed and

# Leading resources in clinical neurology!

## Journal of the Neurological Sciences

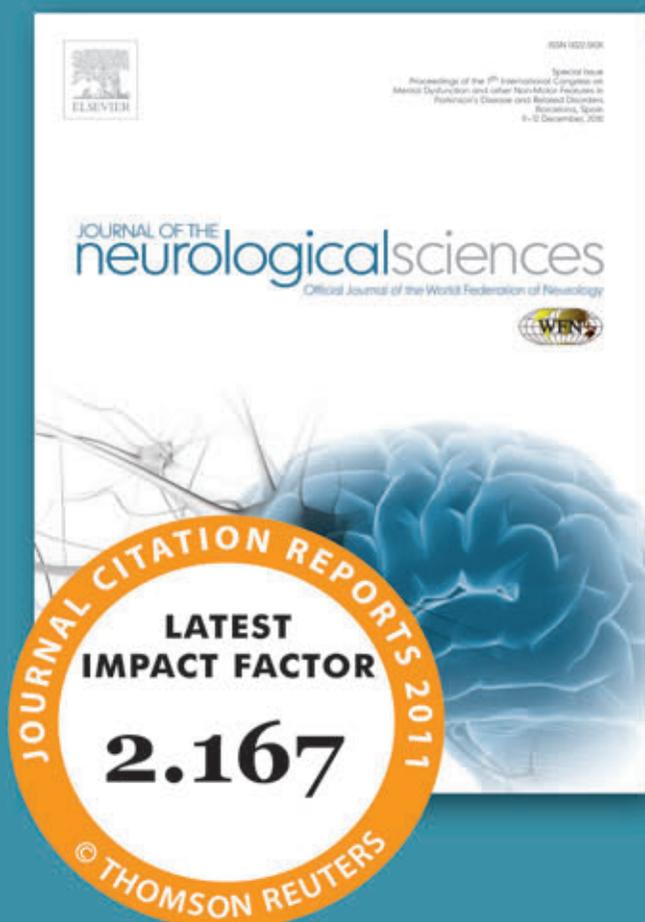
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## Parkinsonism and Related Disorders

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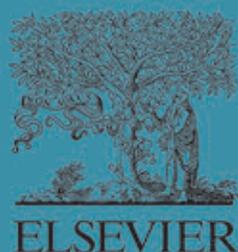
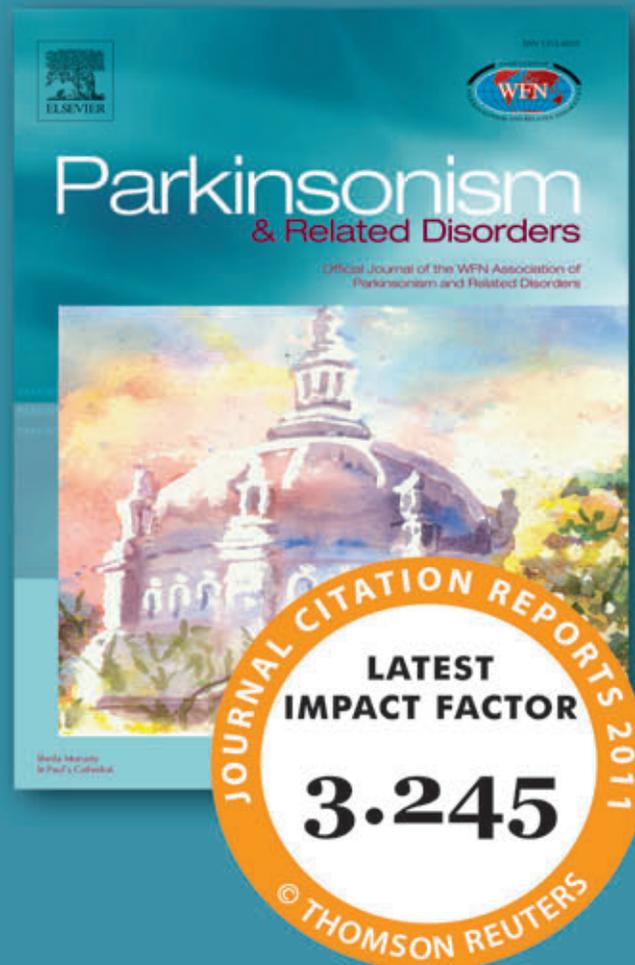
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## Stanley Fahn

Fahn Trustee • from page 1

Parkinson Congresses. Two have taken place so far, and a third is in the planning stages. The first Congress was held in Washington in 2006 and the second in Glasgow in 2010. A third Congress is being planned for October 2013 in Montreal. I have served as chair or cochair for each of these Congresses. The World Parkinson Congresses are unique in that they bring together patients and family members along with doctors, scientists, nurses, and other health professionals. This is the only Parkinson meeting in which patients and care providers play an equal role with health professionals in both organizing and speaking.

My vision is that the WFN should serve the entire world community of neurologists, as well as the many regional neurological societies, with a focus on education of neurologists to enhance patient care. The WFN is especially vital for neurologists who are not members of a subspecialty society and are located in parts of the world where there is no strong national neurological society to assist in their education.

The WFN is perhaps best known by neurologists as the sponsor of the World Congress of Neurology (WCN), rather than for its other activities and journals. If I am elected as a Trustee, it will be my goal to make WFN's other activities better known by neurologists from around the world.

It has been my pleasure and honor to have attended all of the WCNs since my neurology residency in the early 1960s, with the exception of the WCN held in Morocco in 2011. The WCN should be promoted to serve as a forum for neurologists, particularly those from parts of the world where no major neurological meetings are held and where no strong specialty society promotes the interests and education of neurologists. For these neurologists, the WCN should be a magnet that attracts them to meet one another and learn about the latest advances in neurology.

In my work with the AAN, I have served as the chair of both the education committee and the meeting management committee. My experience could be useful in helping the planning and execution of future WCNs. The WCN must not only be strong financially but also must inspire neurologists from around the world to attend and obtain a valuable educational experience. Raising funds for travel grants for young neurologists and those in training from financially troubled parts of the world should be a tactical goal. Having these neurologists experience the WCN would introduce them to the value of these meetings, and hopefully instill in them the value of the WCN for educational and scientific advancement.

If I am elected a Trustee, I plan to have an active role and to benefit the organization to the best of my abilities. The WFN should reach out to its member societies and, through them, to their members, to exchange ideas on what each society's role should be within the WFN and how each society can be helpful to the others. Harmony, cooperation, engagement, and joint participation should be encouraged for the benefit of all. ■

## Wolfgang Grisold

Grisold Trustee • from page 1

the European Union of Medical Specialists, the European Association of Neuro-Oncology, and now the WFN, with particular emphasis on training, assessment, and continuing medical education opportunities. On the UEMS European Board of Neurology, I was involved in the development and implementation of the European board examination and also the introduction of a European teaching center site visit.

The WFN is a dynamically growing institution, and our major focus, revealed by our mission statement, is to foster care for neurological patients worldwide. It represents countries with the highest scientific standards of care and others with few neurologists and a lack of resources.

