

WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 19, NUMBER 2, JUNE 2004

WFN ELECTIONS 2005

In accordance with the Memorandum and Articles of Association of the World Federation of Neurology, the election of three new Officers and one new Trustee as shown below must take place at the Annual General Meeting (AGM) of the Council of Delegates on 6th November, 2005, during the Sydney World Congress of Neurology.

● President (to take up office w.e.f. 1st January, 2006) ● First Vice President (to take up office w.e.f. 1st January, 2006) ● Secretary-Treasurer General (to take up office w.e.f. 1st January, 2007) ● One Elected Trustee (to take up office w.e.f. 7th November, 2005)

Candidates for President and First Vice President will be required to formulate a statement of their goals and objectives for the organization, which will be published.

If you wish to propose a candidate for any of these posts, please be in touch with either your national society or WFN Delegate (whose name appears on the WFN website—www.wfneurology.org). Names of those who are willing to serve and who receive the official support of their national society must arrive at the WFN London headquarters office by **20th August, 2004** to enable the Nominating Committee to consider them at a meeting to be held during the EFNS annual meeting in Paris, 4th-7th



Joint meeting of WFN Trustees, Committee Chairs/Members, Editors. April 26, 2004, San Francisco, California, during the 56th Annual Meeting of the American Academy of Neurology

September. All submissions received will be scrutinized by the Nominating Committee according to the Guidelines that are published on the WFN website.

The names of candidates will be published in *World Neurology* and on the WFN website at least six months before the date of the AGM. Additional nominations may be submitted by five or more Delegates at least thirty days before the AGM.

There will be a degree of overlap between old and new administrations in two ways: the term of office of the current Secretary-Treasurer General will continue until 31st December, 2006; and two of the three Elected Trustees already in

post at the time of the Congress will also continue to hold office—for one and two years respectively.

ALSO IN THIS ISSUE:

- Editorial
- President's Column
- Expanding Neurological Training
- Neurology Training in Honduras & Uganda
- Editorial Board Meeting
- Expanding uses of Botulinum Toxin
- Book Reviews
- Calendar
- WCN 2009 Bid for Madrid

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Visit the WFN website at <http://www.wfneurology.org>

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CONTENTS

WFN Elections, 2005	1
Editorial	3
President's Column	4
Expanding Neurological Training: Experience in Honduras ...	5
Report from Uganda	6
WFN Neurology Training Programme	7
Editorial Board Meeting—Journal of the Neurological Sciences	7
Editorial Board Meeting—World Neurology	9
Regional News	9
Expanding uses of Botulinum Toxin	10
Book Reviews	12
Calendar	13
Elsevier Science	14-15
Madrid Bid for WCN 2009	16



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EDITORIAL

The elections in 2005 will be a very important event for the WFN, which has benefited from the wise leadership of the members of the current team and their predecessors. New faces bring enthusiasm and dynamism to the organization and it is now regarded as a significant one with stronger and stronger links to the WHO.

The WFN Neurology Training Programme is expanding as more countries are enrolled in it. This issue reports on its success in Honduras and Uganda, for example, both developing countries with a paucity of trained neurologists well below the standards recommended by WHO. WFN gratefully acknowledges the assistance provided by the University of California, Los Angeles; the Henri Gastaut Hospital in Marseilles; the National Institute of Neurology and Neurosurgery of Mexico; the Neurological Institute of La Havana in Cuba; the Wolfson Institute, University College London; the University Hospital of La Paz in Madrid; and the National Institutes of Health, USA. It is hoped that many more Institutes in the world will come forward in the near future to help the WFN in the establishment of neurology services globally, thus fulfilling one of its main goals. Those who can shoulder these responsibilities with WFN are welcome so that along with health for all there may also be a viable neurological service for all to eradicate preventable causes of neurological diseases.

The President, Jun Kimura, has referred to the recent WFN meetings held in San Francisco, USA during the Annual AAN meeting. Important decisions were taken, particularly about the preparation and academic programme for the World Congress of Neurology in Sydney, Australia in November 2005. The pro-



Editorial Board Meeting—World Neurology, April 27, 2004, San Francisco, California. Left to right—Daniel Truong (Member), Peter Bakker (Publisher), Jun Kimura (President WFN), Jagjit S. Chopra (Editor-in-Chief), James F. Toole (WFN Past President), and Piero Antuono (Member). The meeting was held during the 56th Annual Meeting of the American Academy of Neurology.

grammes are very attractive and it is to be hoped that, as is usual with World Congresses, the Sydney meeting will be both well-attended and even more successful than past meetings. The Council of Delegates will also get the opportunity to select the venue for WCN 2009.

This issue contains the regional reports of the conferences of the Pakistan Society of Neurology, the European Stroke Conference in Germany and the WFN CME programme in Syria.

Dr. Daniel Truong, a member of the Editorial Board of *World Neurology* has written about the expanding uses of Botulinum Toxin. In particular, he has elaborated on its use for sialorrhoea, a very disturbing symptom of a number of neurological disorders. I had the opportunity recently to visit his movement disorders clinic and saw him treating efficiently with botulinum, patients who were suffering from spasmodic dysphonia. I also witnessed the extraordinary work

going on in his research laboratory. Research into Alzheimer's Disease is exhaustive and new discoveries are stimulating. There are three recent publications on this disease—in the Feb. 2004 issue of *Neurology*—that are particularly interesting: Genetic influences on memory performance in familial A.D.; Hippocampal volume and Alzheimer neuropathology; and Plasma testosterone levels in AD or AD risk and variations in ACE. Pericak-Vance and her associates at Duke University in the U.S. are hunting for genes which may influence the data sheet about the outcome of this disease. Can the genetic profile predict the onset of this disease and when? Gene GSTO1, or Gusto for short, is being singled out for early onset of AD. Dr. Sandra Kalmijn of the Julius Centre for Health Sciences and Primary Care in the Netherlands has elaborated on the decline in mental skills that may appear decades before AD sets in and she has explained the effect of diet on cognitive functions in middle age. A study of 1,613 men and women in this country, between 45-70 years of age, showed that those who particularly consumed fatty fish rich in omega-3 polyunsaturated fatty acids, had a lower risk of impaired brain functions. I hope that further research on this issue will be beneficial in predicting cognitive decline long before actual onset and that, as a result, the disease may possibly become preventable in some persons.

*Jagjit S. Chopra, FRCP, PhD
Editor-in-Chief*

WFN Development Update

We would like to graciously acknowledge the following supporters who have provided financial assistance to the WFN between February 2004 and May 2004.

Dr. Keith A. Sanders.

Dr. Martin & Edith Horowitz Memorial Fund, in support of the Honduran Training Program.

