

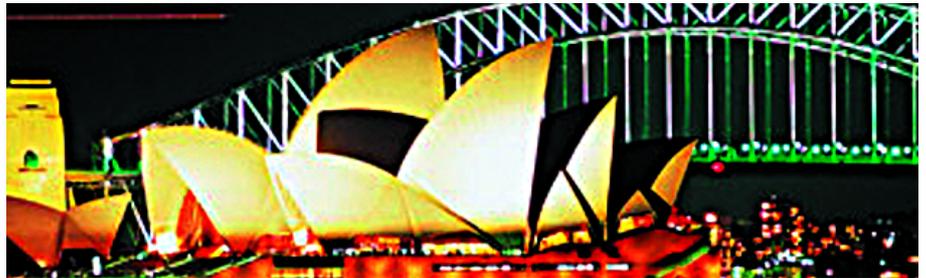
WORLD NEUROLOGY

The Newsletter of the World Federation of Neurology

VOLUME 20, NUMBER 2, JUNE, 2005

PRESIDENT'S COLUMN

At the time this issue reaches you, it is only a few months until the 2005 World Congress of Neurology (WCN) which will be held in Sydney, Australia between November 5-11, 2005. I am happy to report 1) the WCN has been heavily supported by both sponsorship and exhibition sales ensuring its financial viability, 2) the Scientific Program Committee has prepared an innovative, stimulating and rewarding program, 3) the Scientific Pro-



Destination Australia—WCN, 2005



(From left to right) Prof. Dr. Anwar Etribi, Prof. Dr. Jean-Marc Leger, Professor Farouk Talaat, Prof. Dr. Jun Kimura, Prof. Dr. Mohamed S. El-Tamawy at Cairo Conference

EDITORIAL



It is an election year for the WFN. Results will be known in November at Sydney. All contestants are neurologists of outstanding fame and experience. Old faces in new coats or new faces will emerge for organization of the WFN. The leadership will hold office from January 2006. The Platform Presentations of

those contesting the posts of President and First Vice President are printed in this issue. The Council of Delegates will elect the leadership. They are the chosen representatives of each WFN member country and are entrusted to reach the correct decision.

Sydney, one of the most beautiful cities in the world is hosting the World Congress of Neurology in November 2005. Come to Sydney, come with family to enjoy the city and attend a well planned World

Contd. on page 6

gram will be complemented by a greatly subsidized teaching course to be held on the weekend of November 5-6, 2005, and 4) the meeting will be enhanced by an exciting and memorable series of social events at or nearby to the award winning Darling Harbour in the Olympic City of Sydney, Australia.

The quadrennial WCN is the premier neurological meeting at which everyone finds something special. With a faculty in excess of 200, the Sydney WCN will be no exception. The WCN also serves a deeper interest in that profits go to support the WFN, its global mission, and especially its educational programs in less well developed areas of the world. The 150 bursaries offering free registration to young neurologists from such regions of the world are part of this endeavor.

Contd. on page 6

- ALSO IN THIS ISSUE:**
- Platform Presentations of Presidential Nominees
 - Platform Presentations of First Vice-Presidential Nominees
 - WCN 2009 Bids from Czech Republic, Italy, France & Thailand
 - ISS Bulletin

Acknowledgement: *World Neurology* is published with a generous grant from the Japan Foundation for Neuroscience and Mental Health.

Prague, Czech Republic

Bid for the

XIXth WORLD CONGRESS OF NEUROLOGY

Prague, 2009

The Czech Society of Neurology is looking forward to welcome neurologists from all over the world



Reasons to hold the XIXth World Congress of Neurology in Prague:

EASY ACCESSIBILITY

The capital city of the Czech Republic is often called the Heart of Europe. It can be easily reached from all important destinations

MODERN CONGRESS FACILITIES

The Prague Congress Centre provides all necessary technical background for organizing a successful meeting. The Centre has already hosted several large medical conferences, such as the European Dermatovenereology (6000 participants), European Rheumatology (8000), International Hypertension (7500) and European Gastroenterology Week (9300)

SAFE DESTINATION

Confirmed by our references - the successful Annual Meetings of the International Monetary Fund and the World Bank Group in 2000, NATO Summit in 2002 and others

LOW COSTS

Prague still offers one of the lowest price levels in Europe according to a study of the Economist magazine

HISTORY MEETS CULTURE

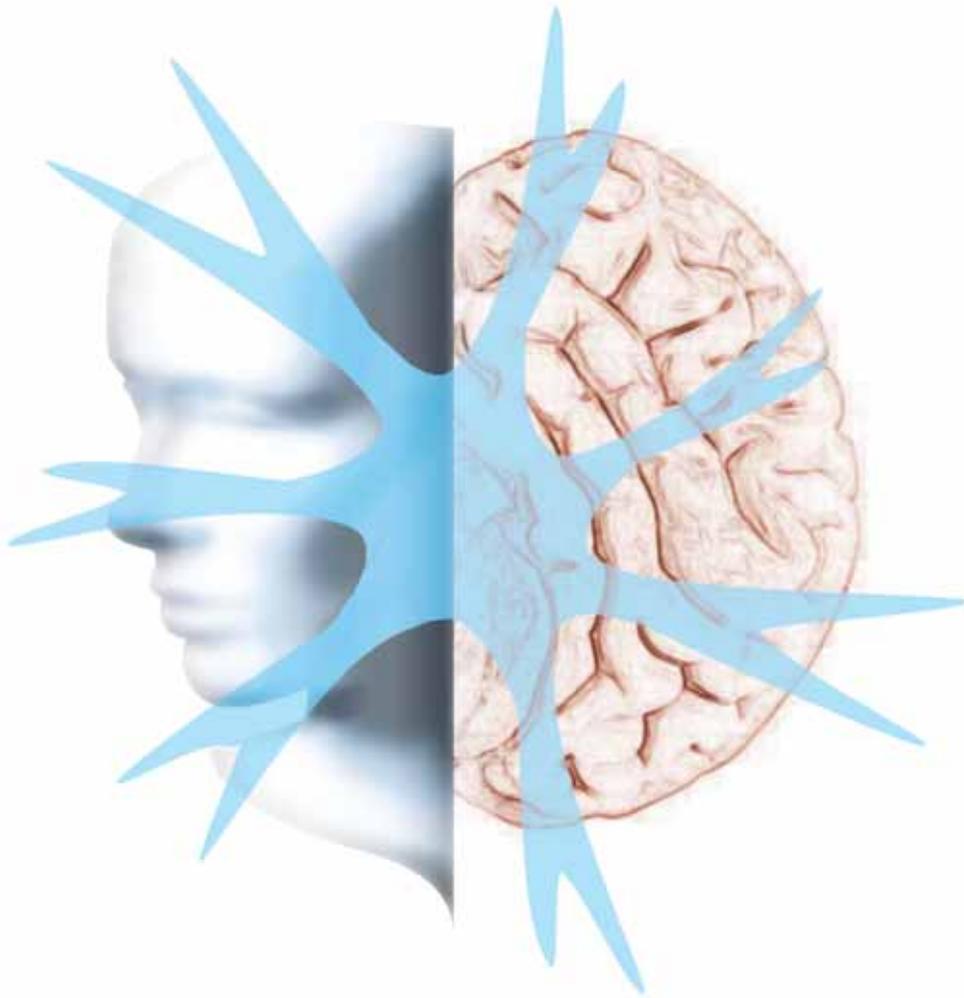
In Prague, you can meet more than 1000 years of history at every corner of the wonderful UNESCO designated World Cultural and Natural Heritage area

SUPPORT THIS BID AND COME TO PRAGUE IN 2009!