To reduce these gaps and distribution is one of the main tasks of the WFN. Regional projects of the WFN, such as the Africa Initiative, the Asia Initiative, and current projects in South America, are important steps.

The WFN's collaboration with the American Academy of Neurology in providing the online program continuum is a continuing success. The distribution of this high-quality, continuing medical education instrument has had an impact on many national neurological societies with the formation of local reading and discussion groups.

In the same line of teaching, the seminars of neurology have been produced in printed and electronic form, and offer the reader comprehensive reviews on common topics. A continuation of this educational program either in the same, or in an open access format will be necessary.

At the 2011 World Congress of Neurology in Marrakesh, I was involved in enlarging the scope of the WFN teaching courses. In addition to the conventional workshops, we introduced hands-on topics about education in neurology and also soft topics such as palliative care and breaking bad news to patients. This new concept will be continued for the WCN 2013 in Vienna, for which I am the congress secretary.

The WFN Education Committee, of which I am cochair, has now begun to reach out to medical students. We have signed a memorandum of understanding between the International Federation of Medical Students' Associations and the WFN. A basic curriculum for student training in neurology has been developed. One student visited the WCN Marrakesh congress and gave a report, which can be seen in the new education section of

the WFN website. Neurology needs to be included in student medical training curricula worldwide, and we hope our work will help to accomplish this.

There are several other projects in education that are on their way, including an assessment of neurology training and certification worldwide, a document to define regional teaching centers, and the establishment of exchange programs for young neurologists. A good example is the initiative of the Turkish Neurological Society, which offered and financed two Turkish fellowships for African neurologists, each of 4 weeks' duration. The WFN Education Committee, under my direction, advertised the project on the web site and assisted the Turkish society in selecting two candidates from several applications and in administering the program.

I am a firm believer in all aspects of education. If elected, I intend to seek the development of additional education resources for our membership beyond World Neurology and the Journal of the Neurological Sciences. I would like to see us develop and maintain an open-access journal on the website that deals with fundamental and current topics.

The WFN has a new website that currently houses Seminars in Clinical Neurology and PDF documents from the Marrakesh teaching courses. I believe that this website should contain more educational materials and e-learning opportunities. We also need to consider other teaching tools such as case demonstration, editorials, and educational articles.

Last, but not least, organization and advocacy are the driving forces of a society. The concept of advocacy and leadership is powerful and has been outlined by the AAN Palatucci Advocacy Leadership program. At the WCNs in Bangkok and Marrakesh, the WFN had implemented a WFN-AAN 1-day course and will continue to do so in Vienna in 2013.

The WFN will need a growing backbone of supportive and administrative structures to serve the membership, perform worldwide tasks, and finally conduct outreach to neurological patients worldwide. I intend to work to accomplish this.

It is my vision for the WFN to continue its growth, its congresses, and its activities, while also becoming a solid reference and working tool for neurologists worldwide, on the basis of science, practical neurology, and advocacy. ■

## Jean Schoenen

Schoenen Trustee • from page 1

ning several scientific societies, including the Belgian Neurological Society (secretary, president, and acting chief editor of *Acta Neurologica Belgica*); the International Headache Society (secretary and president); the European Headache Federation (founding member and president); the Belgian Headache Society (founding member and president); the Belgian Brain Council (past founding president); the European Neurological Society (chair subcommittee on General Neurology); and the European Federation of Neurological Societies (member liaison subcommittee).

I am grateful for the nomination from the Belgian Neurological Society, which is the second oldest neurological society on Earth, next to the American Neurological Association. The Belgian Neurological Society was founded in 1886 and was built by famous pioneers in neurology such as Ludo van Bogaert, Paul Divry, Frédéric Bremer, and Arthur van Gehuchten. It is thus a great honor and challenge to stand on the shoulders of such giants.

As I will be retiring from academic teaching next year, I would like to devote part of my time to the development of neurology worldwide and to help realize the challenging and appealing programs the present leadership of the World Federation of Neurology has launched. The contacts I had with junior and senior colleagues from emerging countries in the Southern Hemisphere in particular have convinced me that the WFN is a crucial lever for helping and supporting these colleagues in their efforts to promote not only optimal care for neurological patients but also to set up clinical research projects. What at last convinced me to apply for the nomination by the Belgian Neurological Society was the impressive way in which the Moroccan Neurological Society organized the last World Congress of Neurology in Marrakesh and the scientific contribution of neurologists from emerging countries to this congress.

Because of my cultural background, my preference would go to WFN programs in the North and sub-Saharan African countries where the French language can be used for communication. Possible WFN-driven actions could be:

- ▶ to organize the exchange of junior neurologists between departments of emerging and developed countries, or of senior neurologists in the other direction;
- ▶ to create a WFN database of neurology departments willing to participate in such exchanges;
- ▶ to create a WFN registry for tropical neurological disorders;
- ▶ to create a forum for exchange about difficult and/or paradigmatic neurological cases on the WFN website, including a job forum;
- ▶ to develop partnership with the pharmaceutical industry to organize clinical trials in emerging countries;
- ▶ to organize task forces that can counsel and help neurologists in these countries in setting up or expanding specialized centers of excellence, for example, in epilepsy, neuromuscular disorders, headache, dementia, movement disorders, and stroke, among others.

Of course, the WFN still has a major role to play in Asia and Latin America. I will respect the team spirit that characterizes the present officers of the WFN and is so crucial for the success of all of the WFN's member societies. ■

## Raul Pelli-Noble

Pelli-Noble Trustee • from page 1

Foundation in Buenos Aires. I've done two post-graduate fellowships in clinical neurophysiology: one, in 1983, at the FLENI Institute in Buenos Aires and the other, in 1990, at the Academic Medical Center, Ophthalmic Research Institute, Amsterdam.

Some of the awards and distinctions I have received include the Rafael A. Bullrich Prize from the National Academy of Medicine in Buenos Aires in 1983; being elected Honorary Member of the Scientific Society of Medical Students, Medical College, UNT, in 1992; the Rolex Award for Enterprise, Selected Project, in Geneva in 1993; and being named a Distinguished Citizen of Tucumán from the Tucumán Pharmaceutical Foundation in 1996.

I've worked for 31 years as educator at the National University of Tucumán in the positions of associate professor of clinical neurophysiology, teacher of Neurology, and associate professor of biology and neuroanatomy. At present, I'm director of the Bioelectronics Institute, Medical College, UNT. I have been a research project director in epilepsy epidemiology, vagal nerve stimulation in epilepsy, and using evoked potentials in the early detection of hearing loss in high-risk newborns.

I was president of the Society of Neurology and Neurosurgery of Tucumán during 2005-2007 and president of the Argentina Congress of Neurology in 2004. I'm a corresponding active member of the AAN, a full member of the Sociedad Neurológica Argentina (SNA), and Argentine Society of EEG and Clinical Neurophysiology.

My first experiences of working with the WFN came during the World Congress of Neurology in Buenos Aires in 1997, in which I participated as a member of the Scientific Committee and chairman of the Satellite Symposium on ALS. Since 2003, I've served through the SNA as national coordinator of the Continuing Medical Education Program of the WFN, with 150 neurologists enrolled at the present around the country. I was appointed by the WFN to the subcommittee on medical education for Spanish-speaking Countries in 2004 and as a member of the education committee in 2010.