Dr. Frank Yatsu, in support of the Global Stroke Fund.

Dr. Michael Finkel, in memory of Lady Mary Elizabeth "Betty" Walton, wife of Lord John Walton MD., Friederike Susanne "Uschi" Tschabitscher, wife of Franz Gerstenbrand MD., and Mrs. Celika T. Biller, wife of Jose Biller MD.

Individuals, organizations, and corporations interested in partnering with the WFN to promote neurological care in developing countries can learn about our current funding needs by contacting Dr. Carrie Becker at wfneurology@yahoo.co.uk or +1 (802) 483-2806.

PRESIDENT'S COLUMN

In a previous issue, I emphasized the importance of establishing efficient fundraising and better communication between the WFN headquarters and individual neurologists of national member societies before we can expand ongoing programs and embark on new projects to improve neurological education globally.

In this regard, I am pleased to report that the Japan Foundation for Neuroscience and Mental Health (JFNMH) has approved our grant application to cover the cost of publishing and distributing *World Neurology* worldwide to some 24,000 individual neurologists, belonging to 90 national member societies. This is a five-year renewable grant with the first endowment received last year paying the cost for a one-year period from April 1st, 2003 to March 31st, 2004 (based on the fiscal period in Japan). A renewal application of this grant has just been approved for the year beginning on April 1st, 2004 and ending on March 31st, 2005. An early approval for renewal of this grant for the current fiscal period has generated considerable enthusiasm for further improvement of the newsletter as a most effective vehicle for disseminating WFN-related information. I am very happy to learn of their continued interest and support for our mission to improve neurological care on a global scale.

Dr. Chopra, Editor of *World Neurology*, has already expressed our gratitude, and Keith Newton, our administrator, provided a brief background of the Japan Foundation's eight-year history of successful operation in a previous issue of *World Neurology*. On behalf of the WFN



From left to right—Dr. Josep Valls-Sole, Member, Catalan Society of Neurology (CSN), Dr. Rafael Blesa, President, CSN, Dr. Jaume Coll, President Elect, CSN, Dr. Isabel Illa, Member, CSN, Dr. Jun Kimura, President, WFN and Dr. Jordi Montero, Member, CSN

Officers and Trustees, I also wish to personally thank Dr. Eijiro Satoyoshi, President, and Dr. Kiyohisa Takahashi, Chairman of the organization, for their generous contribution. This grant enables us to maintain the existing vehicle for disseminating vital information and to keep interested neurologists informed of our progress.

The following WFN Committees met in San Francisco during the American Academy of Neurology Conference at the end of April, 2004: the Finance Committee; the Joint meeting of Trustees with Committee Chairs and members of the Educational Committee; the *Journal of the Neurological Sciences* Editorial Board; the Public Relations & WHO Liaison Committee; the Publications & Website Committee; the Research Committee; the *World Neurology* Editorial Board; and the *World Neurology* Foundation Board. We had a very productive discussion on a number of important issues. The range of work extended from preparation for WCN 2005 and running of the Secretariat in London to appointments of editors and renewal of the contract for the *Journal of the Neurological Sciences* and *World Neurology*. The summary of the minutes will appear on the WFN website and in future issues of this newsletter.

Although our main focus currently lies in the preparation for WCN 2005, we have already initiated a selection process of the venue for the following congress to be held in 2009. To date, we have received applications from five national societies: France, Italy, Mexico, Spain and Thailand, and more are expected. In response to numerous enquiries that I have received recently, I would like to



Back row, left to right—Dr. Pilar Jose Marcano, President, North-eastern Chapter, Venezuelan Society of Neurology (SVN); Dr. Gyula Acsadi, invited speaker (US). Front row: Left to right—Dr. Simon Starosta, President, SVN, Dr. Larry Diaz Carvajal, Vice-President and President Elect, SVN, Dr. Jun Kimura, President, WFN and Dr. Jaime Segal, Member, SVN

take this opportunity to detail the current plan for the process of selection. We have tentatively scheduled the Council meeting on the first Sunday of the Sydney Congress, i.e., November 6th, 2005, when the presentations will be held. Voting, however, will take place later, rather than on the spot, to allow Delegates the opportunity to visit the exhibition stands of bidding countries. We will set up a ballot box at the WFN exhibition stand for delegates to post their selection by completing the voting form, which will be distributed during the Council meeting. The bidding countries will receive detailed instructions on these procedures in due course. Votes will be counted at a predetermined time towards the end of the Congress and the country receiving the most will be declared the winner. The results will be notified to all national societies through the Delegates, and an account will be placed in *World Neurology* and on the WFN website to announce the outcome.

During this interval, I attended the combined 11th Venezuelan Society of Neurology and 5th Neuropediatric Congress held in the picturesque Island of Margarita from March 9th to 12th. It was good to see old friends, whom I met at the previous conference held in the mountain of Merida two years ago. The congress, organized under the able leadership of President Simon Starosta, offered a unique combination of programs for both neurologists and pediatric neurologists. I was happy to learn that the WFN CME program was up and running and had the privilege of receiving

an honorary membership of the Society. I then went to the 8th Annual Meeting of the Catalan Society of Neurology that took place on March 25th through 27th in Andorra, a small but booming country with an interesting culture. I enjoyed the scientific program organized by President Rafael Blesa and his colleagues, and appreciated an honorary membership bestowed upon me. Later, I took part in the 2nd Mediterranean Congress of Neurology held in Cyprus from April 2nd to 4th. It was a pleasure to revisit the island, which is strategically located to assemble delegates from the neighboring countries with various racial, historical, and economical backgrounds. I witnessed the birth of the Mediterranean Society of Neurology under the leadership of Dr. Chris Messis, and Mohamed El-Tamawy, Founding President and Vice President. The new society will serve as an opportune vehicle to unite delegates from Mediterranean countries for common scientific purpose, overcoming dif-



Standing from left to right—Dr. Chris Messis (Cyprus), President, Mediterranean Society of Neurology (MSN), Dr. Mohamed El-Tamawy (Egypt), Vice President, MSN, Dr. Jun Kimura, President, WFN, Dr. M. Baulac (France), Member, MSN. *Sitting from left to right*—Mrs Messis, Mrs Kimura, Mrs Baulac.

ferences in religious and political convictions. We share a common interest as it is with the same friendly spirit that the WFN executes its mission to improve care of patients with neurological disorders on a global scale.

Jun Kimura, MD
President, WFN

Neurology Training Program was developed in the months following these activities under the direction of Dr. Marco T. Medina, and formally approved by the University Council of the National Autonomous University in October 1998. Shortly after, the first four residents were accepted to the program.

