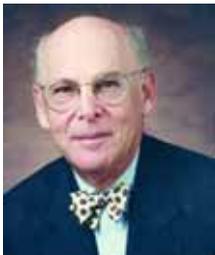


WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 21, NUMBER 1, MARCH 2006

World Federation of Neurology Position Paper On Human Stem Cell Research



The World Federation of Neurology (WFN) is in accord and supports continued research to develop stem cell lines to study the molecular and cellular development of the nervous system and to provide further means to study and treat human neurological diseases. The WFN believes it is ethical and scientifically imperative to conduct research as a general principle to achieve these goals and will evaluate each and every research project individ-

ually and specifically both for ethical and scientific issues.

All stem cell lines must be developed with full informed consent from those serving as donors. Stem cell research should continue utilizing embryonic and adult tissues. Stem cell research must be restricted to basic scientific purposes including therapeutic interventions and never be associated with reproductive cloning under any circumstances. Frozen human embryos provided by the biological parents may be considered for basic research and therapeutic cloning but not for reproductive cloning. The bio-

logical parents must indicate that the frozen embryos are not intended for reproductive purposes and they will not donate them anonymously and will not receive any financial remuneration for doing so. All stem cell research must be

Contd. on page 4

PRESIDENT'S COLUMN

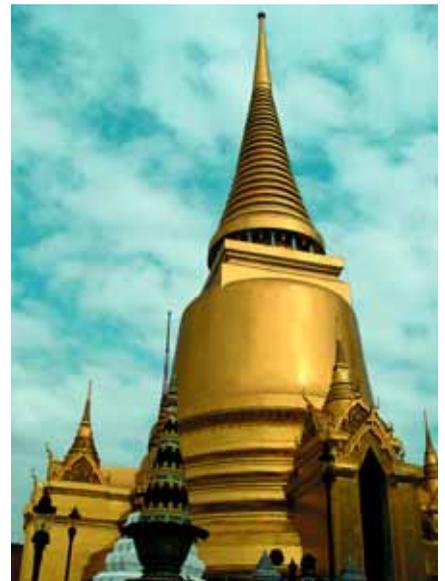
The mission of the World Federation of Neurology is to improve human health world-wide by promoting prevention and the care of persons with disorders of the entire nervous system by fostering the best standards of neurological practice, educating, in collaboration with neuroscience and other international public and private organisations, and facilitating research through its Research Groups and other means. My platform for the election as President of the World Federation of Neurology is based upon this mission and aims at a global network for the future of neurology, and with a special focus upon the developing nations.

The social and economic impact of neurological disorders today is large and

increasing. Present figures seem to underestimate the impact of brain disorders, particularly in the developing world. The resources available to meet this challenge are marked by inequities. A united, comprehensive, and integrated effort is essential to reduce the burden of brain disorders in the developing world. This will be one goal for the present WFN administration.

To approach this goal, I have an excellent group of co-workers among the Officers and Trustees. Vladimir Hachinski is the new First Vice President, and he will also take over as the Chair of the Structure and Function Committee when Julien Bogousslavsky in 2007 succeeds Richard Godwin-Austen as the new

Contd. on page 4



Golden Stupa at Grand Palace in Bangkok, Thailand. **Bangkok is the venue for XIXth World Congress of Neurology, 2009**

ALSO IN THIS ISSUE:

- Editorial
- WFN Annual Reports
- Summary of Important Articles in *J. Neuro Sciences*
- Rewrite: Stroke's Editorial Aid Programme
- Regional Conferences: Report on CUTE Conference
- Report of the Council of Delegates
- Book Reviews & Calendar
- ISS Bulletin

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

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CONTENTS

Position Paper on Human Stem Cell Research	1
President's Column	1
Editorial	3
Annual Reports, 2005	5
Summary of Important Articles in J. Neuro Sciences	9
Rewrite: Stroke's Editorial Aid Programme	10
Arab Presence at the XVIIIth World Congress of Neurology ..	11
Regional Conferences: Report on CUTE Conference, 2006 ..	11
Report of the Council of Delegates	11
Calendar, 2006	12
Book Reviews	13
Elsevier Advertisement	14-15
International Stroke Society	16

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EDITORIAL

The World Federation of Neurology has now made its policy clear on human stem cell research through the position paper written by Roger N. Rosenberg, Trustee and Chairman of the WFN Research Committee and endorsed by the WFN Executive Board. This policy decision may be late but it is definitive. WFN supports the development of stem cell lines for the future treatment of certain degenerative diseases of the nervous system. Perhaps the international controversy on human stem cell research will come to an end now that the WFN, the international organization representing national neurological societies, has made this declaration on the subject. However, it has also been made clear by the WFN that it is opposed to human cloning which many consider to be unethical. I have already touched on this subject in past Editorials and emphasized that God's Creation must be left to Him without human interference. Immense benefits to certain types of patients may be expected from this research which of course will be rewarding for all of us. The publication in *Science*, of the work from South Korea claiming that 11 embryonic cell lines had been created, received a great deal of publicity and kindled great hopes.

Unfortunately, the claims had to be withdrawn and the researcher in question was disgraced in his own university and country. We need scientists of integrity who understand human dignity and honor the feelings of the community. I believe that such researchers will be rewarded and supported by society if they continue on the right path.