### Mission Statement

I have been nominated by the SNA to be a trustee of the WFN because I strongly believe that education is the basis for growth of a society. The challenges currently presented motivate the development of new educational tools and ways of teaching. They will help to give a solid background to neurologists-in-training on how to promote and preserve health, prevent disease, and rehabilitate patients within a biopsychosocial context. This will be the ongoing objective I want to pursue.

The recently formed Latin American Federation of Neurological Societies, an initiative led by Gustavo Roman, chairman of the WFN Latin American Initiative, is in this way an important organizational and educational tool to reach this goal. I'm in total agreement with Roman's statement: "The mission of the Federation is to represent the neurologists of the American continent to coordinate and support the efforts of the Member Societies towards improvement of neurological services for the peoples of the American continent, as well as to optimize neurological care, education and research and to promote public health initiatives to increase awareness of the importance of brain health."

It also is necessary to promote and develop educational standards within both governmental and non-governmental institutions that are adapted to each region and will serve as a path to unify knowledge, optimize resources, and contribute to solving neurological health problems both nationally and internationally. ■

## WFN Newsletter Continues to Evolve

World Neurology • from page 2

Glaser became editor in chief in September 1961, and WORLD NEUROLOGY stopped publication in December 1962. It later reappeared in a totally different form as the WFN newsletter, while a new international journal was founded in 1964, still during van Bogaert's presidency.

### Masland and WORLD NEUROLOGY

Until Richard L. Masland's WFN presidency, the only available WFN publication was the Journal of the Neurological Sciences. Masland realized the importance of a separate newsletter that shared information about the development of the WFN, news from the research groups, and communication about activities in the neurosciences worldwide.

Under his presidency, the first issue of the new newsletter appeared in 1983 as "Highlights of the Meeting of the Council of Delegates and Research Committee WFN Hamburg." It contained information, not only about the coming 1985 World Congress of Neurology in Hamburg, but also about the WFN Research Groups and the development of the organization. It then appeared in June 1984, November 1984, and in July 1985 as the pre-Congress issue. The four issues were circulated to more than 18,000 neurologists.

The 1985 issue might have been the last issue of WORLD NEUROLOGY, but Masland and the secretary-treasurer general, James F. Toole, managed to keep WORLD NEUROLOGY going by sharing the editorial responsibilities. Vol. 1, No. 1, dated April 1986, was first distributed from Winston-Salem, N.C., USA, and published by Raven Press. In 1989, Vol. 4, No. 3 was the last to be published from Winston-Salem.

In 1990, Frank Clifford Rose, who had been elected secretary-treasurer general in New Delhi in 1989, took over as the editor in chief of WORLD NEUROLOGY. Several pharmaceutical companies gave substantial grants to help with the costs of publishing the newsletter in its new format. Rose was the editor in chief for 9 successful years. Jagjit Chopra of India became the new editor in chief in 1999.

### Jagjit Chopra's Redesign

Chopra redesigned the newsletter with the new

WFN president, James Toole, based upon the recommendations of the readership and external advisors, to make it a news medium for neurologists at all levels. Since Chopra took over, printing and distribution has been from India at great savings to the



JAGJIT CHOPRA, MD

WFN. At this time, Elsevier contracted with the WFN to produce the newsletter and solicit appropriate advertisements.

During Chopra's period as editor in chief, WORLD NEUROLOGY developed into a popular and widely read publication. His well-written editorials reviewed the contents of each issue and put them

into a global perspective with the background of his knowledge of modern clinical neurosciences and deep insight into how the WFN operates. His improvement of the publication's layout and introduction of more legible fonts facilitated easier reading.

### Mark Hallett Takes the Reins

During Mark Hallett's time as editor in chief, the WFN entered into a unique collaboration with a division of Elsevier called International Medical News Group (IMNG). It represents a global newsletter for the WFN readership, which is now greater than 27,000. Hallett and the managing editor of WORLD NEUROLOGY, who is an employee of IMNG, had a close collaboration. During this time, Elsevier Global Medical News became an important partner in providing access to clinical news coverage.

### 2012: Johan Aarli Takes Over

This is my first issue as editor in chief. I previously served as the WFN President during 2006-2009. I have been particularly active with the WFN Africa Initiative and the collaboration with the World Health Organization. I will write more about the future development of WORLD NEUROLOGY after the Annual Delegate Meeting in Stockholm in September 2012. ■

## Calendar of International Events

### 2012

#### 5th Santiago International Neurological Symposium

July 25-27, 2012  
Santiago, Chile  
www.sins2012.com

#### 16th Congress of the European Federation of Neurological Societies

Sept. 8-11, 2012  
Stockholm, Sweden  
www.efns.org/efns2012

#### 10th European Congress on Epileptology (ECE)

Sept. 30 – Oct. 4, 2012  
London, United Kingdom  
www.epilepsylondon2012.org

#### 28th Congress of the European Committee for Research and Treatment in Multiple Sclerosis (ECTRIMS)

Oct. 10-13, 2012

Lyon, France

www.congrex.ch/ectrims2012

#### 8th World Stroke Congress (WSC 2012)

Oct. 10-13, 2012  
Brasilia, Brazil  
www2.kenes.com/stroke/Pages/Home.aspx

### 2013

#### International Headache Society (IHS): International Headache Congress

June 27-30, 2013  
Boston, Mass., USA  
www.americanheadachesociety.org/events/2013\_international\_headache\_congress/

#### XXI World Congress of Neurology

Sept. 21-26, 2013  
Vienna, Austria  
www2.kenes.com/wcn/Pages/Home.aspx

# Serving the WFN: A Neurologist Remembers Caxias

A founder of contemporary Indian neurology details the events of his imprisonment in Portugal: Part 1.

**M**y association with the World Federation of Neurology coincided with a life-altering event I experienced during my first time traveling for the organization. I became a political hostage during the 1961 Operation Vijay – India's action to take Goa from Portugal – and spent months in the no-



BY NOSHIR H. WADIA, MD

Dr. Wadia is emeritus director of neurology at Jaslok Hospital and Research Centre, Mumbai, India.

torious Portuguese prison, Caxias.

When the World Federation of Neurology (WFN) was established in 1957, I was returning to India from London with a mandate to develop a department of neurology at my alma mater, the Grant Medical College and J.J. Hospital, Bombay. Neurology in India was in its infancy then with a handful of neurosurgeons, neurologists, and an even smaller number of neuropathologists and neuroradiologists. Indeed, Indian neurology was recognized abroad because of two stalwart pioneering neurosurgeons who established departments at the Medical colleges of South India – Jacob Chandy and Balasubramaniam Ramamurthi. In fact, Ramamurthi was the Indian delegate at the Organizational and Constitutional meetings of the World Federation of Neurology in Brussels July

22-26, 1957. (See figure 1.)

I may have come to the Federation's attention because I was registrar to Russell Brain (Lord Brain) for over 4 years at two premier neurological institutes in London between 1953 and 1957 and published articles in the journal *Brain* soon after. Russell Brain was amongst the small "clique" of closest friends and associates of Ludo van Bogaert who was the leader in the foundation of the WFN (*J. Neurol. Sci.* 1993;120:218-27). William McMenemey and MacDonald Critchley, who were the other associates, also knew of me, as I was registrar at the institutes where they were consultants.