Czech Society
of Neurology

www.guarant.cz/wcn2009



XIX^o WORLD CONGRESS
OF NEUROLOGY
ITALY 2009

WELCOME TO ITALY,
A LAND OF BEAUTY AND SCIENCE



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Please send inquiries about advertising in *World Neurology* to the Advertising Department, Elsevier Science Ltd., The Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, UK. Phone: +44-1865-843 258; Fax: +44-1865-843 976; email: b.keall@elsevier.com

PUBLISHING INFORMATION

MANUSCRIPTS

The Editor is happy to receive unsolicited manuscripts or photographs for consideration, but cannot accept responsibility for any loss or damage to such material. Manuscripts should be submitted in English, typed on

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World Neurology, ISSN 0899-9465, is published by Elsevier Science BV, Molenwerf 1, 1014 AG Amsterdam, the Netherlands; phone: +31 (20) 485 3358, fax: +31 (20) 485 3237; e-mail: p.f.bakker@elsevier.com

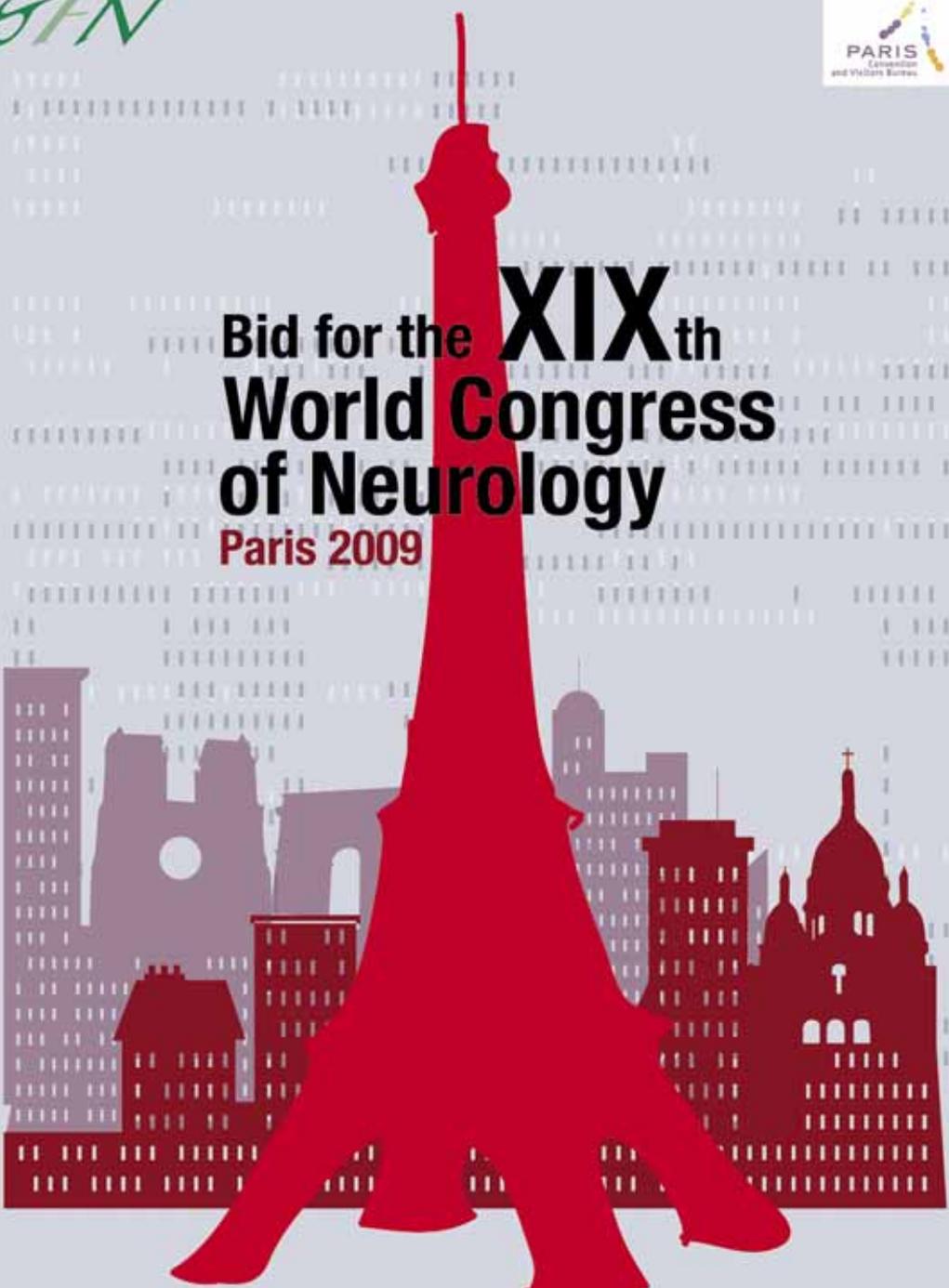
REPRINTS

Reprint requests and all correspondence regarding the journal should be addressed to the Editor. However, back issues of *World Neurology* can be obtained from the publisher.

CHANGE OF ADDRESS

Notice of change of address should be sent to: World Neurology, Editorial Secretariat, 12 Chandos Street, London W1G 9DR, UK. Fax: +44 20 7322 4012; e-mail: WFNLondon@aol.com

Printed by Kay Dee Associates at Chandika Press (P) Ltd., 126 Industrial Area-1, Chandigarh—160002, India. Fax: +91-172-2657783. e-mail: info@chandikapress.com

The logo for the Société Française de Neurologie (SFN), consisting of the letters 'SFN' in a stylized, green, italicized font.A large, stylized red silhouette of the Eiffel Tower is the central focus, set against a background of a Paris skyline silhouette. The skyline includes various buildings, a dome, and a cross, all rendered in a dark red color. The background is a light grey gradient with a faint grid pattern.