This issue also contains some of the WFN Annual Reports. The report of the last WFN President Jun Kimura was published in the December 2005 issue of *World Neurology*.

All major Committees and some of the Research Groups have performed remarkably well in the last year with, for example, the Education Committee spreading its wings even wider. However, I feel that the WFN should first concentrate its educational activities in black Africa. This is the continent where so many countries are devoid of any neurological education or services whatsoever. The WFN is now a financially sound, powerful organisation which must make its presence felt in "have-not" countries through the World Health Organization (WHO) and in direct consultation with the Governments. Enrol 5-10 societies of physicians in these countries annually as members of the WFN in an

associate capacity perhaps without charging a membership fee if they can not afford to pay and without voting rights until they are able to subscribe. Let us knock at their doors before they are in a position to approach us. Enlarge the WFN's sphere of influence to all countries recognized by the United Nations. General physicians need to be trained in neurological care in poor resource countries and hopefully this will lead to a trend for establishing neurological centres there. Let us fulfil the major goal of the WFN—ensuring that neurological services are available to the human race globally. WFN President Johan Aarli has referred in his Column to the mission of the WFN to improve human health worldwide. Let the WFN's mission become a universal force for Human Rights in the field of neurocare.



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

(President's Column contd from page 1)

Secretary-Treasurer General. William Carroll, who is an elected Trustee, will take over as Chairman of the Fund-raising Committee from the same time.

Cerebrovascular disease is second only to ischemic heart disease as a cause of death world wide, and kills many times more people than any other neurological disorder. As more patients still survive the attack, but with disability, stroke is one of the major health problems in the world today. Stroke is a global problem. As the world's population ages, the number of patients affected by stroke is increasing, particularly in developing countries. Stroke is a major and increasing health problem in Africa and Asia. However, stroke is also a major burden in younger adults. This is why we established the Stroke Affairs & Liaison Committee, which shall, in relationship with the Public Relations Committee, liaise with organizations involved in stroke activities and campaigns, in particular at the WHO level and with the International Stroke Society (ISS). Julien

Bogouslavsky will continue as chairman of this committee.

It was decided in Sydney that the next World Congress will take place in Bangkok in 2009, and I am pleased to announce that Professor Niphon Pongvarin, who will be the President of that congress, will serve as a co-opted Trustee of the WFN. Roger Rosenberg, who has chaired the Research Committee in an excellent way, will continue as Chairman, together with his present position as co-opted Trustee. Marianne de Visser, who is an Elected Trustee, will continue her work as chair of the Membership Committee. This committee is of special importance at a time when new member countries are entering the WFN. Natan Bornstein, Mark Hallett, Noshir Wadia and Piero Antuono will also chair important activities of our organization. I am proud to have the following international experts as leaders of our committees:

Constitution and Bye-laws—Natan Bornstein (Israel)

Education—Theodore Munsat (USA)

Finance—Mark Hallett (USA)

Fund-raising—initially Julien Bogouslavsky (Switzerland), then Bill Carroll (Australia)

Membership—Marianne de Visser (the Netherlands)

Nominating Committee—Noshir Wadia (India)

Public Relations—Ashraf Kurdi (Jordan)
Publications and Website—Piero Antuono (USA)

Research—Roger Rosenberg (USA)

Structure and Function—Julien Bogouslavsky (Switzerland)

Stroke Affairs & Liaison—Julien Bogouslavsky (Switzerland)

WCN 2009 Liaison—Niphon Pongvarin (Thailand)

I would like to thank those who have finished their period as committee chairmen, Alberto Portera-Sanchez of the Finance Committee, Thomas Brandt of the Nomination Committee, Chris Kennard of the Long-Range Planning and Francois Boller of Publications and

Website. All have been very successful and effective in their work for WFN and deserve our warm thanks for their work. I have the pleasure to welcome many of the new delegates as committee members, together with colleagues who already have demonstrated insight and knowledge and who want to work for the WFN. In broadening the spectrum of age, gender, experience and geographical areas, we will make the administrative structure representative of the total WFN membership.

The World Federation of Neurology is now formally accredited at the WHO as a non-governmental organization (NGO) in official relationship with the WHO. There are at present 182 international nongovernmental organizations in official relations with WHO. Many other organizations with a special interest within neurology are registered as NGOs. It is a pleasure to realise many of these, such as Alzheimer's Disease International, International Association for the Study of Pain, International Headache Society, International League Against Epilepsy, Multiple Sclerosis International Federation and World

Federation of Neurosurgery all work together with World Federation of Neurology at the WHO level for the future of neurology.

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.

The major conclusion from the WHO Neurology Atlas is that the available resources are insufficient to meet the global burden associated with neurological disorders. Neurological disorders constitute a large and increasing share of the global burden of disease. Stroke, dementia, epilepsy, CNS infections, multiple sclerosis, malnutrition, CNS trauma and Parkinson's disease are important factors determining mortality and morbidity in all societies. The available resources are, however, insufficient to meet the global need for neurological care. WHO is now preparing a World

Health Organization Report on Neurological Disorders based on the Neurology Atlas data. WFN has an active role in the preparation of this report, which will identify areas where there is a need for strategic upgrading of the available resources for neurological service.