Most of the group around Ludo van Bogaert was essentially European initially, but in 1956 the Americans Houston Merritt and Pearce Bailey had major parts to play in the foundation of the WFN. They proposed the creation of the WFN at a meeting of the American Academy of Neurology in Boston. Merritt was a most respected neurologist in the United States and director of the Neurological Institute of the Columbia Presbyterian Medical Center, New York. Pearce Bailey was the director of the newly founded National Institute of Neurological Diseases and Blindness (which later changed its name to National Institute of Neurological Disorders and Stroke) of the National Institutes of Health (NIH). It was Bailey who was instrumental in obtaining a U.S. government grant of \$126,000 per year for 5 years to establish a secretariat for the infant WFN in Antwerp (*J. Neurol. Sci.* 1993;120:218-27; *J. Neurol.*

DELEGATES AT THE ORGANIZATIONAL AND CONSTITUTIONAL MEETINGS OF THE WFN, BRUSSELS, BELGIUM, JULY 22 AND 26, 1957

R. Arana-Iniguez, Uruguay	A. Kreindler, Romania
A. Asenjo, Chile	E. Kugelberg, Sweden
P. Bailey, USA	J. Lopez-Ibor, Spain
J. Barcia-Goyanes, Spain	H. Merritt, USA
G. Belloni, Italy	G. Monrad-Krohn, Norway
S. Berman, South Africa	S. Nachev, Bulgaria
S. Bojinov, Bulgaria	J. Pereyra-Kafer, Argentina
C. Castell-Diaz, Uruguay	<b>B. Ramamurthi, India</b>
D. Couto, Brazil	S. Refsum, Norway
M. Critchley, UK	G. Schaltenbrand, Germany
C. de Rojas, Cuba	M. Sercl, Czechoslovakia
J. Espadaler-Medina, Spain	C. Sillevis-Smitt, the Netherlands
R. Frauchiger, Switzerland	I. Sukru-Aksel, Turkey
R. Grashchenkov, USSR	E. Tchehrazi, Iran
L. Halpern, Israel	A. Tournay, France
K. Henner, Czechoslovakia	J. Trelles, Peru
E. Herman, Poland	K. Winther, Denmark
K. Krabbe, Denmark	G. Wohlfart, Sweden
S. Kornyei, Hungary	N. Zec, Yugoslavia

Figure 1. Delegates at the organizational and constitutional meetings of the WFN, Brussels, Belgium, July 22-26, 1957.

*Sci.* 2008;268:1-5). In fact, it was Bailey who chose an American neurologist, Charles Poser to be the medical executive officer (MEO) of the secretariat under van Bogaert to keep a close liaison between Americans and Europeans.

One of the assignments for Poser was to travel internationally "to acquaint neurologists in other parts of the World with the general purposes of WFN and enlist their support in getting their respective national neurological associations to join the Federation." One such visit was in 1959 when Poser and Bailey came to Bombay and were impressed with what they saw of the departments of neurology at the two Bombay medical colleges. At that time, I was a member of the Government of India Committee to enquire into suspected manganese poisoning occurring among miners, which caused parkinsonism ("Report of Manganese Poisoning Enquiry Committee" [Ministry of Labour and Employment, Government of India, 1960]).

Poser's report to van Bogaert about this research and the fact that I had set up an active department under constraining circumstances probably factored into van Bogaert inviting me to become a founder member of one of the newly formed Problem Commissions in Tropical Neurology. Its first meeting was held in Buenos Aires, Argentina, Nov. 29 – Dec. 2, 1961, with internationally reputed members. (See figure 2.) It was there that I gave a talk on manganese intoxication in Indian mines in the scientific program of the meeting (Buenos Aires: Lopez Libreros Editores, 1961, pp. 271-7).

Following the meeting, I visited some departments of neurology in Santiago, Chile, and Lima, Peru. The former was headed by Oscar Marin, a dynamic

young neurologist, and the latter by J.O. Trelles, a well-known Peruvian neurologist. The last was a relaxed stop in Rio de Janeiro, Brazil, on my way back home through Frankfurt. Little did I know what was to follow.

In 1961, there were very few flights to Europe from Rio de Janeiro, and I had not closed my return ticket, as I was not sure of how many days I would spend in South America. I found out then that

**'I WAS IN A DILEMMA TO BOARD THE PLANE OR TURN BACK. ... AND I HAD VERY FEW DOLLARS LEFT IN MY POCKET TO BE ABLE TO STAY' AND WAIT.**

seats in the international airlines I wanted were fully booked. I had no choice but to get on to Panair do Brasil, which I knew little about. Unfortunately, I had not checked what stops it would make. As I was about to board the plane I saw a sign, "Lisbon." Believe it or not, I had always intuitively felt that in my travels I should not touch Lisbon or Karachi. India had very unfriendly relations with Portugal and Pakistan, and I thought it was best to keep away from them. I was in a dilemma to board the plane or turn back. In those days, India had strict foreign exchange regulations and nominal travel allowance, and I had very few dollars left in my pocket to be able to stay in Rio de Janeiro in order to wait to book a flight to Frankfurt, which I wanted. The other option was to go to the Indian Consulate and tell them that I was fearful to touch Lisbon soil for a reason

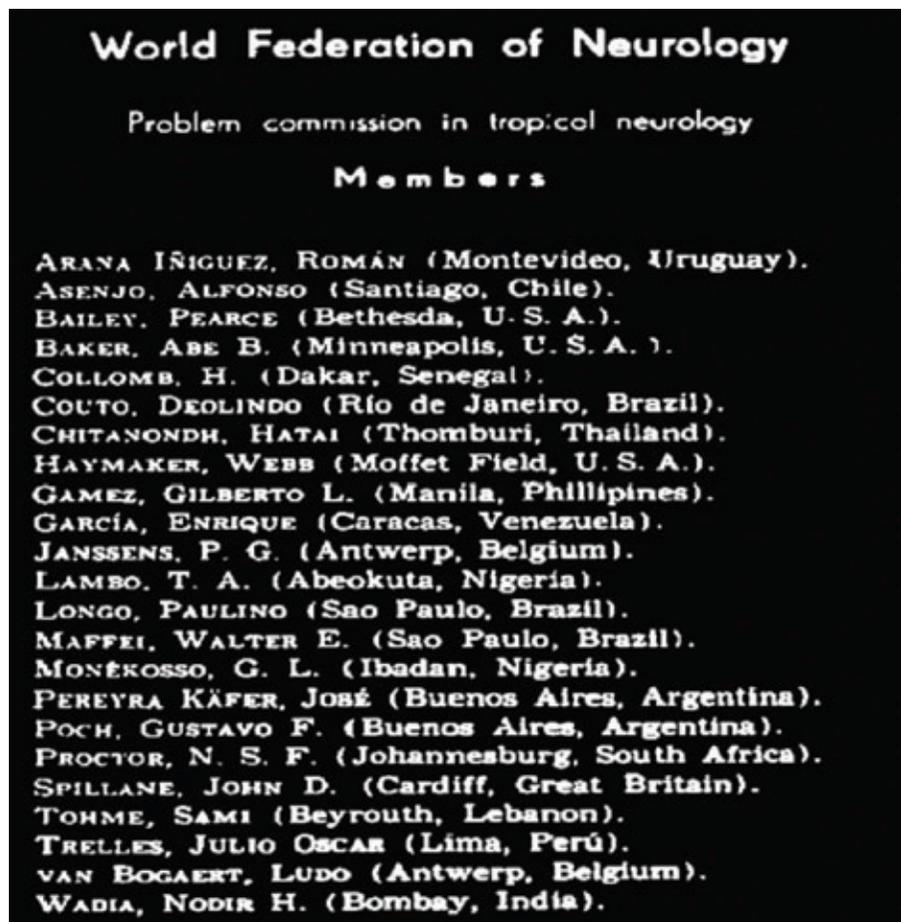


Figure 2. Members of the World Federation of Neurology's Problem Commission of Tropical Neurology in 1961.