Bid for the **XIX**th World Congress of Neurology

Paris 2009

**Accessible... Cultural... Creative... Innovative...
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The Société Française de Neurologie would be honoured and proud to welcome the XIXth WCN 2009. Paris never hosted the World Congress of Neurology.

wcn.paris2009@b-c-a.fr

(President's Column
contd from page 1)

Details of the program and registration are publicized in this issue of *World Neurology* and are also available on the website (wcn2005.com) and have been promoted by the generous support of national and regional neurological organizations.

I urge you to read the information here in *World Neurology*, examine the website, discuss it with your colleagues, and do not miss this once in a lifetime opportunity to combine a sensational educational experience in the vibrant but safe location of Sydney, Australia knowing that you are also advancing neurological care throughout the world.



(Front row—From left to right) Mamta B. Singh, Madhuri Behari, M. Gauri Devi, Jun Kimura, J.S. Chopra, Andrew Engel, Angela Vincent, S. Prabhakar. (Back row—From left to right) Chitra Sarkar, M.V. Padma, Manvir Bhatia, M.C. Dalakas, U.K. Mishra, R.A.C. Hughes, B.S. Singhal, Sumit Singh, Rohit Bhatia, Hans Goebel

Since submission of the last president column three months ago, I have constantly been kept busy with the work related to WCN 2005 and other WFN activities, but I also managed to attend a few regional medical meetings. These included the 5th Cairo International Neurology Conference directed by Prof. Farouk Talaat and Saher

Hashim on January 12-14, Chiang Mai Symposium on Clinical Neurophysiology organized by Rawiphan Witoonpanich and Siwaporn Chankrachang on February 2-4, New Delhi Symposium on Neuro-muscular Disorders run by Drs. Sumit Singh and Rohit Bhatia under the direction of Professor Madhuri Behari on March 5-7, and Monterey Congresso Internacional de Medicina Neurologia, a unique convention organized by medical students with help from Dr. Manuel de la Maza Flores as an advisor on March 30 through April 2.

I wish I could offer a detailed account of each conference, which



WFN President Jun Kimura (fourth from left, second row) along with Organisers and Delegates of Chiang Mai Symposium on Clinical Neurophysiology

I enjoyed so much. In the interests of space, however, suffice it to say that all these meetings contributed admirably to improving the interaction between local groups and international faculty. I was very happy to represent the WFN in these endeavors in accordance with our stated mission to enhance neurological education on a global scale. I believe these regional congresses play a vital role in keeping clinical neurologists abreast of recent development in the field of neuroscience. This is particularly so for less affluent regions, which for fiscal and logistic reasons cannot afford to send many representatives to international meetings. This notwithstanding, I sincerely hope you will find the way to join us in November to make the WCN 2005 in Sydney a big success.

Jun Kimura, MD
President, WFN

(Editorial contd from page 1)

Congress. Elsevier, the Publishers of the *Journal of the Neurological Sciences* and *World Neurology*, have offered 15 travel grants of up to £1000 for young neurologists from developing countries to attend the Sydney conference which is in addition to 150 free registrations from the Organizers of the congress, for low resource countries. A remarkable offer by both, which is acknowledged with gratitude.

A review of an article, "Impairment, in Guillain-Barré Syndrome during first 2 years," published in the *Journal of the Neurological Sciences* (JNS) has been printed in this issue of *World Neurology*. It is an outcome of the decision taken during the meeting of the Publications and Website Committee held recently under the chairmanship of François Boller. It is for Neurologists in developing countries who cannot afford to buy expensive jour-

nals. GBS' is a relatively common disorder but treatment modalities are expensive with unpredictable outcomes.

South Korean researchers have made a breakthrough in stem cell production and have named therapeutic cloning for producing human embryos. The researchers Woo Suk Hwang and Shin Yong Moon are from Seoul National University and have produced 11 stem lines which are genetically matched with patients. The stem cells come from clones of individuals in which embryos are killed, in other words the minutest of human life is sacrificed. The results were published in the prestigious journal *Science*. Ethics, cultural considerations and perhaps religious feelings are involved in this research. Some countries have banned it but it continues in others. Modern civilization needs to discuss thoroughly the benefits of creating stem cells tailored to the needs of specific patients suffering from degenerative dis-

eases of the nervous system versus the ethics and morals. Creation of a full grown human being from cloning is no doubt a sin but whether terminating it at embryo stage should be considered unethical or a great help for sick humans needs universal debate. Safe and ethical procedures are emerging which may help a chosen few. Umbilical blood rich in stem cells can be stored in repositories at around minus 200 degrees which can be useful for the newborn until aged 18 years if needed, otherwise donated to someone else. Some parents have become over anxious, however only time will be the deciding factor in this new piece of research. The World Federation of Neurology must come out to clarify its stand now on cloning stem cells and not when it is too late.

J.S. Chopra, FRCP, PhD
Editor-in-Chief

PLATFORM PRESENTATIONS OF THE PRESIDENTIAL NOMINEES (in alphabetical order)



Johan A. Aarli, MD
Bergen, Norway

It has been my privilege to serve as the First Vice-President of the WFN for the last three years. I am proud to be nominated as a candidate for the office of President of the Federation at this important time in the development of the organization. Under the leadership of Jun Kimura, the structure of the WFN has been modernized into an incorporated charity organization. We are now facing new challenges. If elected president, my main initiative will be to expand neurology. We must work together to make neurology a top priority for national medical policies.

How can we achieve this—how can we, on a global basis, apply the advances in neuroscience to improve the care of persons with neurological disorders?

It is our responsibility to create standards for prevention and care. Clearly, the decisions to provide more beds for patients with neurological disorders, to train more neurologists and to establish new departments are all political. The major international, political organization that can influence health planning is the WHO. It is my intention to work together with the WHO to improve human health worldwide by promoting better prevention and care of neurological disease.

Health professionals and non-governmental organizations caring for people with neurological disorders now have the opportunity to use the data provided by the Neurology Atlas to develop global strategies aimed at improving the control and management of neurological disorders. I have, together with Dr. Sara-ceno and his staff at the WHO, and with the help of our national delegates, coordinated the preparation of this work. We have now started working on a WHO Report on Neurological Disorders. It is my ambition that the WFN shall have an active role in the preparation of this report. Neurological disorders constitute a large and increasing share of the global burden of disease. Stroke, dementia, epilepsy, CNS infections and movement disorders are important factors determining mortality and morbidity in all societies. The available resources are, however, insufficient to meet the global need for neurological care. This report will identify areas where there is a need for strategic upgrading of the available resources for neurological service.

Such strategies cannot be developed without a basis in translational research. There is a gap between the progress in neuroscience and the development of these discoveries into clinical interventions for the diagnosis, treatment and prevention of neurological disease. The legitimacy of the WFN, particularly in relation to the WHO, lies in its contact with and representation of neurosciences within the organization. I believe that the WFN can play a vital role in this process through its focus on research and education. My goal will be to allow the WFN, through its Research Committee and Research Groups, to act as information resources to international organizations like WHO as well as to the neurological community.