The key challenges lie in strengthening health systems in developing countries.

It is our responsibility to create standards for prevention and care. The decisions to provide more beds for patients with neurological disorders and to train more neurologists are political. But we must explain why this is so important. We hope the report will serve that purpose.



Johan A. Aarli, MD
President WFN

(Position Paper on Human Stem Cell Research contd from page 1)

presented to the full Institutional Review Board of the university where it will be conducted. All stem cell research must be in compliance with the guidelines of the Ethics Committee of the respective institution where it will be conducted.

Established stem cell lines should be utilized as one approach realizing their limitations due to viral contamination. Adult stem cell lines developed from bone marrow or adult tissues should be pursued to study potential differentiated cell lines that can be developed knowing that such lines may have restricted totipotentiality. Embryonic tissue may be developed for stem cell line development up to but not beyond fourteen days of their development, that is, prior to any formation of neural tissue, the primitive neural-streak, and the time when twinning and chimeras still develop and thus the physical, and moral, identity of the individual remains in doubt. The WFN agrees that embryonic research for stem cell development will be directed solely for the understanding of brain development and function and/or understanding and/or treating human neurological disease.

For example, the WFN agrees that it is scientifically important and ethical to pur-

sue therapeutic cloning of tissue obtained from patients with neurological disease. The intent of this research is to do nuclear transfer of the adult tissue in order to establish stem cell lines, and develop differentiated cells from the stem cell lines that will provide target cells that can be re-introduced into the donor-patient to treat and reverse the neurological disorder.

The WFN recognizes the potential of stem cell research to decipher the cellular and molecular mechanisms that produce the human brain and can be developed further to treat neurological disease. It is encouraging that several sources of mouse and human stem cells have already been successfully developed including: mouse embryonic stem cells, mouse neural stem cells from fetal brain, mouse neural stem cells from adult brain, and mouse mesenchymal stem cells from adult bone marrow that have been differentiated with specific differentiating factors into neurons that synthesize dopamine. Further, generation of cholinergic motor neurons has been accomplished from mouse embryonic stem cells, from mouse and human and predifferentiated human neural stem cells from fetal cortex, from human

umbilical cord blood, and from mouse and human fetal spinal cord. These results offer the possibility of further defining the genomics of dopamine and acetylcholine synthesis and regulation for eventual use in treating Parkinson's disease, spinal cord injury and even amyotrophic lateral sclerosis¹.

WFN ELECTIONS: CALL FOR NOMINATIONS

The Nominating Committee of the World Federation of Neurology invites nominations for two posts of Elected Trustee that will fall vacant in September 2006 and on 31 December 2006 respectively, when the current incumbents reach the end of their terms of office.

Please submit the name(s) of the individual(s) in question, together with confirmation of their willingness to stand for election and evidence of support from their national society, to reach the Secretary-Treasurer General, c/o the London Secretariat office, as soon as possible.

Experimental animal models already exist including transgenic mice carrying mutant genes causal of human Parkinson's disease, amyotrophic lateral sclerosis and Alzheimer's disease, among others, that need to be tested thoroughly with differentiated cells, including neurons derived from stem cells, to test their effectiveness in reducing disease pathogenesis and improving neurological function. Clearly, such animal models will allow assessment of the risks and benefits of stem cell therapies prior to their implementation in patients¹.

The assessment of stem cell derived therapies using mouse and non-human

primate experimental animals will allow the perfection of this scientific approach which will then provide the background to make human stem cell therapies including those derived from embryonic sources readily reproducible. Demonstration of the clear therapeutic value of stem cell research including from embryonic sources in experimental animal studies will provide strong evidence for their acceptance in treating patients on ethical grounds.

The WFN supports basic scientific and therapeutic cloning to advance knowledge of the brain and treating neurological disease. The ethical issues are recognized and accepted. Scientific

progress to show the value of stem cell derived research in these matters is moving ahead. The future looks positive and affirmative that stem cell research will provide significant new insights and will contribute importantly to advance our knowledge.

Roger N. Rosenberg, MD
Chairman, WFN Research Committee

1. Lindvall O, Kokaia Z, Martinez-Serrano A Stem Cell Therapy for human neurodegenerative disorder—show to make it work. *Nature Medicine* 2004; Neurodegeneration Supplement Volume 10;S42-50.

WFN Annual Reports, 2005

Annual Report from the First Vice President and the Public Relations and WHO Liaison Committee

An important task for the Public Relations and WHO Liaison Committee, of which I have been the Chair, is to work toward an improved co-operation with WHO within the context of global health issues to formulate appropriate strategies for the prevention and control of neurological diseases. The new Secretary-General of the WHO is giving clearer visibility to the neurological disorders and neurosciences component in the Department of Mental Health and Substance Dependence. WFN will therefore work to promote the inclusion of public health aspects of neurological diseases in medical training and practice. I am proud to have been elected as the next President of the Federation on a programme where an important element is the collaboration with the WHO to improve human health worldwide by promoting better prevention and care of neurological disease.