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## Flying Blindly Into Trouble

Caxias • from page 8

that might have sounded very silly to the Consulate officer if all were peaceful there.

In 1961, communications were poor across the vast distance between India and South America. No English newspapers or television programs were easily available. I was constantly traveling footloose and I did not listen to the English radio, which could have alerted me that India had invaded Goa and liberated it from foreign rule.

Finally, I decided to fly on Dec. 19,

**CAXIAS WAS A PRISON FOR POLITICAL DISSIDENTERS OF DICTATOR SALAZAR'S REGIME, INCLUDING THOSE WHO HAD FOUGHT AGAINST COLONIAL RULE.**

hoping that there was no eruption of the simmering trouble between India and Portugal. The flight had a short unscheduled halt at Dakar, Senegal. When I asked whether there was any trouble between our two countries, I was told that there were some of the usual skirmishes, which heightened my apprehension, but I continued my journey. I had no choice. The flight landed in Lisbon late at night, and I refused to get off the plane as was requested of all travelers during transit. I could not give any valid reason except that I was intuitively apprehensive to touch the Portuguese soil. After a couple of hours when the transit passengers had not re-

turned, I realized that something was very wrong and that I was the cause of it. A couple of young men in civilian clothes came up and asked me why I was behaving like this, mentioning that the flight had been held up because of me. I had not realized that they were plainclothes security men and not staff of the airline. On their persistent request that I should get off the plane and complete transit formalities, I demanded that I wanted to contact the British Ambassador for protection believing that as long as I was in the airplane, I was on international territory. This request was not granted, and, in any case, it turned out that the British were not representing India. After another hour, two other uniformed men arrived and ordered me to get off the plane, this time with revolvers in their hands. My worst fears were confirmed, and I had to get off the plane and touch the Portuguese soil.

Even at that time, I did not know that there was a major conflict between our two countries. Finally, when I was made to appear before the immigration police, I was told that I was under arrest because there was war between India and Portugal. Telling him that I was a doctor and an innocent bystander did not help. The police chief was very angry with me; he pointed to a map and said "India so large, Goa so small" and Nehru in his opinion was a criminal. I later realized that the building in which I was at the airport, was called, if my

memory serves me right, Policia Internacional e de Defesa do Estado (International and State Defense Police). I was upset by having to endure the immigration formalities of photographs of my face and fingerprinting. My passport and belongings were taken away ex-

reprisal and we were bargaining chips – totally innocent hostages, possibly some of the first in the world off airplanes.

The cell I was in had a toilet facility, which I shared not only with my three prison inmates but also prisoners from other cells, and for this benefit we were



Figure 4. Caxias as my wife and I saw it in 1992. Note the guard and dog in the higher reaches of the prison.

cept for my night suit, and I was bundled into a van with grills, which was obviously a police prisoner vehicle. By this time it was past midnight and I could not see anything in the dark of the city through which I was being driven. It took some time to reach our destination, which was possibly outside Lisbon, and it was obvious that it was a prison with guards, wires, prison cells, etc. I was then pushed into one of the cells, and when the door finally closed, I realized that I had landed into major trouble. I slouched on to the bed wondering what was going to happen to me – clearly I was a hostage or prisoner of war. I was not alone; there were three other prisoners. Initially, I dared not find out who they were. Were they criminals, were they Indians, or were they Portuguese or other foreigners? Finally, I had the courage to ask them who they were; they said they were Indians transiting through Lisbon from London on their way to Ghana, as they were gold miners from Kolar Gold fields of India, going to gold mines in Ghana where they had sought employment. I sat sleepless going over the happy days just gone by, and as I wrote to my mother much later, the drop from the top of the Corcovado Mountain in Rio de Janeiro to the depth of a dungeon was shattering.

In the morning, I realized that I was in a massive prison, which I later found out was called Caxias, a prison for political dissenters of the dictator António de Oliveira Salazar's regime – communists, liberals, or others and those from the Portuguese colonies who had fought against colonial rule. It was only after 10 days when another Indian hostage, a doctor was forced off a Swiss air flight that we came to know that India had invaded Goa and there were several thousand Portuguese soldiers taken as prisoners. Our arrest was obviously in

ordered to clean the toilet. (See figure 3.) However, I was spared this task as my inmates respected me as a professional and refused to let me do it, which I accepted reluctantly.

There was a daily routine. In the morning it was coffee with bread and in the afternoon and night rice with bits of fish or meat. It was December and although it was southern Europe, it was bitterly cold. I had only a thin blanket for warmth. Putting my feet into the cold slippers at night to go to the toilet was a chilling experience, which I tried to avoid until the morning. There was no communication with the outside world, except with the guards through gestures, broken English, and a few words I picked up of Portuguese. We were not let out of the cell for exercise for the first month, and except for the Bible, there was nothing to read in the single dim light.

Although we were constantly checked (even at night) and our daily regime was tight, some guards were kind. Knowing that I was an innocent doctor badly trapped in this conflict, they would quietly slip in an extra pat of butter, a banana, or cigarettes. The world is full of good humans too! My mates and I often talked about the outcome of this confinement. As they were depressed and occasionally weepy, especially the youngest one who had left his wife and small child in London, I lightheartedly said to keep them cheerful that we should just lie low for 6 months and then start digging a tunnel. Having not seen the outside of the jail, little did I know that we would be sitting ducks for guards and their dogs looking down from the higher reaches of the prison. This I found out much later. (See figure 4.)

*Editor's Note: You can read the last half of Dr. Wadia's remarkable story in the next issue of WORLD NEUROLOGY.*



Figure 3. An example of the dirty toilet which my inmates had to clean as seen during our later 1992 visit.

# Save The Date 2012



*5th Congress of the Pan Asian Committee for  
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Thursday 13 to Saturday 15 September 2012, Beijing, China

You are cordially invited to participate in the 5th Congress of the Pan-Asian Committee for Treatment and Research in Multiple Sclerosis in Beijing, China. Healthcare professionals from 18 countries are expected to congregate at this meeting to learn, discuss and share opinions, ideas and best practices on Multiple Sclerosis.