A. Residency Training Program

Components: Critical materials for the Honduran training program have included diagnostic tools (CT Scans, MRIs, Evoked Potentials, etc.) available at existing public and private facilities in and around Tegucigalpa, a collection of neurology journals and technology resources, and key personnel including an accomplished and motivated group of specialists trained in neuroradiology, neuropathology, physiatry, psychiatry, and neurosurgery. Collaboration with partner institutions in providing visiting faculty, research opportunities, and rotations in outside neurology departments has promoted a high standard of neurological education. To date, partners have included such institutions as the University of California in Los Angeles, Hospital Henri Gastaut in Marseilles, National Institute of Neurology and Neurosurgery of Mexico, Neurological Institute of La Havana in Cuba, the Wolfson Institute, University College of London, the University Hospital of La Paz in Madrid, and the National Institute of Health.

The Honduran program is tailored to the patient needs of Honduras, with much teaching provided by peers. Clearly defined educational goals are stated for each of the four years, and a minimum of six months of supervised research and clinical experience outside of Honduras provided. Teaching is problem/patient oriented with minimal use of didactic lectures, and frequent evaluative meetings with involved faculty and other institutions are held. The program's educational goals are based on problem-oriented methodology, and include one year of Internal Medicine, three years of Neurology and an international interchange through visiting professors and external rotations. The education process includes six axes: Academic, Clinical, Research, Social, Bioethical and Administrative. A periodic internal (biannual) and external (annual) supervision by the Direction of Postgraduate Education of the UNAH and WFN Education Committee members and neurologists Theodore Munsat and

Expanding Neurological Training

A. The WFN Experience in Honduras

I. Need for Improved Neurological Care in Developing Countries:

Neurological diseases present a significant public health problem in the developing world, constituting 28% of all life years lived with a disability. (1) In an analysis by the World Federation of Neurology, developmental and cognitive disorders, epilepsy, cerebral vascular disease, cranial trauma, auditory and visual problems were among the ten leading neurological health problems worldwide. (2) In developing countries, neurological disorders are often attributable to preventable causes in the same manner as perinatal brain damage, nutritional disorders, brain parasitosis and other infections. Within these same regions, however, the incidence of well-trained neurologists is low. The commitment of the World Federation of Neurology to the prevention and treatment of brain disorders worldwide is reflected in the organization's support of developing countries, in improving neurological care by promoting cost effective education and

research. WFN involvement in the Neurology Training Program at the Hospital Escuela in Tegucigalpa, Honduras exemplifies this commitment.

II. The Honduran Neurology Training Program:

As with other developing countries, neurological diseases present a significant public health problem in Honduras, constituting up to 20% of consultations to health services. As recently as 1996, the ratio of neurologists per inhabitant was 1:325,000, significantly below the WHO recommendation of 1:100,000; (3) Additionally, rehabilitation, neurophysiology, neuroradiology, pediatric neurology, and epilepsy services were in a developmental stage, insufficient to meet patient demand in public and private health centers.

This need for expanded neurological services was of concern to the Honduran Neurological Association. In 1997, the HNA received the support of the National Autonomous University of Honduras to perform a feasibility study for a neurology residency program, in partnership with a broad-based WFN committee. The

Alberto Portera-Sanchez is included in the program's design.

One particularly significant aspect of the Neurology Training Program is the research requirement, developed with consideration of existing patient needs in Honduras. Numerous scientific papers in international journals have summarized residents' research of neuroepidemiological and clinical studies in genetics of the epilepsies, stroke, neurocysticercosis, neurovirology, Alzheimer's and APOE4, clinimetrics, cognitive neurology and quality of life. Given epilepsy is a major public health problem in Honduras, basic epidemiological and clinical research in this area has been of particular value.

B. Program Evaluation: All program components of the Honduran Residency Program are evaluated internally on an ongoing basis, with regular external evaluation by representatives of the Education Committee of the WFN. Certification processes for neurologists were established for Honduras in 2002 through the Honduran Neurological Association, the Honduran Neurology Board and the World Federation of Neurology. In November 2002, the first four graduating residents successfully completed the full certification process.

Neurological care began improving soon after the Neurology Training Program was established. Significant outcomes of the Training Program in Honduras have included: ● The development of guidelines for clinical evaluation, diagnosis and treatment of neurological diseases, resulting in the first-time diagnosis in the country of diseases including Tropical Spastic Paraparesis, Creutzfeldt-Jakob disease, and Huntington's Chorea⁴. ●



Dr. Marco Tulio Medina, Director of the Honduran Training Program (fourth from right), evaluating residents at the Hospital Escuela, Tegucigalpa, Honduras

An improvement of the neurologist-population ratio by 21% between 1998 and 2004, from 1:325,000 to approximately 1:260,000. ● From the start of the program, a 60% reduction in deaths due to status epilepticus at University Hospital in Tegucigalpa⁽⁴⁾.

C. Next Steps: Guidelines for Neurology Training in Developing Countries:

The epidemiological panorama outlined for Honduras is similar to that of other developing countries. An analysis of the capacity of existing neurological care, prevention and rehabilitation services and programs for such countries is clearly warranted. Given the World Federation of Neurology's experience in Honduras, it is apparent that training programs in neurology can and should be established in countries where there are pressing neurological health needs. Given the support of local universities and health authorities and adequate resources, programs of excellence can be successfully developed with the support of international collaboration, improving the access of needy individuals throughout the world to high quality neurological services.

Over the next year, the Education Committee of the World Federation of Neurology will be developing guidelines for neurology training program development, based on this experience in Honduras. Such guidelines should prove a valuable resource for other countries with an interest in and commitment to developing and implementing their own respective neurology training programs.

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B. The WFN Training Program in Uganda A Report

The Neurology Training Program is progressing very well. With the money we received from WFN we have been able to acquire a desktop, laptop, digital camera, filing cabinet and stationery, and photo-copy Continuum articles for the members.

We organize tea and snacks to make the CME sessions interesting. The outpatient clinic has been organized to run every Wednesday for patient care and training of both undergraduate and postgraduate students in clinical neurology skills. Three Residents have taken on studies of interest in Neurology namely,

Dr Matovu Stephen... Clinical Correlates of Epileptic patients with EEG findings.

Dr Sophie Akuma... Clinical Profiles of Chronic Headaches as seen in Mulago Hospital

Dr Kibengo... Correlation between serum CRAG and CSF CRAG in Cryptococcal meningitis

These students have been assisted with stationery for printing questionnaires. I am supervising the three studies and we shall send the WFN a summary of their findings. We are trying to get space for all the neurology patients who are admitted. At the moment these are scattered in all the medical wards and this makes reviewing them, as well as follow up, quite difficult. We are in the process of registering the Uganda Neurology Association as a Charitable Organization with a Board of Trustees.