The Neurology Atlas. The WHO and the WFN have been working closely for many years on activities related to prevention and control of non-communicable and communicable neurological diseases. We have had a very active co-operation on the Atlas project. The Atlas, which was launched during the World Congress in Sydney in November, presents data from 109 countries spanning all WHO regions and covering 90% of the world's population.

When we started, WFN had only 90 member countries while 192 nations are represented at the WHO. The Neurology Atlas illustrates the current status of neurological services and neurological care in various parts of the world. The main problem was to obtain information about how neurological disorders are taken care of in countries where neurology is almost non-existent. The results obtained confirmed that the available resources for neurological disorders in most countries of the world are insufficient compared with the known significant burden associated with these disorders. In addition, there are large inequalities across regions and income groups of countries, with low-income developing countries having extremely scant resources. The key challenges now lie in strengthening health systems in developing countries.

Neurological Diseases: Public Health Challenges. The data presented in the Neurology Atlas have contributed to a new WHO initiative, a report on public health challenges from neurological disorders. WHO took the initiative to form a consortium with representation from non-governmental organisations such as the International Association for the Study of Pain, International Headache Society, the International League Against Epilepsy, Multiple Sclerosis International Federation, and the World Federation of Neurology. The report will focus on important neurological disorders such as epilepsy, cerebrovascular disorders, headache, dementia, Parkinson's disease, multiple sclerosis, pain associated with neurological conditions, neuroinfections (neu-

roparasitoses) and neuropathies as well as neurological disorders associated with malnutrition. Each chapter has a writing group, and the work is already in progress. The report will present public health aspects of neurology and focus on problems in resource-poor countries. We hope that it will come up with a set of clearly specified recommendations on priorities.

It is intended to be a resource material for policy makers, health planners, health professionals, researchers, funding agencies and other stakeholders at both national and international level involved in providing care to people with neurological diseases. It will therefore not be a book primarily for neurologists; it is designed as a book for policy makers.

Stroke. Stroke is a major health problem, also in the developing countries, and neurology and cardiology will have to cooperate on stroke within the WHO system. Julien Bogousslavsky is organising a WFN stroke initiative, which will also be presented in the WHO document.

Neurological Regional Associations and Regional Vice Presidents. It is also the function of the committee to enlist the support of each professional neurological association in initiating and assisting in the identification of areas where there exists a need for campaigns aimed at the prevention of neurological disease, and to approach neurological associations at all levels to provide information on neurological disorders in their region.

The role of the Regional Directors (formerly Regional Vice Presidents) of the

WFN, representing Africa, America, the Arab World, the Asian-Oceanian region and Europe has previously not been defined. We hope to better integrate them in the structure and function of the World Federation of Neurology and adapt it into the current constitution. We believe that in view of the current situation and complexity, six regions—Africa, Latin America, North America, the Arab region, the Asian-Oceanian region and Europe—reflect the impact and strength of neurology on a global basis. This will also better reflect the regional offices of the WHO.

The regional directors will be responsible for liaising with the WHO Regional Office. WHO has regional offices for Africa (Congo), the Americas (Washington), Europe (Copenhagen), Eastern Mediterranean (Cairo) and Western Pacific (Manila). The regional directors should be responsible for contact with the corresponding WHO office in order to collaborate with the regional levels of WHO, assist in the identification of areas where there exists a need for campaigns aimed at the prevention of neurological disease and provide information on neurological disorders in the region.



Johan A. Aarli, M.D.

Annual Report of the Finance Committee

The task of the Finance Committee is to oversee all aspects of the finances of the WFN and report recommendations to the Trustees. The Committee receives financial reports from the Head Office and has met on occasions of international meetings including the recent meeting of the WFN in Sydney. During this past year, the Committee Chair has been Dr. Alberto Portera-Sanchez, and the Committee has interacted frequently with the Secretary-Treasurer General Dr. Richard Godwin-Austen. The Budget for 2005 and the Audit were approved without recommendations. The Reserves Policy was reviewed and reaffirmed, and it was noted that the Reserves are currently in accord with policy. The invest-

ments were reviewed. Management of investments is by Smith Barney, and there were a number of questions raised about their reporting. Smith Barney has been asked to clarify these questions. The Investment Policy was considered, and the Trustees were urged to adopt a policy of investing only in AAA or AA Bonds or CDs. The Finance Committee has raised concern to the Trustees about the financial situation of the Research Groups. These groups might be problematic for the WFN in regard to its charity status. The Committee urged that the Trustees insist that the Research Groups file financial reports yearly and that the Trustees consider profit sharing with those Groups that have large profits.

Mark Hallett, M.D.
Secretary

Research Committee Report

The Research Committee met at the American Academy of Neurology in April 2005 and reviewed the Scientific Program and the Educational Program for the 2005 World Congress of Neurology meeting in Sydney set for November 2005. Fifteen Research Groups were represented and all were most impressed with the excellence of the program. Our main mission the past three years was interacting with our colleagues in Australia in developing the WCN Scientific and Educational Programs and the result was very gratifying, as the WCN 2005 was a major clinical and scientific success. We wish to extend our congratulations to Dr. Sam Berkovic, Chair of the Scientific Program Committee and to Dr. Steve Davis, Chair of the Education Program Committee.