**As a participant, you will:**

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- Keep abreast on the latest therapeutic, technological and practice management tools.
- Connect and network with the MS community to share experiences, best practices, and get advice that will benefit you in your practice throughout the year

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By Kenichi Oishi, Andreia V. Faria, Peter C.M. van Zijl, and Susumu Mori  
Academic Press, an imprint of Elsevier, 2011

We are in the midst of big changes in books. Traditional paper is giving way to electronic media. Some of the time, this does not seem worthwhile, but when the authors make good use of the capability of the new media, this can be extremely valuable. The iPad is becoming more widespread; there are many things to do with it, and reading books is one of them.

In many e-books, you just turn the page, but it is also possible to interact with the book to get better and faster access to the information that you want.

Such is the case with the “MRI Atlas of Human White Matter.” The MRI technique of diffusion tensor imaging (DTI) and tractography has become popular for analyzing normal and pathological brains. While there is some controversy about the precision of each



BY MARK HALLETT, MD

*Dr. Hallett is chief of the Medical Neurology Branch and the Human Motor Control Section at the National Institute of Neurological Disorders and Stroke.*

white matter tract, generally, the data look pretty good, and advances in pathology are regularly reported in the current scientific literature. Having an atlas for the white matter tracts now becomes as valuable as a Brodmann map of cortical cytoarchitectonic regions.

There are several iPad atlases for brain regions, but this may be the only one for white matter tracts. The book begins with some introductory material about MRI, DTI, and tract tracing, but the illustrations are the meat of the book. The brain is shown in axial, coronal, and sagittal views, and the tracts are shown, named, and oriented with re-

spect to the gray matter structures. Each image can be enlarged and the labels can be manipulated, so that you can see the image without any labels or even the labels without the images. The quality of the images is good.

The atlas also has an index in which both gray and white matter structures are listed together with all the images. This makes it possible with just a few taps on the screen to either identify an unknown structure or find what you want viewed in any axis. This interactive ability sure beats a paper book, and, of course, the iPad is lighter and easier to carry around than is a large atlas. With another few taps, you can also switch to reading your latest e-mail, carry on reading your novel, or catch up with the latest edition of WORLD NEUROLOGY (as soon as it becomes electronic). ■

## OBITUARY

### C. Miller Fisher (1913-2012)

BY VLADIMIR HACHINSKI, MD  
President, WFN

Charles Miller Fisher made transformational contributions to all major aspects of stroke – diagnosis, pathogenesis, and treatment.

Although transient ischemic attacks (TIAs) have been described at least as far back as the letters of the Renaissance artist Michelangelo, their etiology and significance were not recognized until the work of Fisher.

When Fisher entered the field, TIAs were explained as resulting from fleeting vasospasms and the commonest cause of stroke was thought to be occlusion of the middle cerebral artery. It took the devoted clinical and pathological correlative work carried out by Fisher himself to determine that carotid disease was a leading cause of stroke. This then opened the door to carotid stenosis surgery, which was first carried out by Raul Carrea in Buenos Aires in 1953 and subsequently became a standard treatment for this condition.

Fisher described the majority of lacunar syndromes and established their pathological correlates along with the description of the progressive impact of hypertension on small blood vessels resulting in small deep brain infarcts and hemorrhages in the same central brain regions.

He was the first one to recognize that atrial fibrillation could lead to stroke and he advocated anticoagulation for prevention, decades before it became the standard of care.

His contributions were not limited to stroke, having published on a wide range of topics, from the migrainous accompaniments of late life to the eponymous C. Miller Fisher syndrome.

His remarkable life began in 1913 in

Waterloo, in southwestern Ontario, Canada, which was then a town of 3,000-4,000 inhabitants.

He graduated in medicine from the University of Toronto in 1938 and interned in 1939 at the Henry Ford Hospital in Detroit, which at the time offered the most highly sought internship. Subsequently, he began training in internal medicine at the Montreal General Hospital.

In 1941, he was seconded from the Canadian to the British Navy, and although Fisher was of German descent on his mother's side, he did not learn German until an armed merchant cruiser on which he served as surgeon lieutenant commander was sunk and he became an unwilling guest at a German prisoner's camp. He spent 3.5 years of the war as a physician, student, and teacher at the camp. He read avidly in several languages and said that he learned not to complain and just get on with things.

After repatriation to Canada in 1944, he resumed studying internal medicine in Montreal in 1945. This included a rotation through the Montreal Neurological Institute, directed by the legendary neurosurgeon Wilder Penfield. During one of the ward rounds, Penfield asked Fisher what lesion he thought would be found at operation on a man with

seizures characterized by hearing beating of drums. Fisher suggested that a tumor in the Heschl gyrus would be found. He proved correct, whereupon Penfield asked him whether he ever considered

neurology. He did, training in Montreal initially and later went for a year to study at the Massachusetts General Hospital in Boston in 1949 under the tutelage of Raymond Adams and Derek Denny-Brown. In 1954, he was lured back to Harvard where he stayed for over half a century. He returned briefly in triumph to his native Canada in 1998 to be inducted into the Canadian Medical Hall of Fame.

When I was Editor in Chief of Stroke, I received a manuscript from Fisher about the history of stroke. He played such a large role in that history that I asked him to concentrate on his own career and contributions to stroke. The resulting article is fascinating both in its accounts and reflections (Stroke 2001;32:2719-24). He alludes to my asking him to write the article so that it “would be instructive for the younger readers of Stroke.” He concludes that it is “all a matter of being in the right place, at the right time, with the right mentor” and then refers to his contributions as being “effortless.” In his memoirs, he tells how the Queen Mary

Veterans Hospital in Montreal allowed him to consolidate his 4 half days a week commitment into 1 day beginning at 8:00 a.m. and often going past midnight, which allowed him to spend the other 6 days performing neuropathology (“Memoirs of a Neurologist” [Rutland: Academy Books, 1992]). That certainly is an original definition of “effortless!”

His work habits did not moderate much after he moved to Boston. Keeping long work schedules, raising three children, and remaining married for 69 years could only have been made possible by a devoted and supportive wife. I got a glimpse of this when I called the Fisher home. His wife Doris answered. She said “just a minute, doctor, I will get Dr. Fisher for you.” She said “Dr. Fisher” with such natural admiration that I surmised that she did or would have done anything for him. I got confirmation of my impression when I read in Fisher's memoirs that he and Doris were watching a documentary on the anniversary of President Kennedy's assassination and Doris said to Miller that if he had been in the car and she was next to him, she would have thrown herself on him to protect him.

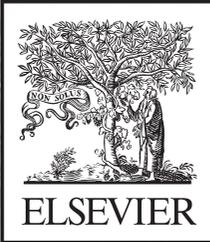
Hard work is commendable, but highly successful hard work is admirable. Few have done so much to transform a major medical field for the better. He has done so, not only by personal contributions, but by training several generations of stroke neurologists, who include such distinguished pupils as Robert Ackerman, Lou R. Caplan, and Jay P. Mohr, who in turn have educated stroke neurologists who will do the same.