In addition to the teaching of neurology, we intend to kick start a campaign for stroke prevention in our community as

this is the commonest cause of neurological disability in Uganda.

Plans for the future : ● Outreach community programs for disease prevention ● Acquisition of an LCD projector, Television set and deck for teaching ● Mobilize funds for research ● Recruit more members ● Give the Association national visibility

We are very grateful to the WFN for the support we have so far received and ask for more.

Dr Edward Ddumba
Coordinator WFN Training Program

Letters

This is an important message for many reasons. (1) There is no national neurological association in Uganda. They are in the process of registering the Uganda Neurology Association as a Charitable Organization with a Board of Trustees. They may need some help from the Membership Committee in this. (2) They are obviously trying to organise a neurological unit into the Department of Internal Medicine. This is important for neurology. This is a situation where they may need the support of a regional association for African neurology. (3) This is also important for Julien Bogouslavsky, Ruth Bonita and the activities on stroke since they intend to kick start a campaign for stroke prevention in their community as this is the commonest cause of neurological disability in Uganda. (4) The plans for the future, including outreach community programs for disease prevention, recruiting more members and giving the association national visibility, are all important.

Johan A. Aarli
First Vice President WFN

This seems to be good value for money! Wouldn't it be nice to ask one of these students to write a report about their activities for *World Neurology* like residents in neurology do for the *Journal of Neurology* when they received a fellowship? As a matter of accountability? The same could be asked of the people who benefited from the activities of the CME committee in Honduras, Zambia, or the recipients of *Continuum*, as in Russia.

Marianne de Visser
WFN Trustee

WFN NEUROLOGY TRAINING PROGRAMME

In pursuit of its primary mission to improve human health world-wide by promoting the prevention of neurological disease and the care of those afflicted with neurological disorders, the WFN through its Neurology Training Programme (NTP) is making support available for those countries in greatest need of assistance i.e. those designated by the World Bank as having "low income" or "middle income" economies. Emphasis will be placed on training programmes. The specific goal of the programme is to produce clinical neurologists of the highest calibre.

Eligibility: The programme is designed to support projects that result in the improved training of neurologists. Examples of projects which qualify are: **1)** Resident or fellow support; **2)** Purchase of educational material; **3)** Purchase of equipment necessary to train residents adequately; **4)** Assistance in establishing a new neurology training programme in an area of need; **5)** Salary

support for resident training outside of the home country; **6)** Funding for a visiting senior neurologist from abroad to take part in clinical and procedural training to a fledgling local neurology department.

Applications: Applications from Training Programme Directors or similar administrative officials, using the grant form available from the WFN London Office, should be submitted by **September 1, 2004**. Please provide a general description of the training programme, major personnel involved, rationale for request and potential benefits for the programme and country. Applications will be reviewed and ranked by a specially appointed sub-committee of the Education Committee. Final award decisions will be made by the WFN Trustees and be announced on **December 1, 2004**. Terms of Award: Awards to successful institutions will be for periods of 1-3 years. Yearly progress reports will be required.

Editorial Board Meeting— Journal of the Neurological Sciences

April 27, 2004
San Francisco Marriott, USA

A Report

MEMBERS PRESENT: Peter F. Bakker, Publishing Editor, Francois Boller, Chairman of the WFN Publications and Website Committee, Robert P. Lisak, Editor, Susan E. Hutton, Administrator and Supporting Editor, Deputy Editors: Richard Lewis and Paula Dore-Duffy, Associate Editors: J.S. Chopra, M.S. Freedman, F. Gerstenbrand, V. Hachinski, J. Jankovic, A. Korczyn, H. Moser, N. J. Newman, J. Pollard, A. Portera-Sanchez, L.P. Rowland, I. Steiner, T. Yanagihara

Editor's Report presented by Robert P. Lisak, M.D.: *JNS* recorded an increase in submissions of 11% for the year 2003; this continues the trend started in 2002 when *JNS* submissions increased by more than 6%. He thanked board members for both their reviews and for their efforts in marketing *JNS* in their respective institutions. He noted that A. Koeppen has done an excellent job as the book review editor. He also welcomed new board members M.F.

Beal (USA), G. Sobue (Japan), E. Wasserman (USA), and N. Yuki (Japan). *Ad hoc* reviewers were acknowledged in the March issue.

The Editor indicated that the quality of submissions has continued to improve as well as English language usage and reference citations, thereby reducing the need for multiple revisions and improving the total publication cycle. 195 manuscripts were accepted for publication; 198 manuscripts were rejected. 221 articles were published in the 13 issues, including 11 double issues. The Editor encouraged board members to increase the number of review articles and letters to the editor. Review articles dramatically affect the journal's impact factor, thereby enhancing the submission rate and quality of submitted manuscripts. Clinical research still dominates every issue; only 8% of all submissions are basic research. He noted that supplements and special issues are needed for increasing the visibility of *JNS* and encouraged board members to develop issues for 2005. In 2003 *JNS* published one Special issue vol. 206.2 (February) containing papers on the "Progressive Phase of Multiple Sclerosis Pathology



WFN Publications and Website Committee Meeting, April 29, 2004, San Francisco—During the 56th Annual Meeting of the American Academy of Neurology,

and Treatment" from the European Charcot Foundation Symposium in Venice, Italy (18-20 October 2001). A Special Section in vol. 207.1-2 (March) presented "Brain Iron in Hereditary and Sporadic Neurodegenerative Diseases" from a Symposium of the Society for Experimental Neuropathology held as a satellite meeting of the American Neurological Association in New York, (October 13, 2002). Also, in vol. 214.1-2 (October) "Abstracts of the XI Pan American Congress of Neurology" held in Santiago, Chile (October 8-12, 2003) was published.

The geographic distribution of manuscripts received and accepted has remained constant for the last four years. Japan (25%); USA (22%); Germany (8%); Italy (8%); and UK (5.6%) accounted for 68% of the 195 manuscripts accepted for publication. The Editor would like to continue to expand the geographic breadth of submissions. He encouraged board members to recruit new reviewers as well as authors to strengthen this effort. The board felt that the editorial board needed more inclusive representation from Russia, East and Central Europe, and China. It was noted that language issues often hamper submissions from Russia and China. Peter Bakker indicated that Elsevier has established offices in Beijing and Singapore as it has in Japan to facilitate editorial and production services. He will check whether these new offices will also start offering language editing services

for authors like the one in Tokyo. Board members were also concerned about the issue of "incremental" articles systematically submitted to multiple journals. These articles offer minimal updates and are seen as a form of self-plagiarism. They add nothing to the prestige of the journal. No solution was proposed, but much depends on the reviewers of the manuscripts pointing out the incremental nature of manuscripts. Another issue suggested by Dr. Chopra was that the acceptance and rejection rate by country should be presented to board members in addition to the submission breakdown. He also wanted the reasons for rejection stated. The Editor responded that the reasons are always stated and were standard, including lack of adequate research, novelty of subject, or language issues.