The Research Committee met in Sydney at the time of the WCN and 21 Research Groups provided an up-date of their activities. "Tropical and Infectious Disease Neurology" is the revised name of this Research Group emphasizing the importance of infectious diseases as presented by Dr. Raad Shakir. "Genes and Environmental Toxins" will replace "Neurotoxicology" as the new name for this Research Group, emphasizing gene polymorphisms and pharmacogenomics, according to Dr. Leon Prockop. The History of the Neurosciences Research Group will publish

the proceedings of an upcoming symposium in *Journal of the History of the Neurosciences* according to Drs. George York and Christopher Gardner-Thorpe. Dr. Naraporn Prayoonwiwat is the Chair of the Scientific Program Committee for the WCN 2009 to be held in Bangkok, Thailand and discussions have started to involve the Research Committee in planning the Congress. The Research Committee will be meeting with Dr. Yongchai Nilanont representing the WCN 2009 Scientific Program Committee at the time of the American Academy of Neurology meeting in San Diego in April 2006. Please send your comments and suggestions about the 2009 WCN to me so they can be presented at that time. Email me at Roger.Rosenberg@UTSouthwestern.edu.

We look forward to a productive four years ahead and for another outstanding WCN in 2009.



Roger N. Rosenberg, M.D.
Chair, WFN Research Committee

Education Committee Report

There has been much activity in the field of education in 2005. Both the CME and Book Programmes continue to attract interest. The Neurology Training Programme continues to increase in strength, while the Zambia Programme has had two very worthwhile visiting professors this year. Funding efforts have been successful with grants secured for various aspects of neurology training.

CME PROGRAMME

During the past year, the CME Programme has increased to thirty eight members, the most recent to join being the neurological societies of Chile and Panama in December. The latest mailing of *Continuum* took place on 16 January 2006 of the titles "Neuro-oncology", "Pain and Palliative Care" and "Stroke Prevention". **Continuum on line:** In April 2005, the AAN very generously

offered the WFN the opportunity to access *Continuum* on-line for members of the CME programme. This will have an immense impact on participants and allow the WFN to target state-of-the-art neurology exactly where it is needed. Lack of *Continuum* copies has always been an issue in the program and it has never been possible to send members sufficient numbers. *Continuum* on-line now makes this a reality.

The AAN, the publishers Lippincott, Williams and Wilkins, and the WFN are collaborating on the organisation of a website through which participants will access *Continuum*. In addition, a new methodology is being developed to take into account electronic access. A pilot trial will take place early in 2006 with two CME members, Argentina and Uganda, and it is hoped that all members will have access to *Continuum* on-line in the next few months.

Certificates: By the end of 2005, nearly 900 certificates of participation had been awarded. This represents the largest number of certificates since the programme began in 2000 and is an indication of the sustained activity of members and the popularity of the programme. Certificates continue to be awarded to Education Coordinators after three years service and this year were received in February by Dr Francisco Miyares (Cuba), Dr Cristina Tiu (Romania) and Dr Jelena Drulovic (Serbia). Certificates continue to be awarded to Discussion Group leaders and facilitators once a year. The first certificates to individual participants who have taken part in the programme for the entire five years were awarded in November 2005 to two neurologists from Serbia, Dr Aleksandra Pavlovic and Dr Mira Gavric-Kecic.

Funding: Funding grants towards the running of the CME Programme continue to be received by Hungary and Cuba from the Canadian Neurological Association, and by India from the Australian Neurological Society (see "Development Summary" below for further details).

Journal of the Neurological Sciences: Elsevier (NL) continued to donate 100 subscriptions to the JNS to the CME programme. These are distributed amongst the most active members and this year those in receipt of subscriptions are Argentina, Cuba, Russia,

Serbia, Syria, Turkey, Uruguay and Zambia. The subscriptions are subject to annual review.

Increased involvement in Africa:

The current number of CME Programme members in Sub-Saharan Africa is three - Kenya, Cameroon and Zambia. The WFN would like the programme to have a stronger presence in this area of the world, and it is hoped to increase the number of members through an announcement about the programme in the *African Journal of Neurological Sciences* as part of the WFN's new Africa initiative (see below).

Goals for 2006

- A successful introduction and establishment of *Continuum* on-line to CME Programme members.
- To extend programme membership in Sub-Saharan Africa and also in South East Asia.

BOOK SHARING PROGRAMME

Membership has increased from an initial 12 members to 28 in December 2005 with a total of nearly 8,000 books, journals and CD-ROMs distributed worldwide. These have originated from individual WFN members, heads of neurology departments, publishers and neurological organisations.

Neurologists can be deterred from making donations due to the postal charges incurred, but nevertheless very useful donations have been made to the program by individual neurologists. Although we extend our thanks to everyone who has done so, special mention must be made of Dr Jock Murray, from Dalhousie University, Canada and Dr Adrian Jarquin-Valdivia from Vanderbilt University, U.S.A. who are making ongoing long-term contributions. Particular thanks are also due to Dr Donna Bergen for her donation of *Neurology* journals to Uganda, to Dr Christine Bergmann who has mailed journals to five member countries this year, and to Dr Kathryn Wagner who sent books to Dr Ahmad Khalifa in Syria.

HONDURAS: NEUROLOGY TRAINING PROGRAMME

Under the direction of Professor Marco Medina, the Neurology Training Programme continues to increase in strength.