We are all indebted to Fisher, including the millions of stroke patients and the millions of individuals who will not be patients, because of his work. ■



Dr. C. Miller Fisher

COURTESY IRMA COUGILL AND THE CANADIAN MEDICAL HALL OF FAME



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- A better understanding of the long-term evolution
- Insights into new therapeutic strategies
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Abstract submission deadline: 20th July 2012

**[www.juvenile-myoclonic-epilepsy.com](http://www.juvenile-myoclonic-epilepsy.com)**

## OBITUARY

## Robert J. Joynt (1925-2012)

BY ROBERT C. GRIGGS, MD,  
AND LORD JOHN WALTON OF  
DETCHEANT, MD, DSc

Robert J. Joynt, a leader of neurology in the United States and throughout the world, died while on his way to Neurology Grand Rounds in Rochester, N.Y., USA, on April 13. Minutes earlier he had delivered his last publication to his office.

Dr. Joynt was born in Le Mars, Iowa, USA, and received his B.A. from Westmar College, and his M.D., M.S., and Ph.D. from the University of Iowa. He interned at the Royal Victorian Hospital in Montreal and carried out his neurology residency at the University of Iowa; he subsequently remained in Iowa on the faculty. In 1966, Bob was appointed as the founding chair of neurology at the University of Rochester. In 1984, he became dean of the School of Medicine and Dentistry and then in 1989 he was appointed as the first CEO of the University of Rochester Medical Center, including both the academic schools and the Strong Memorial Hospital. Bob was elected to the highest positions in U.S. Neurology: President of the American Academy of Neurology (1977-1979), President of the American Neurological Association (1987-1989), President of the American Board of Psychiatry and Neurology (1979), and editorships of the Archives of Neurology (1982-1997), Seminars of Neurology (founding editor), and the four-volume text, Clinical Neurology.

Bob had a career-long interest in world neurology. Early in his career, he was a Fulbright Scholar at Gonville and Caius College at Cambridge University (1953-

1954). He later returned to the United Kingdom on sabbatical as a Fogarty Scholar in 1980. He served the World Federation of Neurology through the research groups on aphasia and neuroepi-



COURTESY KATHY M. PIEPER

**Dr. Joynt had a career-long interest in world neurology.**

demiology. He lectured and taught at numerous institutions throughout Europe.

One of us (Walton) has a fond recollection of being invited to deliver the Wartenberg Lecture at the American Academy of Neurology when Bob was president; he was a warm and charming

host. Several years later, when Bob and his wife, Margaret, visited the Waltons in Newcastle upon Tyne, United Kingdom, Bob's teaching round was much appreciated by trainee neurologists in John's department. Margaret was so impressed by the Walton's garden that she gave them a lovely glass bowl engraved "To Mrs. John Walton, creator of beauty."

Bob was a bedside teacher, comfortable seeing patients with the full spectrum of neurological diseases. He published authoritatively on idiopathic intracranial hypertension, CNS infections, behavioral neurology, Alzheimer's disease, and many other topics. He had a legendary command of disorders of cortical function and delighted in interviewing patients

with intriguing symptoms, sharing his insights with students and residents. His book (with Dr. James F. Toole) on U.S. Presidential Disability was a landmark contribution.

Bob had a breadth of interests outside of medicine that reflected his zest for life

and people. These included annual sailing trips to far off places, world travel, service in the Rochester community, and his church. His wit and literary skills showed up in poetry (in the New England Journal of Medicine) and his writing for Neurology. Bob's sense of humor made him the consummate toastmaster, after-dinner speaker, and visiting professor. When introducing and honoring a colleague, he delighted in "receiving a call from the White House" and reporting his conversations with the President about them to an uproar of laughter from his audience.

Bob always counseled students and residents to "keep the home fires burning" and set a high priority on knowing the families of his residents and faculty. He followed his own advice. His summer place on the Finger Lakes in upstate New York was the focal point of summer activities for Margaret, their four daughters, (Trish, Mary, Anne, and Kathy), and their sons (Bob and Tom), as well as all nine grandchildren.

Bob loved people and left an indelible mark on them. He was unfailingly kind and a life role model for his residents and faculty. He was a fine man, a great neurologist, and an adornment to his profession. All who knew and admired him will remember him with pleasure and affection. ■

DR. GRIGGS is professor of neurology, medicine, pathology and laboratory medicine, and pediatrics at the University of Rochester (N.Y., USA).

LORD WALTON is a member of the United Kingdom's House of Lords and is a past president of the WFN.

## OBITUARY

## Ashraf Al-Kurdi (1937-2012)

BY RAAD SHAKIR, MSc  
Secretary-Treasurer General, WFN

Professor Al-Kurdi was born in Jordan Aug. 6, 1937 and died April 5, 2012. He received his medical education at Baghdad University and then returned to Amman. He thereafter trained in neurology during 1962-1965 at the National Hospital, Queen Square, London.

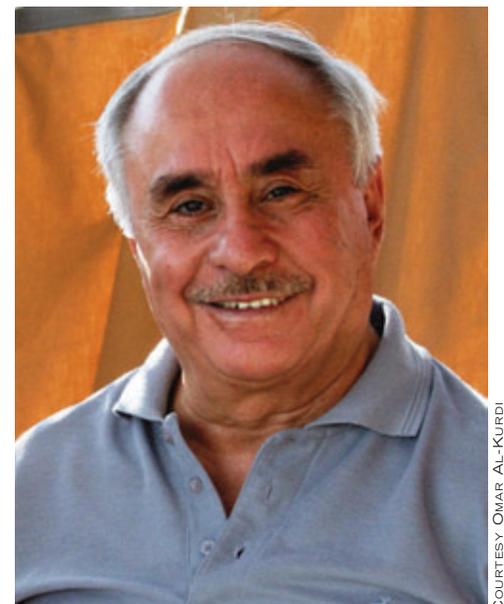
Upon his return to Jordan, he built up the neurology service at the King Hussein Medical Center in Amman as head of the neurosciences division. This was a very formative time of creating specialty services in the Middle East. His influence on young trainees was crucial in pushing forward the specialty. He carried on with his work until his illness in 2008.

During decades of dedicated service he achieved the highest levels of responsibility not only in his home country but in the region and internationally. He was recognized in his home country by being honored with appointment to the high house of parliament, and Minister of Health in 1997. Regionally, he worked tirelessly in establishing and promoting the Pan-Arab Union of Neurological Societies. A very important meeting to resurrect the organization was held in Amman in 1984, when as President of the Jordanian Neurological Association he was instrumental in establishing the concept of brain death in the Arab world. This moved organ transplantation forward in the region, saving hundreds of lives. He helped to achieve this by gathering neurologists,

Islamic theologians, transplant surgeons, and patient and education groups. At the meeting, Ashraf was elected President of the Pan Arab Union of Neurological Societies; his dynamism and diplomacy made the organization flourish and move forward.

Internationally, he was appointed to many committees of the World Federation of Neurology and was Pan-Arab Regional Director. He was also known for being the personal physician of Palestinian Liberation Organization leader Yasser Arafat. Those of us who knew him will always remember his warmth, wisdom, and sound advice.