Submissions continue to be tracked by disease type and discipline. While these are relative classifications, they do indicate trends. The 2003 distribution analysis by disease type indicated that the dominant categories were the same as 2002—Cerebrovascular, Inflammatory/MS, and Neurodegenerative. The peer-review process, from receipt of manuscript to acceptance including the author's revision time, continues to improve; this cycle is impacted by several factors. 22% of all accepted manuscripts required no revision. 58.5% required one revision, and another 30% required two or more revisions, either for English language usage or because the authors did not respond to the reviewer's comments

or did not use the journal's referencing style. 5% of the manuscripts were held pending a companion editorial.

Publishing Editor's Report: Peter Bakker announced that it was a "healthy" year for *JNS*. There was a good publication schedule. Submissions were increasing. 11 double volumes were published in 2003; he would like to see 12 volumes for 2004. The flow for 2004 thus far seems good. Five special issues/supplements are already in production or expected for 2004. He noted another positive trend, the decrease in editorial time (average time from receipt of manuscript date to acceptance date) as well as production time (average time from registration at Elsevier to issue leaving the warehouse) for the first three months of 2004. He anticipates further improvement later this year as the new Elsevier Editorial System (EES) allows for on-line submission to *JNS*. He assured the board that the registration process is straightforward. The editorial office can also handle it for reviewers. The subscription rate to *JNS* was the next issue addressed. The trend is the same as last year; there has been an increase in on-line subscriptions and a decrease in print subscriptions. This decrease in print subscriptions precludes the development of advertisements. When there are less than 1000 subscriptions, the circulation is not sufficient to attract advertisers. Website advertisements have not proven effective. The next issue was impact factor. *JNS* achieved an impact factor of 2.080 for 2002. The 2003 data is not yet available. The availability of all *JNS* journals electronically through ScienceDirect completed in April of 2003 should be a vital element in future improvement in the journal's impact factor. Marketing of *JNS* remains a high priority with Elsevier. *JNS* is actively promoted at all relevant scientific meetings attended by Elsevier, in issues of *World Neurology*, the WFN newsletter circulated to more than 22,000 neurologists worldwide, and in other Elsevier journals. The Elsevier website home page at www.elsevier.com/locate/jns was redesigned in January 2004 to educate customers about the full range of services offered by Elsevier. This site will continue to evolve throughout 2004 to meet the needs of the clients.

Peter F. Bakker
Elsevier Publisher

Editorial Board Meeting—World Neurology

April 27, 2004—
San Francisco, USA

A Report

Present were Jun Kimura, Daniel Truong, James F. Toole, Peter Bakker and Jagjit S. Chopra.

The members appreciated the layout and design of *World Neurology* which is now fully handled by the printers—Chandika Press at Chandigarh, India. The Editor informed the members that now approximately 5% of the 23,000 copies of *World Neurology* published quarterly are received back as undelivered. This is a great improvement on the past. March 2004 was the first issue sent by electronic mail to approximately 300 members of WFN who had opted for it. It is expected that this number might increase gradually.

The Trustees have agreed that the International Stroke Society may place a full-page ad/write up in each issue of *World Neurology* at a special discounted rate of USD 2,500. The revenue will go to the WFN account without any involvement of Elsevier.

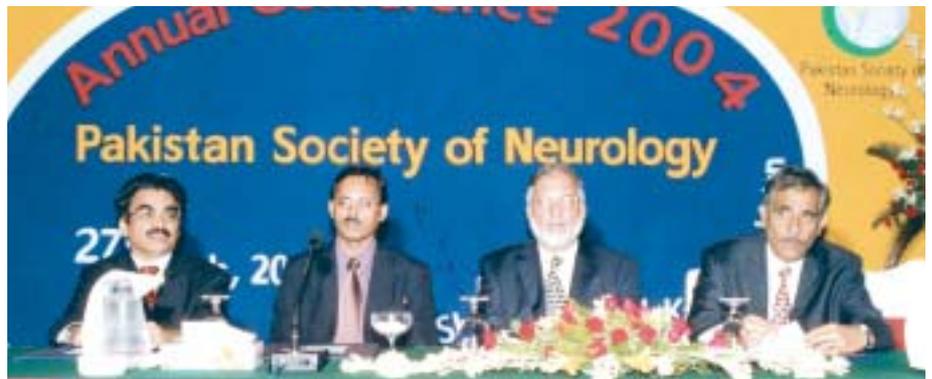
The Editorial Board approved the new rates for commercial ads in *World Neurology* of USD 5,000. However, the President Jun Kimura will discuss this with the Japan Foundation for Neuroscience and Mental Health who are currently supporting *World Neurology* on an annual basis and get their permission for commercial ads.

The Board approved the idea of approaching the Presidents of the National Associations for regional news in each issue of *World Neurology* in view of the disappointing response from Regional Vice Presidents. Daniel Truong presented his 5-year vision for the newsletter, which he would like to be developed into *Neurology Today*. He would like to feature one review article in each issue of *World Neurology* and he will try to get extra funding to support the format change in the coming years.

Peter F. Bakker
Elsevier Publisher

REGIONAL NEWS

11th Annual Conference of Pakistan Society of Neurology



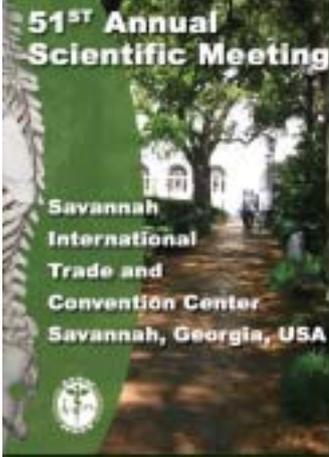
The 11th Annual Conference of Pakistani Neurologists was held by the Pakistan Society of Neurology, March 27-28, 2004 in Karachi, Pakistan. About 150 neurologists, neurosurgeons, neuroradiologists and postgraduates from neurology and neurosurgery participated. Scientific papers were presented on the topics of Stroke, CNS infections, Neurophysiology and Epilepsy. The main emphasis was on the epidemiology of various neurological diseases and outcome of management. In addition, there were presentations on neuroradiological interventions and their outcome, with special emphasis on carotid angioplasty and management of spinal and brain arteriovenous malformations. The neurosurgery platform presentations were on epilepsy surgery and its outcome with reference to developing countries. The neurophysiol-

ogy presentations concentrated on utility of intraoperative monitoring in spine surgery, 24 hour video-EEG monitoring, and polysomnography data. A two-day workshop on Neurophysiology was organized

at the same meeting. Participants came from all over the country and the workshop's primary objectives were hands-on experience of EMG, Polysomnography techniques and their interpretation and Electro-encephalography interpretation. After the conference, the executive committee was held and next year's teaching and education programs were planned to enhance the knowledge and awareness of general physicians. Members discussed CME programs on common neurological disorders. Also at the executive committee meeting, country-wide Stroke data collection and the annual program of the Pakistan Stroke Society were finalized.