Donations: A thirty-two channel digital

EEG machine has been donated by the Dutch Neurological Society and is based in Hospital Escuela in Tegucigalpa. It was inaugurated at a special ceremony in February 17, 2005 and has evaluated over 70 patients so far.

Research: Research projects have been greatly supported by local and international funds to the Neurology Training Programme. Research into neuro-epidemiology, epilepsy, stroke, dementia, neurocysticercosis and migraine has been developed. International support has been critical for research and has been obtained from the Horowitz Foundation (2004), Spanish Neurological Society (2005), University of California (2002 to 2005 Dr Antonio V. Delgado-Escueta), National Institute of Health U.S. (Dr Eugene Major), and National Institute of Neurology and Neurosurgery in Mexico (Dr Maria E. Alonso)

Annual Evaluation of Residents:

The annual Evaluation of Residents by the WFN was undertaken in February 2005. The evaluation revealed satisfactory results with residents acquiring the expected knowledge and skills for their academic level.

Neurocysticercosis Task Force:

The Neurocysticercosis Task Force saw cooperation between the Peruvian Health Ministry and the Honduran Ministry of Health when an agreement was signed in February to cooperate on the prevention and control of neurocysticercosis.

ZAMBIA VISITING PROFESSOR PROGRAMME

Now entering its sixth year, the WFN Visiting Professor Programme in Zambia has become a well-established programme that provides additional neurologic expertise to assist with medical education at the University of Zambia's University Teaching Hospital and Chainama College of Health Sciences. Annual neurological lectures are provided by the WFN-sponsored visiting professors to fifth- and seventh-year medical students, as well as to post-graduates in the Masters of Medicine Programme. In addition to teaching, the visiting professors join Professor Masharip Atadzhanov in his weekly Neurologic Specialty Clinic. In 2005, two visiting professors served Zambia—Robert Swingler, MD FRCP from the Department of Neurology at Ninewells Hospital in Dundee, UK

(November), and Dr. Walter Arruda (August) from the Universidade Federal do Parana in Curitiba, Brazil. An anticipated visit by Paulo de Bittencourt, MD PhD from the Unidade de Neurologia Clinica in Curitiba, Brazil is planned for 2006.

Given the success of WFN's efforts in Zambia, in 2006 the Visiting Professors programme is expanding to include Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi. Under the leadership of Professor Elizabeth Molyneux, QECH's Paediatric Hospital has served as an important site for the Africa-based training of paediatricians for some years, and ongoing studies in cerebral malaria and meningitis provide fertile ground for neurologic expertise. From November-December 2005, Gretchen Birbeck, MD MPH (Michigan State University) participated in the Neurologic Medical Education program within the Departments of Medicine and Paediatrics at Queens. Padraic Grattan-Smith, a Staff Specialist in Paediatric Neurology at the Childrens' Hospital in Sydney, Australia will join QECH physicians in 2006 as a visiting professor. House officers and attendants alike are happily anticipating his month of service.

AFRICA INITIATIVE

From 2006, support for Africa is being made a priority by the WFN. The Education Committee will be promoting educational programmes as defined by the needs of African countries, within budgetary limitations.

EDUCATION PROGRAMME FUND DEVELOPMENT SUMMARY

I. Outcomes: The primary outcomes of WFN Education Program Fund Development activities of 2005 included: ■ Development of improved marketing and informational materials for WFN education programs; enhanced understanding by international neurological societies about WFN education programs through print, direct email, face-to-face meetings, and other personal communications. ■ Development of funding partnerships between WFN member neurological societies and WFN education program sites, including the Canadian Neurological Association and CME programs in Hungary and Cuba, the Dutch Neurological Society and Honduran Neurology Training Program, the Australian Neurological Society and

Indian neurology education programs, the Taiwan Neurological Society and Asian neurology education programs, and the Spanish Neurological Society and Central American projects including the Neurocysticercosis Task Force, with a total value of approximately \$196,000 over three years.

■ 1,650 direct mail requests to neurologists yielded a total of \$5,400, with funding continuing to be received from the campaign. Commitment of \$13,500 per year for three years by the Dutch Neurological Society, with the first year support directed to the Honduran Neurology Training program and the second year to be focused on increasing WFN membership of developing regions. Commitment by the Horowitz Foundation of \$5,000 per year for the next three years, with 2004-2005 support directed toward the research by neurology residents in Honduras. This funding to date has supported research on epilepsy due to neurocysticercosis, resulting in 4 published papers and numerous international presentations.

II. Key Activities: Specific Fund Development activities of the Development Consultant contributing to outcomes included:

■ Design, publication and distribution of WFN education program brochure. Submission and co-publication of program information in *World Neurology* including a "Development Update" column acknowledging donors and summary articles on the Honduran training program (*World Neurology* June 2004, longer version under review by the *Journal of Neurological Sciences*). ■ Communications with neurological society and WFN affiliate members at conferences of the American Academy of Neurology and European Federation of Neurological Societies and meetings with the Spanish Neurological Society. ■ Assistance with the continued development of the WFN book-sharing program and visiting professor program. ■ Ongoing communications regarding WFN education program support with key leaders of WFN member societies including the Dutch, British, Canadian, Icelandic, American, Australian, Taiwan, and Spanish Neurological Societies.