One of the aims of the founding members of the WFN in Brussels in 1957 was to promote high standards of neurological care and to develop improved services. I will pursue this goal by promoting the national and regional neurological organizations and improving communication between member societies. When we all work together, we can form a global neurology network for the future of neurology.



Jagjit S. Chopra, FRCP, PhD
Chandigarh, India

I had the privilege of my association with WFN for the last 20 years in one or other capacity. I was Secretary General and organized the 14th World Congress of Neurology in 1989 at New Delhi, member of the Finance Committee and later its Co-chairman, member of Public Relations, Publications and Website, Ethical, and Structure and Functions Committees, Co-chairman of WFN Research Group on Organization and Delivery of Neurological Services and Editor-in-Chief of *World Neurology* for the last six years. I have fully understood the functioning of WFN in close association with the past three and the current President Jun Kimura. After having attended many meetings of Council of Delegates, the goals, objects and missions of WFN are engraved in my mind.

I was born in 1935, graduated in 1959 and established Dept of Neurology at a premier Postgraduate Institute in Chandigarh, India. I was founder President of Indian Academy of Neurology, President Neurological Society of India,

and Director of a Medical School.

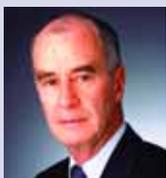
Vigorous persuasion is required for enrolling more countries of the world in WFN, increasing its membership from the present 93. Expansion of neurology infrastructure globally is a major task which needs careful consideration. WFN has achieved a lot under the dynamic leadership of past Presidents, but further efforts are needed to help the "have not countries" in underdeveloped and developing world to enforce neurology services. Neurological services need separate identity even in some of the developed countries and it is here that WFN can assist. There is also a need to motivate governments and media for awareness of neurological diseases, particularly *stroke, epilepsy, brain infections, aging problems*, etc, and their prevention. Expansion of neurological education is one of the main functions of WFN which, of course, requires finances. I seek to further enhance collaboration of WFN with WHO, to achieve the above mentioned goals, besides streamlining the pattern of neurological disease and energise rehabilitation. A good beginning with *Atlas* was made and this needs further consolidation.

Having been a member of *Structure and Functions Committee*, I feel that the present infrastructure of WFN can be reshaped for a better, financially sound organisation. Improve its management, if need be through a professional organisation in the most suitable country of the world. Regionally, re-organise it by allocation of responsibilities to Regional Vice-Presidents, for organisation and expansion of neurological education and services, in collaboration with the regional Governments and Societies. The Vice-Presidents should also be made responsible for enrolling non-member countries in their region to the fold of WFN.

WFN organizes a major conference every four years, and this is its main source of income. I, along with Trustees and Council of Delegates, would explore the possibility of more frequent World Congresses on global or regional basis. This process would generate more capital for WFN, like AAN and EFNS which are held annually. Many countries usually bid for World Congress and most successful gets it. I am of the view that the willing country with next highest votes be allocated to organize *mid-World Congress*. A close co-ordination with *medical industries* is the need of the day for meaningful and honourable collaboration to generate financial gains for WFN which, then can be utilized for expansion of neurological education and research worldwide. This may need cre-

ation of a new committee of dedicated persons.

I, with humility, request the National Delegates to support me in the coming election and elect for the first time a person from the developing world, a person who has had a long working experience with WFN and is dedicated to the prime aim of neurologists, to help the sick globally.



Wolf-Dieter Heiss, MD
Cologne, Germany

Neurological diseases are among the leading causes of death and disability and this burden varies among different regions in the world. For acute stroke as an example which is the most frequent organic disorder of the central nervous system, the incidence varies with respect to geographical region and gender between 388/100.000/year and 312/100.000/year in Novosibirsk and 124/100.000/year and 61/100.000/year in Friuli for men and women respectively. Also mortality shows high regional variability with 200-300/100.000/year in Eastern Europe and 28/100.000/year in Rochester, USA, resulting in 5.54 million deaths worldwide making acute cerebrovascular diseases the second most frequent cause of death. These differences in incidence and mortality are in part due to the progress in understanding of pathophysiology and management of neurological disorders made during the last decades from which mainly industrialized countries benefited. Neurology in these countries has developed in two directions and has successfully incorporated two dimensions of modern medicine:

- Basic research has widened our understanding of the etiology and pathophysiology of brain diseases, and this improved insight into development of brain disorders had considerable impact on therapeutic strategies and management of acute disease

- Neuroimaging and other investigative procedures—most of them requiring expensive equipment and specially trained personnel—have revolutionized the diagnosis of neurologic disorders, often in early stage when treatment still can be effective to prevent considerable irreversible damage.

These main two steps forward in the last decades have tremendously increased the cost to diagnose, treat, manage, and prevent neurological diseases and they have also increased the need for specially trained neurologists and supportive personnel, and both

requirements can hardly be covered in countries which are still struggling with their basic needs. However, especially in these not-industrialized countries the burden of neurological diseases has increased tremendously in recent years, and both factors have intensified the gap between industrialized and not-industrialized countries with respect to care for neurological patients

It must therefore be the main mission of the World Federation of Neurology to propagate the state-of-the-art principles of management and treatment of the most important brain diseases and to spread guidelines of evidence-based neurological care to all countries and regions. This can partly be achieved by training and educational programs for neurologists, general physicians, and also lay persons brought to these countries. For that purpose the WFN must increase the activities of regional congresses in countries where neurology is not developed to the same level as in industrialized countries, WFN must provide teaching courses in countries where neurologists are underrepresented, and WFN must support training programs for neurologists from neurologically underrepresented countries in internationally recognized neurological centers. By these actions WFN could help to improve care for neurological patients all over the world. As the President of the European Federation of Neurological Societies I had the privilege to participate and cooperate on such programs which were successful to spread modern concepts of management and treatment of neurological diseases all over Europe and to improve the care for neurological patients in many European countries. Similar projects—but on a worldwide basis and on larger scale—should be initiated by WFN and will help to fight neurological diseases and their sequelae all over the world.



Roger N. Rosenberg, MD
Chicago, USA

I am most grateful and honored to be nominated by my colleagues in the American Academy of Neurology for President of the World Federation of Neurology (WFN). My career in neurology has been in investigating the clinical and molecular neurogenetics of the spinocerebellar ataxias and Alzheimer's disease. I am Director of the NIH funded Alzheimer's Disease Center at the University of Texas Southwestern Medical Center, am Editor of the Archives of Neurology and served as President of

the American Academy of Neurology. In the past four years, I served as Chair of the WFN Research Committee and established an online WFN Research Committee neurological electronic syllabus "New and Emerging Neurotherapeutics: The Results of Basic and Clinical Research" written by experts from each of our 28 Research Groups and available to neurologists everywhere. As Chair of the Research Committee, I participated actively in the planning of the Sydney 2005 World Congress of Neurology Scientific Program.