Prof. Shahid Masud Baig
President, Pakistan Society of Neurology

51ST Annual Scientific Meeting



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AAEM...Advancing Neuromuscular, Musculoskeletal, and Electrodiagnostic Medicine

WFN CME Programme in Syria

Just before Christmas 2003, Syrian members of the CME programme held a discussion group on the *Continuum* course "Emergency Neurology". Organized by the co-ordinator, Dr Ahmad Khalifa, this meeting proved very successful. The course on this important subject, was felt to be relevant, containing new and updated

information that can be used in clinical practice. Although an intense meeting, the discussion proved very useful in allowing exchange of ideas and case studies, and working through solutions to problems that had arisen within the text.

Syria is an increasingly active member of the CME Programme. Dr Khalifa organises regular discussion groups on the *Continuum* material, and returns

feedback quickly to London. In 2003 he held six meetings including those on "Epilepsy", "Learning Disabilities", "Sleep Disorders", and "Headache Update". The programme is likely to expand further under Dr Khalifa's leadership, and we thank him for his enthusiasm, and congratulate all individuals who have participated so far.

Monica Brough
WFN CME Program Manager

Expanding Uses of Botulinum Toxin

Botulinum toxin is best known to neurologists as a treatment for neuromuscular conditions such as the dystonias and spasticity, and has recently been publicized for the management of facial wrinkles. The property that makes botulinum toxin type A useful for these various conditions is the inhibition of acetylcholine release at the neuromuscular junction. Following local injection into muscles, the botulinum toxin type A protein binds to specific acceptors on cholinergic terminals and is internalized by the neurons, where it cleaves a protein necessary for vesicular neurotransmitter release.

Botulinum toxin type A is 1 of 7 botulinum neurotoxin serotypes known alphabetically as types A through G. Of these serotypes, only A and B are currently available as commercial preparations. Types C and F have also been used in humans, but only on an experimental basis. The first commercial preparation of botulinum neurotoxin to be used clinically was based on the A serotype. In the year 2000, a product based on the B serotype became commercially available. Although all of these formulations inhibit acetylcholine release, they do so at different doses (1). Thus, all of these products are used clinically at different unit doses that may vary up to several orders of magnitude. Although botulinum toxin types A and B continue to find new uses in neuromuscular conditions involving the somatic nervous system, it has also been recognized that the effects of these medications are not confined to cholinergic neurons at the neuromuscular junction (2). Acceptors for botulinum toxin types A and B are also found on autonomic nerve terminals, where they inhibit acetylcholine release at glands and smooth muscle. This observation led to trials of botulinum neurotoxins in various conditions involving autonomic innervation. The rest of this article con-

siders the emerging use of botulinum neurotoxins in these and selected other conditions that may be of interest to neurologists.

Sialorrhea: Excessive drooling, which occurs in many different neurological conditions, may significantly affect patients' social activities and self images. Over the past few years, botulinum toxin type A has been studied for the treatment of sialorrhea associated with Parkinson's disease, cerebral palsy, head and neck carcinoma, neurodegenerative diseases, stroke and amyotrophic lateral sclerosis (3,4). These studies have found beneficial effects of botulinum toxin type A on drooling, as determined by patient ratings of drooling severity, objective measurement of salivary flow by sialometry, and weight of dental rolls. Recently different investigators have shown that botulinum toxin type B may be effective for reducing excessive drooling as well (5).

Most of these studies did not report any significant adverse events with botulinum in injections in the treatment of sialorrhea, and in fact, no side effects were noted in many of the reports. Ultrasound guidance may help to direct injections into the parotid and/or submandibular glands (3). The results of these studies suggest that botulinum neurotoxin therapy may be useful for the treatment of sialorrhea, with a low risk of side effects. The exception to this may be in amyotrophic lateral sclerosis where the treatment should be used cautiously.

Primary Focal Hyperhidrosis: Botulinum toxin type A has also been studied in other conditions involving the autonomic nervous system-the most studied of which is focal hyperhidrosis. The majority of hyperhidrosis studies have been published in dermatologic journals, and it is possible that this indication is not widely recognized in the neurology community. Furthermore, patients with hyperhidrosis may seek treatment from

WFN Neurotoxicology Research Group: An announcement

During the recent meeting of the AAN in San Francisco, a meeting of the Research Groups of the World Federation of Neurology (WFN) was held, chaired by Roger Rosenberg, MD. At that meeting Professor Dr. Samuel Berkovic outlined the educational events to be held during the WCN, Sydney 2005. Included in the program will be a half day course on Neurotoxicology and a three hour Seminar on "Terrorism for the Neurologist." I have been asked to construct both of those educational programs and am in the process of doing so.

By this announcement in *World Neurology*, I am asking all interested neurologists to offer me suggestions as to the content of these two educational events. Likewise, if anyone would like to present a lecture on an appropriate topic, please contact me.



Respectfully submitted,

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their general practitioners or dermatologists instead of neurologists. However, the scant literature available on the etiology of primary focal hyperhidrosis suggests that it may be neurologic in origin. For patients with mild hyperhidrosis, topical antiperspirants containing aluminum chloride hexahydrate may be effective. Iontophoresis, or the introduction of an ionized substance through the skin using direct current, may be effective for some cases of plantar and palmar hyperhidrosis, but is less useful in the axillary regions. In patients with more severe focal hyperhidrosis, botulinum toxin injections may be an option.