III. Development Goals for 2006

■ Continued monitoring and support of established funding partnerships, including all communications with current and

prospective funders. ■ Development of funding proposals through 2006 directed to UK-based public and private trusts and foundations. ■ Development and support of new neurological society and corporate partnerships that serve low resource countries with the SEN, ABN and other neurological societies, and private trusts. ■ Development and assistance to the WFN Education Committee with the Neurology Equipment Donation initiative (EEG/EMG), with current requests pending from Baghdad, Vietnam, Colombia, and Guatemala. ■ Assistance with the Global Stroke Initiative in partnership with the World Health Organization and International Stroke Society.

Monica Brough, Manager, WFN CME and Book Sharing Programmes

CME PROGRAMME MEMBERS

Argentina (Federico Pelli), Bangladesh (Hasan Zahidur Rahman), Bulgaria (Ekaterina Titianova), Cameroon (Alfred Njamnshi), Chile (Walter Feuerhake), Colombia (Luis Villa), Croatia (Slava Podobnik Sarkanji), Cuba (Rafael Dominguez Pena; Francisco Miyares), Cyprus (Chris Mesis), Czech Republic (Otakar Keller), Egypt (Mohamed El Tamawy), Guatemala 1 (Luis Salguero), Guatemala 2 (Henry Stokes), Honduras (Marco Medina), Hungary (Anita Kamondi), India (Sarosh Katrak), Iraq (Khalil Shaikhly), Jordan (Khalid Horany), Kenya (Juzar Hooker), Lebanon (Fadi Abou Mrad), Lithuania (Dalius Jatuzis), Macedonia (Snezana Vlaski Jekic), Mexico (Lilia Nunez Orozco), Panama (Fernando Gracia), Peru (Carlos Escalante), Romania (Cristina Tiu), Russia (Alla Guekht), Serbia (Jelena Drulovic), Slovenia (Simon Podnar), Sri Lanka (M.T.M. Riffisy), Syria (Ahmad Khalifa), Tunisia (Najoua Miladi), Turkey (Aksel Siva), Uganda (Edward Dumba), Uruguay (Hugo Tarigo), Venezuela (Simon Starosta), Yemen (TBA), Zambia (Masharip Atadzhanov).



Theodore Munsat, M.D.
Chairman, Education Committee

Journal of the Neurological Sciences, Annual Report, 2005

Fourteen issues, including eight double issues, featuring 261 articles, and one Cumulative Author/Subject Index were published. These included a special section in 228.2 (February) which presented "The Science of Myelin, Peripheral Neuropathy, Proceedings of the Symposium of the Society for Experimental Neuropathy," held Toronto, 3 October 2004. It was edited by A.H. Koeppen.

A special issue 229-230 (March) presented "Vascular Dementia Proceedings of the Third International Congress on Vascular Dementia" held in Prague, Czech Republic on October 23-26, 2003. Guest editors were A.D. Korczyn, P. Kalvach and N.D. Bornstein. Another special issue 233.1-p2 (June) presented "Preserve the Neuron. Brain atrophy, axonal loss, remyelination and stem cells in MS." European Charcot Foundation Symposium, Lisbon, Portugal, 11-13 December 2003. Guest editors were O.R. Hommes and M. Friedrichs Bosmans.

Clinical research still dominates every issue. 9% of all submissions were basic (non-human) research. Ad hoc reviewers were acknowledged in April issue, 231. We continue to work on monitoring the review cycle to accelerate the process. 185 manuscripts were accept-

ed in 2005 and 210 manuscripts were rejected.

The distribution of manuscripts accepted by country parallels that of the past seven years. The top four ranked countries were Japan (25%), USA (19%), Italy (11%) and Germany (7%). These four countries alone accounted for 115 or 62% of all manuscripts accepted in 2005. Geographically, accepted manuscripts were as follows: Africa 1; Asia 21; Australia 2; Caribbean 1, Eastern Europe 7; Japan 47; Middle East 7; Scandinavia 6; South/Central America 4; USA and Canada 37; and Western Europe 52.



Robert P. Lisak, M.D.
Editor

World Neurology Report

The four issues of March, June, September and December 2005 were printed and mailed to the readers as per schedule. The readership has increased during this year because of the enrolment of new member countries to WFN. A policy decision was made to publicise the major WFN activity—the World

Congress of Neurology. All issues of *World Neurology* in the last 3 years carried front page pictures of Sydney and reminded its readers constantly about this mega event.

The World Congress of Neurology in November 2005 was a great success with major participation. The contribution of *World Neurology* to this success may have been small but I believe it was effective. *World Neurology* kept the readers abreast of all the latest news of WFN.

World Neurology raised some funds in 2005 for the WFN kitty from advertisements in addition to the paid regular column of the International Stroke Society. On behalf of the WFN President, myself and members of the Editorial Board, we sincerely thank the Japan Foundation for Neuroscience and Mental Health for their generous annual grant towards the publication expenses of *World Neurology*. Thanks are also due to Elsevier, the publishers.



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

Summary of Important Articles in J. Neuro Sciences

ALS syndrome in patients with HIV infection.