He is survived by his wife Huda and four sons, Omar, Khaled, Luay, and Talal. ■



COURTESY OMAR AL-KURDI

**Dr. Ashraf Al-Kurdi**

## OBITUARY

## Frank Michio Yatsu (1932-2012)

BY JEFF EVANS

*Elsevier Global Medical News*

The neurochemist and professor of neurology Dr. Frank Michio Yatsu was 79 years old when he passed away during a nap on March 9, 2012. He had been recovering from complications stemming from a kidney transplant he received several years ago. Despite his recovery and his retirement last year as professor emeritus of the department of neurology at the University of Texas Medical School at Houston, Frank had been still coming to work several hours a week to attend conferences, work on manuscripts, oversee his laboratory, and other administrative duties.

Born Nov. 28, 1932, to parents who had immigrated to the United States from Matsushima, Japan, in 1906, Frank's family had owned a bank in Japan but they were forced to work as "domestics" in Los Angeles and later in Cleveland. Despite his family's relocation to an internment camp in Arizona during World War II and the wounding of his older brother during the war as part of a Japanese-American unit in North Africa and Italy, Frank had a strong desire to become integrated into the fabric of American society. At many times in his education and early career, Frank was often the first Japanese-American to gain positions of prominence. He was intensely patriotic and proud of his American identity, but at the same time, his childhood experiences established a lifelong commitment to tolerance and diversity in all forms.

Frank was always an outstanding student and won a full scholarship to Phillips Andover Academy and Brown University in Providence, R.I., USA. In school, wrestling and English literature were his passions, but he soon switched gears after his girlfriend and future wife, Michiko (Mich), urged him to volunteer at a local hospital. That experience launched his medical career.

After attending Case Western Reserve University Medical School in 1955-1959 where he also served as an intern and resident in internal medicine, Frank then moved to New York City for his neurology training at the Neurological Institute of New York at Columbia-Presbyterian Medical Center under Dr. H. Houston Merritt.

He followed his training at Columbia-Presbyterian Medical Center with a fellowship in neurochemistry at Albert Einstein College of Medicine, Bronx, N.Y., USA, under Dr. Robert Katzman. After serving 2 years as Lieutenant Commander at the U.S. Naval Hospital in Great Lakes, Ill., USA, he then returned to the U.S. West Coast for his first academic appointment as assistant professor of neurology at the University of California School of Medicine in San Francisco where he served as chief of the neurology service at San Francisco Gen-



Dr. Yatsu established one of the first stroke programs while in Portland, Ore., USA.

eral Hospital from 1967 to 1975. He was also associate professor from 1971 and vice chair of the department under Dr. Robert Fishman from 1973.

Frank and Mich married in 1955. The Yatsus' daughter, Carolyn Elizabeth (Libby), was born in 1971 in San Francisco, where the family made many friends and kept returning to even after they moved again in 1975 to Portland, Ore., USA.

In Portland, Frank became professor and chairman of the department of neurology at Oregon Health Sciences University, where he established one of the first stroke programs and mentored many neurologists, including several future leaders of the stroke field.

Throughout his career, Frank maintained active research in neurochemistry, particularly fatty acid synthesis and lipid metabolism and its relationship to atherosclerosis and stroke. He gained insight and inspiration from the 1985 Nobel laureates Michael Brown and Joseph Goldstein's simultaneous studies at the University of Texas Southwestern, which demonstrated the relationship of lipids to atherosclerosis.

At Oregon, he became interested in the relationship between oral contraceptives and stroke both clinically and at

the molecular level in his laboratory. He also helped to lead some of the first clinical trials that tested treatments for reducing damage after ischemic stroke, particularly barbiturates and, later, prostacyclin.

In 1982, the relatively new University of Texas Medical School at Houston recruited Frank to succeed the pioneering cerebrovascular diseases expert, Dr. William Fields, as the chair of neurology. After stepping down from his chair of the department of neurology in 1995, he continued his clinical and research activities while at the same time turning his attention to global stroke issues.

In 2001-2004, Frank served as the director of the Global Stroke Initiative, a joint enterprise of the World Stroke Organization and the World Health Organization. He remained very active with both organizations until he died.

Frank published more than 140 articles on lipid metabolism, atherosclerosis, and stroke and was fully active in laboratory research throughout his career. Frank is probably best known as the editor, along with J. P. Mohr, of the authoritative text "Stroke: Pathophysiology, Diagnosis and Management." He received support for his research from grateful patients and community leaders. He was appointed

the Roy M. and Phyllis Gough Huffington Distinguished Chair and also received endowments from the Blood and Cullen trusts.

His management style in dealing with daily academic conflict was at the same time direct and nonconfrontational, according to Dr. James C. Grotta, who joined the faculty in Houston in 1979 and is now the chair of neurology there (Stroke 2012;43:1193-4).

"When I would bring him a problem, he would call the relevant party on the phone and work out a compromise while I was still in the office. Frank always maintained a positive attitude even when facing serious personal medical problems in his final years. He always greeted you with a smile, usually accompanied by a joke, and often punctuated by some interesting observation from a book he had been reading. His funny and completely unpretentious nature made everyone feel comfortable around him, from janitors to senators alike. He would variously introduce himself as Italian, Hispanic, Jewish, or whatever color or stripe necessary to break the ice and make people laugh. He enjoyed teaching and always had a flair for entertaining and humor. He had an encyclopedic grasp of the medical literature; yes, we did check the references he recited so often during rounds that sometimes we doubted they really existed. It was always a treat when he gave grand rounds; usually centered around one of his patients, he would hold forth on the topic with flair, humor, and historical perspective for an entire hour without referring to notes or slides."

Frank's unforgettable personality, memory, and accomplishments will remain a part of everyone who was fortunate enough to have known him. ■

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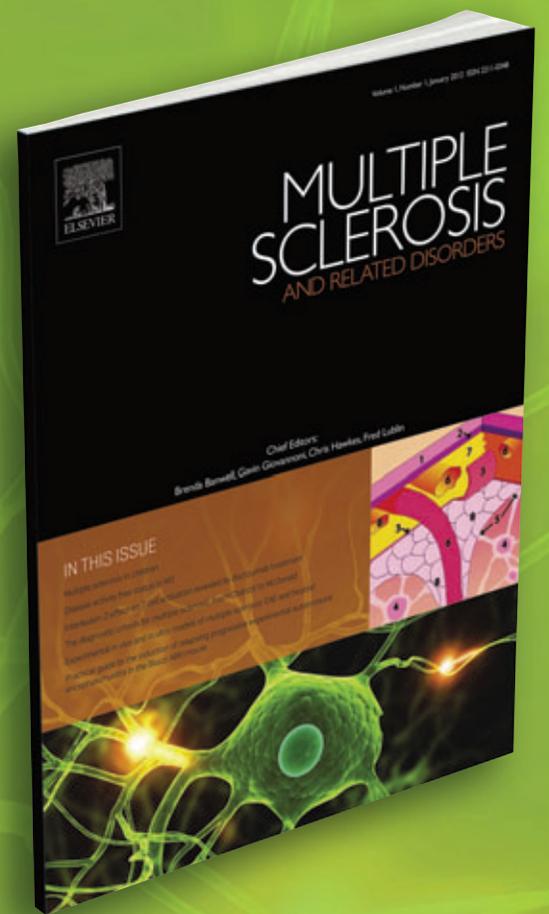
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