The benefits of botulinum toxin type A on patient quality of life and objective sweating in primary axillary hyperhidrosis have been documented in large-scale, randomized, controlled trials (6). These studies involved patients with moderate to severe hyperhidrosis. Results showed that up to 94% of patients in the botulinum toxin type A group were responders, in contrast to 36% of patients in the placebo group (6). The only adverse event that was different between the botulinum toxin type A and placebo groups was infection, which had a higher incidence in the placebo group (6). In this and other studies, botulinum toxin type A was administered intradermally. Additional open-label and controlled studies have also reported benefits of botulinum toxin type A in the treatment of axillary, palmar, and gustatory sweating. Although several studies have also reported beneficial effects of botulinum toxin type B in the treatment of hyperhidrosis, systemic side effects such as visual accommodation difficulties and dry mouth have been noted (1). Overall, the efficacy and safety of botulinum toxin type A may be said to be established in the treatment of primary, focal hyperhidrosis based on the published controlled and open trials, as well as the regulatory approval of at least one of the type A products for this indication in a number of other countries.

Conditions of Pathological Pain: The use of botulinum toxin type A has also been increasingly reported in many conditions of pathological pain, including migraine and other headache disorders and musculoskeletal pain, including myofascial pain. These conditions represent a diverse group and the results with botulinum toxin type A have not been universally positive. Nevertheless, many studies, including some controlled trials

WINNERS OF THE WFN JUNIOR TRAVELLING FELLOWSHIPS 2004

Name	Country	Meeting
Abu Nasir Rizvi	Bangladesh	15th International Symposium on ALS/ MND, Philadelphia, USA, December 2-4, 2004
Pedro Calderon Gonzalez	Cuba	51st Annual AAEM Meeting, Savannah, Georgia, USA, November 3-6, 2004
Leonides Canuet Delis	Cuba	III Latin-American Congress of Epilepsy, Mexico City, Mexico, July 2-5, 2004
Irene Khatiasvili	Georgia	8th EFNS Congress, Paris, France, September 4-7, 2004
Claudia Amador	Honduras	7th Summer School of Myology, at the Institut de Myologie, Hopital de la Salpetriere, Paris, June 16-25, 2004
Reyna Duron	Honduras	American Epilepsy Society 58th Annual Meeting, New Orleans, December 3-8, 2004
Dheeraj Khurana	India	5th World Stroke Congress, Vancouver, Canada June 23-26, 2004
Emilija Cvetkovska	Macedonia	VI European Epilepsy Congress, Vienna, Austria, May 30-June 3, 2004
Maria Cristina San José	Philippines	5th World Stroke Congress, Vancouver, Canada June 23-26, 2004
Irina Kovaleva	Russia	8th EFNS Congress, Paris, France, September 4-7, 2004
Rasmieh Badran	Syria	8th EFNS Congress, Paris, France, September 4-7, 2004

(7), have reported benefits of this treatment on pain. The effects of botulinum neurotoxins on pain are also supported by their well-known effects in cervical dystonia, where serotypes A and B significantly reduce neck and shoulder pain.

Musculoskeletal Pain: An example of one study that examined the effects of botulinum toxin type A on pain is a report of 31 consecutive patients with chronic low back pain who were randomly assigned to active treatment or placebo control. Results showed that 73% of patients treated with botulinum toxin reported more than 50% improvement in pain, in contrast to 25% in the placebo group. No side effects were reported by patients in this study. In the treatment of musculoskeletal pain, botulinum toxin type A is typically used as part of a multimodal therapeutic program. It has been suggested that botulinum neurotoxin therapy may improve pain by reducing

muscle tone and overactivity, perhaps enabling greater benefit from physical therapy designed to restore normal muscle length and biomechanical balance. Given this conception of the role of botulinum neurotoxins in musculoskeletal pain, studies that include a multimodal regimen may be more likely to find positive results with botulinum toxin therapy. Thus, one of the challenges of future research is to design studies that would test this and other hypotheses in order to determine the appropriate patients and conditions under which botulinum toxin helps alleviate pain.

Headache Disorders: Primary headache disorders also represent a heterogeneous group of conditions, and it is unclear which patients stand to obtain maximal benefits from botulinum neurotoxins. The injection techniques have also varied across studies. One recent retrospective study examined the

effects of botulinum toxin type A on various different types of headache disorders (8). Botulinum toxin type A treatment significantly reduced the number of headache days. Botulinum toxin type A injections also decreased headache intensity. Of 263 patients surveyed, 225 (85.6%) reported improvement in headache frequency and intensity. The effectiveness of injections was not related to the reason for treatment or injection technique, or a variety of other variables. These results suggest that the outcome of botulinum neurotoxin therapy may be quite good for the treatment of a variety of different headache disorders and injection procedures. However, the reason that some patients fail to respond and some studies fail to detect benefits of botulinum toxin injections remains unknown. Given the large placebo effect noted in many headache studies (7), psychological variables may play a role.

Conclusion: The disorders discussed here for which botulinum neurotoxin therapies are emerging treatments represent only a portion of the novel applications of these treatments that have been reported in the literature. Botulinum toxin has been found to improve sialorrhea,

hyperhidrosis, and pain with few side effects. Ultimately, these compounds are useful because they inhibit acetylcholine release following local injection, a property that may be capitalized upon in the treatment of many different focal disorders in which reduced cholinergic tone is desired. This basic property sets the stage for additional novel uses in the future.

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Daniel D. Truong, M.D.

Member Editorial Board *World Neurology*

The Parkinson's and Movement Disorder Institute, 9940 Talbert Ave, Suite 204, Fountain Valley, CA 92708

BOOK REVIEWS

Clinical Handbook of Insomnia

Editor: Hrayr P. Attarian, M.D.
ISBN : 1-59929-272 X
No. of Pages: 191
Price: \$89.50
Publication Date: February 2003
Publishers : The Humana Press

Insomnia is one of the common complaints from patients seen by General Physicians, Neurologists and Psychiatrists. There are some obvious causes of insomnia which can be easily rectified. However, those with biological disturbances and with genetic or constitutional predisposition may have insomnia for personal or environmental reasons. Insomnia is a symptom of some of the psychiatric diseases and needs specific care. The authors of this book have defined insomnia, and discussed its epidemiology and physiological basis. Primary insomnias, secondary insomnias and insomnia related to psychiatric disorders are discussed in detail. The last 2 chapters are on Cognitive-Behavioral therapy and the pharmacological basis for treatment of insomnia. The book is a

useful collection for generalists, for specialists and for those running sleep labs.