I believe that I have the background in administration, clinical neurology and neuroscience to be an effective and productive President of the WFN. The WFN has as its mission the improvement of the neurological health of citizens of all nations. To accomplish this goal, the WFN must provide educational programs and research grants and fellowships to bring the latest and most important developments in clinical and basic neuroscience to neurologists everywhere. The WFN needs to develop a major endowment with industry and foundations to fund these research grants and fellowships for young investigators world-wide.

I was instrumental in developing the AAN Educational and Research Foundation as AAN President which has become very successful in building an endowment. I will place great emphasis on this objective by establishing a working group of colleagues internationally to provide the means to fund a significant number of research and training grants. The WFN will also increase the funding of educational and research symposia with national societies, emphasizing important new research advances and especially new therapies for major neurological diseases. A more dominant presence of neurology in the World Health Organization will be a priority goal. In this regard, an initiative will be undertaken to develop national health care delivery plans in selected countries in Africa and Asia and other developing regions to provide effective delivery of neurological patient care. I would dedicate myself to be sure the World Congress of Neurology in 2009 would be an excellent forum for educating neurologists in advances in clinical neurology and neuroscience. These initiatives require an expanded staff and efforts should be continued to utilize the resources of a professional management organization to provide the infrastructure and experience to achieve our goals. I look forward to the opportunity and challenge to serve as WFN President and welcome your ideas and guidance by emailing me at roger.rosenberg@UTSouthwestern.edu.

PLATFORM PRESENTATIONS OF THE FIRST VICE-PRESIDENTIAL NOMINEES (in alphabetical order)



Vladimir Hachinski, MD
Vancouver, Canada

The WFN is taking steady steps towards becoming a better-structured and responsive organization. However, the sharply rising challenge of neurological disorders worldwide requires an accelerated pace of progress, a broader perspective and a greater focus on opportunities.

The Challenge and the Opportunity: The First Vice-President would be a member of an as yet unknown team, and hence it is appropriate that rather than proposing a platform, should articulate an approach.

Promote Greater Participation: Particularly of the membership and the delegates. Survey their thoughts, priorities, needs and opportunities and seek examples of successful initiatives. Electronic communication allows an unprecedented degree of participation and action.

Prioritize: 1. Focus on projects with specific objectives, a definite timetable and a feasible action plan. 2. Consider forming action teams for completion of specific projects that would dissolve upon their completion. 3. Build on small successes, share useful experiences, and allow more local initiative.

Partner: The relationship with the World Health Organization (WHO) needs to be fostered. The Atlas of Country Resources for Neurological Disorders has been a great achievement, upon which the WHO World Health Report on Neurological Disorders can be built and policies developed. The International Brain Research Organization (IBRO) is a highly successful organization serving 110 countries and 53,000 members could be a natural partner. Discussions with Dr. Albert J. Aguayo, President of IBRO, suggest good opportunities for partnerships and collaborations in education, training and building infrastructures in developing countries.

Regional and national organizations represent natural allies and partners: Partnerships with sub-specialty societies could result in mutual benefits in the treatment, prevention and education about neurological disorders. If stroke and cognitive disorders were to become priorities of the WFN, this candidate could put his experience and relationships to good use.

The Candidate: Born in Europe, raised in Latin America, educated and

living in Canada, working internationally.

Research: Pioneered the establishment of stroke units, coined the term "brain attack", discovered the insula's crucial control of the heart and its role in sudden death. He is working towards a common approach to the treatment and prevention of stroke and cognitive disorders through the concept of "vascular cognitive impairment". Published 15 books and over 500 articles and scholarly contributions.

Education: Lecturer or visiting professor in 42 countries, has trained over 50 neurologists from 13 countries.

Editorial Work: 2000—Editor in Chief of STROKE, the leading publication in the field.

Honours: 1988—Doctor of Science (Med), University of London, UK, for "contributions in migraine, stroke and dementia". 1990—First recipient of the Trillium Clinical Scientists' Award for "outstanding research accomplishments". (Largest personal merit award for medical research in Canada). 2000—Mihara Award of The International Stroke Society (given every 4 years to someone who has advanced the field of stroke) "He is recognized internationally as a leader and just as importantly, as a leading thinker in our field". Honorary Member of 15 National Medical and Scientific Societies. 2 doctorates honoris causa

Leadership Positions: 1989-2001—Chair, Steering Committee, World Federation of Neurology. The certificate of appreciation states: "He has played a key role for the betterment of Clinical Neurosciences around the globe. Has brought parity and fairness in the interrelationships of the World Federation of Neurology with regional and national groups". 1990-2000—Richard and Beryl Ivey Professor and Chair, Department of Clinical Neurological Sciences, University of Western Ontario, London, Canada. 1997-2001—Vice President for North America, World Federation of Neurology. 2003-2005—Founding Chairman, International Society for Vascular Behavioural and Cognitive Disorders. 2003—Canada's Delegate, World Federation of Neurology. 2004—Chair (with J.W. Norris), 5th World Stroke Congress in Vancouver, June 23-26, 2004. Citation from the International Stroke Society "has organized, supervised and carried out an outstanding World Stroke Congress". 2004—Chair, Writing Committee and Working Group, World Stroke Day Proclamation. 2005—Leader, International Initiatives, Canadian Stroke Network (Networks of Excellence Program). 2005—Organized and chaired a National Institute of Nervous Disorders and

Stroke/Canadian Stroke Network, Vascular Cognitive Impairment Harmonization Criteria Workshop (with Gabrielle Leblanc and Costantino Iadecola) to develop standards and an alphabet of mutual understanding in preventing stroke and cognitive disorders, including Alzheimer's disease.

The growing menace of neurological disorders requires renewed, focused, synergistic efforts on our part. The greatest risk is not failing, but failing to act.



Theodore L. Munsat, M.D.
Boston, USA

It has been a most satisfying privilege to be associated with the WFN over the past several years and I welcome the opportunity now to run for the office of Vice-President. Previously I have served as Chair of several WFN Committees. However, the position that I believe has been most productive for the WFN is that of Chair of the Education Committee. In this capacity a growing and increasingly successful program of continuing medical education has been established. Thirty-nine actively participating developing countries are now involved in a program of life-long learning. The WFN Seminars in Clinical Neurology is a new series of books specifically designed for neurologists interested in cost effective practice and three courses are now online. We have initiated book exchange and visiting professor programs as well as grants for neurology training programs. A Neurocysticercosis Task Force has been established as well as a special sub-committee to manage issues of education in Spanish speaking countries. Under the direction of Gretchen Birbeck we have initiated and expanded educational programs in Africa. In conjunction with academic neurologists in Honduras, we established the first neurology training program in that country, a program that has already led to measurable benefit in patient care.