Editor-in-Chief

Advances in Neurology: Volume 94: DYSTONIA 4

Editors: S Fahn, M Hallett, M R DeLong
ISBN: 0-7817-4600-0
No. of pages: 312
Price: \$169.00
Publication Date: September 2003
Publisher: Lippincott, Williams and Wilkins, Philadelphia

This book is divided into six sections. The first is on pathophysiology and includes such chapters as loss of inhibition (M Hallett), basal ganglia neuronal discharge (J Jankovic et al) and functional imaging (R Frackowiak, J Rothwell et al). The second is on Oppenheim's dystonia, meaning early-onset generalised dystonia. This is genetic in origin and known as DYT1 dystonia, DYT being the gene that encodes for the protein

called torsin A, the function of which is currently uncertain. The third section deals with other genetic disorders including myoclonus-dystonia and dystonia parkinsonism. The fourth section concerns biochemistry including dopaminergic dysfunction. The fifth section covers musicians' and other focal dystonia whilst the final section discusses therapeutic options, four of the seven chapters being concerned with botulinum toxin. In summary, this will be the standard book of reference for dystonia research for the foreseeable future.

F. Clifford Rose
London, U.K.

Alzheimer's Disease: A Physician's Guide to Practical Management

Editors: Ralph W. Richter and Brigitte Z. Richter
ISBN : 1-59259-661-4
No. of Pages: 479
Price: \$99.50
Publication Date: October 2003
Publishers : The Humana Press

Alzheimer's disease (AD) is recognized universally. Its prevalence is increasing because the average age is increasing in developed and developing countries in view of better health care facilities, improved availability of diagnostic tools and public awareness. It is a devastating and dehumanizing illness. This book is written by selected clinicians and scientists from the world's leading centres of excellence in AD research—74 contributors to be precise. Comprehensive and timely information about potential future options for the prevention and treatment of AD is included here. It is well known that this disease is under-diagnosed and under-treated, and in the majority of instances such patients are left to themselves by the family and society. The book is spread over 51 chapters, covering genetics, neuropathology, metabolism, epidemiology, economic burden, neuroimaging techniques, diagnosis and treatment etc. Special emphasis is

placed on preventive strategies, future developments and family and care issues. This work will be most useful for family care physicians, health workers and psychiatrists.

Editor-in-Chief

Occupational Therapy Practice and Research with Persons with Multiple Sclerosis

Editors: Marcia Finlayson
 ISBN: 0-7890-2380-6
 No. of pages: 148
 Price: \$39.95
 Publication Date: 2004
 Publisher: The Haworth Press Inc.

Most neurologists tend to dismiss occupational therapy when considering the management of patients with multiple

sclerosis (MS). This book is a very useful counter to this attitude and shows how much patients appreciate its value, as evidenced by the Foreword. The first two chapters deal with research and are followed by chapters on needs and functional impairments. The subsequent twenty-two pages deal with the critical evaluation of the particularly common symptom in MS of fatigue. Succeeding chapters concern wheelchair use, tremor and life-style management. The final chapters provide coping strategies for ageing in MS and final reflections. All in all, this book will prove an eye-opener to most neurologists and the editor is to be congratulated on producing a valuable contribution to those concerned with MS patients.

F. Clifford Rose
 London, U.K.

CALENDAR

2004

8th Congress of the European Federation of Neurological Societies

4 - 7 September, 2004, Paris

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 Fax: + 41 22 732 2850
 E-mail: efn04@kenes.com
 Website: www.kenes.com/efns2004/

Biennial Scientific Meeting on Pain Management 2004

11-12 September 2004, Singapore

Contact: NNI Secretariat,
 Tel: (65) 6357-7617,
 Fax: (65) 6256-4755
 E-mail: nni_secretariat@ttsh.com.sg /
 Website: www.pain.org.sg

The 15th Migraine Trust International Symposium

20 - 23 September, 2004, London, UK

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 E-mail: mtis@hamptonmedical.com,
 Website: www.migrainetrust.org

8th International Evoked Potentials Symposium

5-8 October, 2004, Fukuoka, Japan

Contact: Takenori Uozumi, Naoki Akamatsu
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 E-mail: iep8@mbox.med.uoeh-u.ac.jp,
 Website: www.ieps8.com

IV Latin American Congress of Clinical Neurophysiology

7-10 October 2004

Hotel International, Las Condes, Santiago, Chile
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 E-mail: sochineurofisiol@vtr.net

Mental Dysfunctions in Parkinson's Disease

24-27 October, 2004, Salzburg, Austria

Contact: Kenes International, 17 Rue du Cendrier, P.O. Box 1726, CH-1211 Geneva 1, Switzerland
 Tel: + 41 22 908 0488,
 Fax: + 41 22 732 2850, E-mail: pdment2004@kenes.com,
 Website: www.kenes.com/pdment2004

11th Asian & Oceanic Congress of Neurology (AOCN)

26 - 28 November, 2004, Singapore

Contact: NNI Congress Secretariat, National Neuroscience Institute, 11 Jalan Tan Tock Seng, Singapore 308433

Tel: + 65 6357 7151/7152/7162,
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International Forum on Neurology in Hochiminh City - Vietnam with Focus on Parkinson's Disease, Movement Disorders, White Matter Disease and Neuropathy.

2 - 3, December 2004, Vietnam

Deadline for Receipt of Abstract: Sept. 30, 2004.
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2005

57th Annual Meeting of American Academy of Neurology in Miami Beach

April 9 - 16, 2005

Contact: AAN, 1080 Montreal Avenue, St. Paul, MN 55116
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XVIIIth World Congress of Neurology

November 5-11, 2005, Sydney, Australia

Contact: WCN2005 Congress Secretariat, GPO Box 2609, Sydney NSW 2001, Australia
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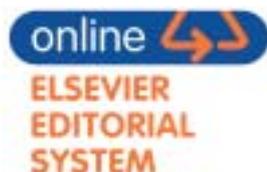
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Stroke Pathophysiology, Diagnosis and Management

4th edition

By J. P. Mohr, Dennis W. Choi, James C. Grotta, Bryce Weir, Philip A. Wolf

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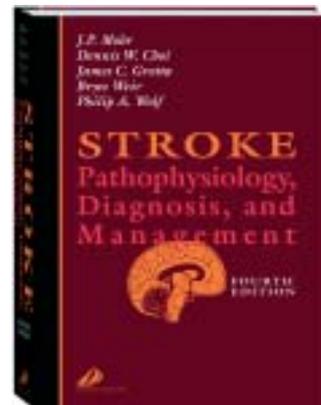
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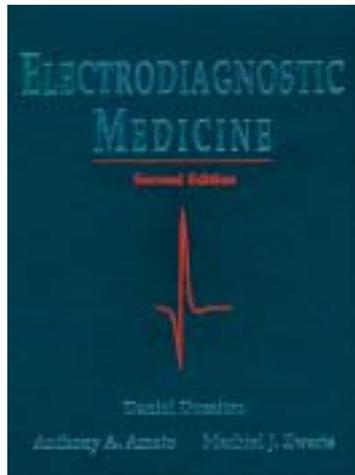
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