But where should we go from here? The WFN is in need of a long range planning conference to better define member needs and specific goals. This should be held shortly after the new administration takes office. My own view is that a prime effort of the WFN should

continue to be our successful educational programs for neurologists practicing in low resource countries. We are currently undertaking a thorough evaluation of the effectiveness of this program to date. I would also support strengthening our relationships with WHO and developing a strategy to form a "World Brain Council" which would position the WFN as the organization which reflects the interests of all those interested in brain function and diseases, something the WFN has been asked to undertake in the past.

If we are to remain healthy and grow, the WFN will require substantive change in its infrastructure. This should include an updating of its membership database, a major restructuring of its website, a fully developed policy manual

and a more effective public relations effort to explain who we are and what we do. Above all, we need to develop income channels other than membership dues. This should include establishing a WFN Corporate Council to enhance the minimal help we now receive from private industry. I favor a relationship with a professional management company to help us in these activities. My experience with the WFN leads me to believe that this organization has the potential to become an even more important and effective vehicle for improving neurological health worldwide. With an active and forward-looking leadership this can be accomplished, and I seek your support in electing me to be part of the new team.

WFN JUNIOR TRAVELLING FELLOWSHIP, 2005 REPORTS

I would like to acknowledge that my personal goals were satisfied in the 57th Annual Meeting of the American Academy of Neurology, which was held at the Miami Beach Convention Center, Florida last April. The concise coverage of the EMG topics, including the workshop of nerve conduction, repetitive stimulation, and unique fiber studies, were extremely relevant for my constant training as a young neurologist working in the clinical neurophysiology field. Also, the information presented and the discussions were comprehensively illustrated with a combination of drawings, diagrams and participation of neurology residents. I really appreciate the valuable effort of the World Federation of Neurology for training many neurologists coming from developing countries.

Peggy Martinez-Esteban, MD
Lima, Peru

I'm enclosing a brief description of my

activities during the AAN Meeting, held in Miami last April. I presented two posters from my Institution. Concerning the meeting many interesting topics were discussed: **1)** Multiple sclerosis: an amazing amount of data was presented related to clinical and imaging studies as well as new treatment trials on the use of immunomodulation and immunosuppression in progressive forms; **2)** Neurovascular disease: New devices were presented at the meeting. I was especially interested in one related to mechanical thrombolysis and the PLAATO (Percutaneous Left Atrial Appendage Occlusion) and its usefulness in atrial fibrillation. Dementia and Behavioral Neurology: the relevance of imaging (especially fMRI) and its usefulness in clinical and experimental research was remarkable; **3)** Finally, I would like to mention a plenary session called "Harnessing the Neuroprotective Power of the Brain", that was about preconditioning and subsequent tolerance



Piero G. Antuono, MD, Chair WFN Research Group on Dementia presenting Award to Dr. Gloria Pino-Ramirez as a promising investigator from a developing country

15 Elsevier-WFN Travel Grants for WCN 2005, Sydney

Elsevier are generously providing funding for 15 Junior Travelling Fellowships of up to £1,000 each for young neurologists from developing countries to attend the **XVIII World Congress of Neurology**, to be held in Sydney, Australia, from 5-11 November 2005. Applicants should hold a post not above that of Associate Professor and should not be over the age of 42 years. They should enclose with their application a CV, bibliography, letter of recommendation from their Head of Department, and an estimate of expenses to a maximum of £1,000. Please indicate if a paper or poster is to be presented at the meeting, and include a copy of the abstract and letter of acknowledgment. Applications should be sent to the WFN office to arrive by 19 August 2005. Awards will be announced as soon as possible thereafter.

promoting cell survival and the finding of neuroprotective and cytoprotective genes that could be exploited to spare cells at risk in the brain. Thank you very much for your help which made my participation possible in such an interesting meeting.

Dr. Maria Alejandra Amengual, MD

The Congress Myology 2005 was celebrated in Nantes from May 9 to May 13, with more than 900 delegates from many countries. I had the honour to represent my country Cuba in this Congress and I presented a poster title: Spinal Muscular Atrophies in a group of Cuban children. Some of the most important topics in neuromuscular disorders were analysed in Symposium, such as: Myogenesis and muscle specificity; Neuromuscular degeneration and degeneration; Congenital Muscular Dystrophies; Channelopathies; Spinal Muscular Atrophies; Gene therapy and neuromuscular disorders; and Myasthenia gravis and Myasthenia Syndromes. More than 700 communications were presented in the Congress. I consider that it was an excellent opportunity to increase my knowledge in this field and I could present a new project in congenital myasthenia syndromes in order to develop this field in my country. I always be grateful to the World Federation of Neurology and I hope keep in touch with you and your organization in the future.

Nicolás Garófalo, MD
Cuba

INTERNATIONAL STROKE SOCIETY BULLETIN

ISS regional Cerebrovascular Diseases Conference & Tiantan International Stroke Conference at Beijing China

The ISS regional Cerebrovascular Diseases Conference was held on September 25-28, 2004, in Beijing, China. The International Stroke Society, Jinling Hospital of Nanjing University, Beijing Tiantan Hospital and Chinese Physician Association hosted the conference jointly. Professor Julien Bogousslavsky from Switzerland, Xinfeng Liu from Nanjing China, Yongjun Wang from Beijing China co-chaired the meeting.

More than 2000 Participants including neurologists, neurosurgeons, geriatricians, psychiatrists, radiologists, neuro-interventionists, internists and stroke care-givers from China, USA, Canada, Britain, Japan, Australia, Germany, France, Switzerland, etc attended the conference. Five hundred abstracts were received for the meeting, of which 99 lectures were orally presented. The conference consisted of three parallel meetings. Main topics included ischemic and hemorrhagic stroke intervention, stroke unit applying, neuroprotection after stroke, surgical treatment of cerebrovascular disease, etiology of cerebrovascular disease, pathology of cerebrovascular disease, ultrasonic examination of cerebrovascular disease and cognitive impairment related to stroke.

Some of the international famous stroke experts including Julien Bogousslavsky (Switzerland), Takenori Yamaguchi (Japan), J. van Giji (The Netherlands), John W Norris (England), Werner Hacke (Germany) etc attended this meeting and gave excellent lectures.

Professor Xinfeng Liu, from Department of Neurology, Nanjing Jinling Hospital China, presented the primary results of 51 patients with carotid stenosis treated with carotid stenting and angioplasty conducted by neurologists during 2004 at Jinling Hospital. He also discussed the indication for carotid stenting and angioplasty. In another presentation. Dr Higashida, a professor from UCSF, discussed the incidence and prevalence of carotid atherosclerosis and recent results from treatment of atherosclerosis

by balloon angioplasty and stenting. Professors Shakir Hussin and Weijian Jiang etc presented their excellent work in stenting for the patients with carotid and intra-cranial arteries stenoses.

Professor Yongjun Wang, from Tiantan Hospital, presented the conception of organized stroke care and showed the adoption of stroke unit in his hospital. To discuss the standardization of stroke therapy, Professor Mingli Rao, an initiator of the Stroke Guidelines of China, explained the guideline and reported its applying status in China. Dr Xu Gelin, a senior doctor of Jinling Hospital, presented his work about a stroke registry program at Nanjing, which would contribute a lot to the stroke research in China. Dr K.S.Wong from Hong Kong gave a lecture on ultrasonic examination for cerebral artery stenosis.

Professor Chaunzhen Lu from Shanghai Huashan hospital presented their recent studies regarding protein transduction on cerebral ischemia. Professor Josef Krieglstein from Germany presented the neuroprotection effects of phosphorylation of bFGF. Dr Ma Haihan, from Jinling Hospital, reported that intranasal delivery of inductive agents leads to in vivo proliferation and differentiating of adult neural progenitor cells in subventricular zone in rats. Many other experts also showed their recent research results in this area.

During this conference, four forums, pathology, ultrasonic examination, cognitive impairment related to stroke and stroke nursing, were held successfully. Many experts attended the discussion. Thirty-five authors were awarded prizes of best abstracts offered by the standing committee. The prizes included five academic prizes (grade-I prize), 10 excellent abstract prizes (grade-II prize), and 20 nomination prizes (grade-III prize).

ISS at WHO: Major step forward for ISS and fight against stroke

Early this year, the International Stroke Society was notified by administrative instances at WHO that its application as affiliated non-governmental organization (NGO) had been approved. This is a major advance not only for ISS but for the stroke professional community and for the support of the worldwide fight

against stroke.

Indeed, the ISS is the only association, whose mission is strictly devoted to stroke, to have ever been accepted as an official NGO by WHO. Moreover, in connection to a previous plethora of NGOs being affiliated without active collaboration and projects, WHO has completely renewed its affiliated NGOs with much more stringent admission criteria, which already limit the possibility to obtain approval for application itself. For ISS, the ongoing collaboration with the cardiovascular (Dr S. Mendis et al) and the surveillance (Dr R. Bonita et al) teams at WHO, including the Global Stroke Initiative (inquiries: F. Yatsu, e-mail: frank.m.yatsu@uth.tmc.edu), also supported by WFN, was critical in the application approval process and subsequently its acceptance as affiliated NGO.

The inclusion of ISS among the dramatically shortened number of professional NGOs at WHO will be particularly helpful in stabilizing and facilitating ongoing projects, which include among others and beside the Global Stroke Initiative, the production of stroke awareness material for the public, the development of combined sessions and symposia at international conferences, and involvement in WHO campaigns, such as the one on a tobacco-free world.



J. Bogousslavsky, M.D.
President, International Stroke Society

New Publications on WFN Website!

Two new on-line publications are now available in the 'Educational Programmes' section of the WFN Website [www.wfnneurology.org]: one on 'EPILEPSY: Global Issues for the Practising Neurologist' and the other on 'DYSTONIA'. These are the latest additions to the Seminars in Neurology series [the first being Neurologic Bladder, Bowel & Sexual Dysfunction]. This series, initiated by the WFN Education Committee, is aimed especially at neurologists working in low resource countries. Other publications are in the pipeline...

Impairment in Guillain-Barré Syndrome during the first 2 years after onset: A Prospective Study

Forsberg A, Press R, Einarrson U, de Pedro-Cuesta J et al. *J Neurol Sci* 2004; 227:131-138

It has traditionally been thought that most patients with Guillain-Barre syndrome (GBS), an acute inflammatory demyelination of peripheral nerves, recovered completely over one or two years. This statement is not based on natural history studies, which have been few. This prospective study of Swedish GBS patients presents important data that help clarify our view of the natural history of the disease. In this multicentric prospective study, 124 patients were discharged with a diagnosis of GBS from one of eight Swedish hospitals from April 1998 to December 1999, serving a population of 3.6 million. Of these, 42 patients were recruited and followed in the study for 2 years. The patients were

evaluated at 2 weeks, 2 months, 6 months, 1 year and 2 years after onset of symptoms. Most patients presented with weakness and other motor abnormalities, but a significant number had complaints of pain (71%), numbness and/or tingling in the upper extremities (55%) and lower extremities (67%) and autonomic dysfunction (71%), such as excessive sweating and orthostatic dizziness.

Evaluations consisted of a minimal status test, muscle strength (tested manually), speed and manual dexterity (as assessed by the nine hole peg test), facial strength, gait speed, spirometry and vibration sensation. Demographic and baseline characteristics were obtained on all patients. The mean age of the 24 men and 18 women in the study was 52 years with a standard deviation of 18 years. Potential disease triggers

occurred in 71% of the patients in the 4 weeks before the illness. Most of these were respiratory infections (34%), with gastric (19%) and other (12%) infections following. One patient each (2%) had a vaccination, surgery or pregnancy. Most (86%) of the patients were given immunomodulatory treatments, and a minority (21%) required mechanical ventilation. Intravenous immunoglobulin (IVIg) was the most common treatment (59%), with plasma exchange (PE) (12%) the next most common. IVIg and PE were combined in 10% of patients and corticosteroids were given with either IVIg or PE in 5%. Recovery of neurologic function was slow and often incomplete. Most improvement in muscular speed and strength occurred within the first year, especially in the first six months, but there was continuing improvement up to two years in some cases. The great majority of the patients continued on the study, with only 2(5%) dropping out of the study. This is illustrated well with facial function, which was assessed on 5 subscales (wrinkling forehead, shutting eyes, puckering lips, a miling and yawning). At two weeks 38% of patients had some weakness in facial function. At 2 months this decreased to 21%, at 6 months 17%, at 1 year 14% and at 2 years 12%. There was still residual deficit, however, even after 2 years. Similar results were obtained for other motor functions, including the 9 hole peg test, timed gait, grip strength and balance, with most improvement occurring within the first six months, but with some continuing improvement over the first year. Testing for vibrational sense also showed impairment, which improved mostly within the first six months. Autonomic dysfunction seemed to recover most completely. Thus, while 71% of patients had such difficulty at 2 weeks, only 50% had these complaints at 2 months, 19% at 6 months and 1 year, and 7% at 2 years. At the final 2 year timepoint, there was some detectable motor or sensory impairment in more than 50% of patients. In some cases, this significantly impacted the patients lifestyle. Thus, 24% of the patients were unable to run 10 meters at the 2 year time point.

This study provides important data on the degree of recovery to be expected in a well characterized group of patients with Guillain-Barré syndrome. Such data

WINNERS OF THE WFN JUNIOR TRAVELLING FELLOWSHIPS 2005

Name	Country	Meeting
AMENGUAL, Maria Alejandra	Argentina	57th Annual Meeting of the American Academy of Neurology, Miami, USA
BHOWMIK, N.B.	Bangladesh	XVIII World Congress of Neurology, Sydney, Australia
FERNANDEZ CONCEPCION Otman	Cuba	XIII National Congress of Spanish Society of Neurology, Murcia, Spain
GAROFALO GOMEZ, Nicolas	Cuba	"Myology 2005" International Congress of Myology, Nantes, France
MONTOYA PEDRON Arquimedes	Cuba	12th European Congress of Clinical Neurophysiology, Stockholm, Sweden
SANCHEZ CRUZ, Gilberto	Cuba	16th International Symposium on the Autonomic Nervous System, Los Cabos, Mexico,
BURDULADZE, Ioseb	Georgia	9th EFNS Congress, Athens, Greece
KHARBANDA, P.S.	India	26th International Epilepsy Congress, Paris, France
SITAJAYALAKSHMI, S.	India	16th International Bethel-Cleveland Clinic Epilepsy Symposium, Bielefeld, Germany.
MARTINEZ ESTEBAN, Peggy	Peru	57th Annual Meeting of the American Academy of Neurology, Miami, USA

are useful in providing a prognosis for the patients and their families and help to direct rehabilitation programs for the disease. But the data are intriguing also in what they may be telling us about the underlying disease process. Thus, any theoretical model of neural regeneration and plasticity would have to account for the fact that most of the recovery takes place within the first six months, with further recovery in the second six months, but little after that. Also, some functions recover better and faster than others.

Some patients are left with permanent deficits and if their "recovery curves" are clearly different, as a group, from most of the other patients, this has implications about the pathogenesis of the disease. It is known that some patients with GBS have an axonopathy, with much slower and less complete recovery. It is very possible (indeed likely) that some of the patients with severe residual weakness had the axonopathic form of GBS. Finally, such considerations apply for other neurological diseases as well, in

which long term recovery is possible, such as stroke and multiple sclerosis in the central nervous system and West Nile-associated flaccid paralysis and poliomyelitis peripherally. While the pathogenesis of these diseases differs from one to the other, it is likely that there are common principles of recovery. Data such as this gathered from many studies and meta-analyzed, may suggest the form that a theoretical model of recovery should take.

BOOK REVIEWS

Neurology of the Arts

Editor: F. Clifford Rose
 ISBN: 1-86094-368-3
 No. of pages: 438
 Price: \$65
 Publication date: 2004
 Publishers: Imperial College Press

An interesting work from a famous neurologist who has edited many books. Fine examples of neurology and art are enriched in this multiauthor book of 24 chapters grouped under Art, Music, and Literature apart from two introductory chapters. The relationship of central localization and creativity, Galen and artful symmetry of the brain, brain mapping and central localization of musical perception in musicians, the art of Sir Charles Bell, epilepsy in pictorial art, the influence of Shakespeare on Charcot's neurological teaching, neurology and Sherlock Holmes and neurology in Nordic Sages and many relationships of

neurology and art are discussed here. The book will interest neurologists and general physicians.

Jagjit S. Chopra
 Editor in Chief

Neuropsychiatry and behavioural neurology explained

Editor: Alex J Mitchell
 ISBN: 0-7020-2688-3
 No. of pages: 523
 Price: \$69.99
 Publication date: 2004
 Publishers: Saunders

Neuropsychiatry is an exciting and rapidly evolving field which interfaces neurology and psychiatry. It is an excellent book by a single author which explains the psychiatric and behavioural consequences of neurological conditions that affect the brain. The principles of clinical

neuropsychiatric assessment are well discussed in the opening chapters. It describes the psychiatric manifestations of common neurological disorders in a simple and lucid manner. The section on evidence based review of treatments is really useful for practical management of these disorders. The principal virtue of the book is its wealth of tables, illustrations and summary points. The clinical points and guide lines are highlighted. These are followed by relevant references for further reading rather than a comprehensive review. This book will be a concise clinical guide on psychiatric and behavioural problems with underlying neurological illnesses for trainees and qualified psychiatrists, neurologists and geriatricians.

IMS Sawhney
 Assistant Editor

CALENDAR

2005

9th European Federation of Neurological Societies Congress

17 - 20 September, 2005, Athens, Greece

Website: www.2005.efns.org/efns2005/

130th Annual Meeting of the American Neurological Association

25 - 28 September, 2005, San Diego, USA

Website: www.aneuroa.org/index.html

University Classes in Multiple Sclerosis II: an educational programme on Multiple Sclerosis, and European Charcot Foundation

Symposium 2005 "Treatment Strategies in Multiple Sclerosis: from pathophysiology to clinical practice."

16-17 November, 2005, Lisbon, Portugal

Contact: Ms. Friedrichs Bosmans, European Charcot Foundation, Heiweg 97, 6533 PA, Nijmegen, The Netherlands
 Tel: +31 24 356 1954,
 Fax: +31 24 354 0920,
 E-mail: info@charcot-ms.org
 Website: www.charcot-ms.org

2nd International Congress on Brain and Behaviour

17 - 20 November, 2005, Thessaloniki, Greece

Website: www.psychiatry.gr/main_brain2_eng.html

Info 2005—International Neurology Forum

4-8 December, 2005, Sunrise Beach Resort, Nha Trang City, Vietnam

Contact: Mrs Hanna Lahat
 Tel: +972-4-9541870
 Fax: +972-4-9541872
 E-mail: hannal@netvision.net.il
 Website: www.info2005.org/home.htm

XVIIIth World Congress of Neurology

5-11 November, 2005, Sydney, Australia

Contact: WCN2005 Congress Secretariat, GPO Box 2609, Sydney NSW 2001, Australia
 Tel: +61 2 9241 1478,
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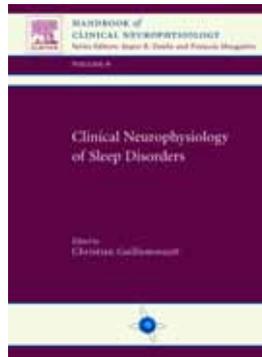
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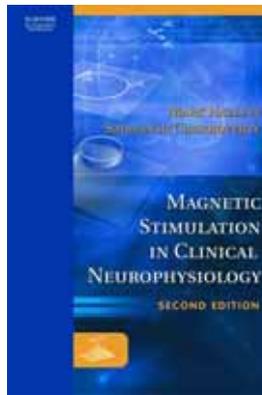
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5-13 Nov, Sydney, Australia

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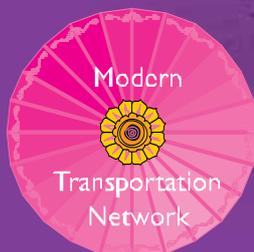
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