Verma A, Berger JR.
J Neurol Sci 2006; 240: 59-64.

The etiology of amyotrophic lateral sclerosis (ALS) is unknown, and likely multifactorial. For some number of years, researchers have sought a viral etiology for this devastating disease, although other environmental and genetic factors are clearly important. That viruses can selectively affect lower motor neurons is well illustrated by the poliomyelitis epidemics of the first half of the 20th century. Concomitant upper and lower motor neuron involvement is well known to occur in infections by flaviviruses, as first noted with Japanese encephalitis in soldiers serving in the South Pacific theater

during World War II and in Southeast Asia during the Vietnam war. More recently, the West Nile virus epidemic in North America once again showed that a viral infection can affect both upper and lower motor neurons. There are also animal models of motor neuron disease being caused by viruses, such as the age-dependent poliomyelitis model in mice infected with lactate dehydrogenase virus.

Recently, the possibility of a retroviral involvement in the pathogenesis of motor neuron disease has been suggested. This has been prompted by reports of an ALS-like illness in HIV-infected patients. Furthermore, there have been reports of reverse transcriptase activity in the sera of ALS patients. Finally, several reports of an ALS-like illness occurring in the context of HTLV-1

infection have been reported in Southeast Asia. Retroviral infections associated with motor neuron disease in animals are well known.

In this paper, this theme is explored further with a report of two more cases of ALS, along with a review of the literature. Both patients had illnesses satisfying the El Escorial criteria for clinically definite ALS, both had relentless progression of their illness, and both eventually died. Pertinent clinical details were given for both cases.

The other reported cases were surveyed by the authors, who made some interesting observations. There were 19 cases of HIV-associated ALS reported in the literature, but only four of them actually satisfied the El Escorial criteria for clinically definite ALS. The HIV patients were

younger than usual and the disease course was more rapidly progressive. Some of the patients, including two with clinically definite ALS (by the El Escorial criteria), responded to antiretroviral therapy with stabilization or improvement. This is a very significant observation, since reversal of an ALS syndrome is very rare, and provides hope that the sporadic disease can eventually be effectively treated. Thus, motor neuron dysfunction may be reversible, even with clinically evident denervation. Whether most cases of ALS are caused by viruses is unclear, but the study of a viral infection causing a reversible motor neuron syndrome may provide important molecular clues for the management of this very difficult disease.

Incidental findings in magnetic resonance imaging of the brains of healthy young men

Weber F, Knopf H

J Neurol Sci 2006; 240: 81-84

The scenario is familiar to every neurologist. A patient with nonspecific symptoms has a magnetic resonance imaging (MRI) study done of the brain, and the result is read as "abnormal." These abnormalities are often nonspecific and the neurologist is left with the task of explaining what they mean. Up until now, there has been little data gathered on the prevalence of brain MRI abnormalities in the general population, so that the reassuring "we see this" is based on intuitive

guesswork.

In this paper, 2536 healthy young men, members of Germany's air force, received brain MRIs as part of the process of applying for military flight duties, and the results confirm the impression that strictly "abnormal" brain MRIs are not rare in a group of people who are expected to be especially healthy. Thus, it is expected to be even more the case in the general population, and lends support to the notion that such a sensitive diagnostic modality can result in irrelevant or incidental findings.

Approximately a quarter of the MRIs had findings that were considered either "variations of normal" (for example, enlarged perivascular spaces, asymmetric lateral ventricles, occasional white matter lesions, large basal cisterns), or "abnormal" (arachnoid cysts, demyelinating disease, neoplasms, vascular abnormalities, cortical atrophy, etc). The number of individuals with MRIs with variations from normal was 468, or 18.45% of those considered either normal or varying from normal. The number of individuals with abnormal MRIs was 166, or 5.8% of the total. Arachnoid cysts and chori malformations each accounted for 43 individuals, or 1.7% of the total number of MRIs. One patient (0.04%) had an MRI typical for multiple sclerosis, with enhancing lesions, but no symptoms. Ten patients (0.39%) had cortical atrophy, of unknown nature. Vascular malformations were found in 13 (0.52%) individuals, but there were no aneurysms among these. Tumors were found in 12

(0.48%) patients, but only 3 were found to be astrocytomas, of low grade.

These data show that variations from normal or nonspecific abnormalities are not rare in a population of healthy young adults, although some of these might disqualify them from very high level of function as military flight crew members. Serious disease was found to be quite rare.

There may also be implications from this data. It is interesting that only a single person out of the 2536 had demyelinating disease with enhancing white matter lesions, typical of MS, with no symptoms. This gives a prevalence of 0.04%, suggesting that silent MS may be of the same order of magnitude as symptomatic MS in Northern European populations, which is consistent with other epidemiologic data. This may have further implications for the epidemiology of this enigmatic disease. Also, no aneurysms were seen, although they were looked for carefully, and the authors were confident that their methods would capture any significant ones. The authors had expected several of them. Their absence may have implications about the age-dependent incidence of these important vascular lesions.

This type of paper may be one of the first examples of "neuroimaging epidemiology," a successor to "seroepidemiology," an older mode of ascertaining the distribution of disease in populations.

Rewrite: Stroke's Editorial Aid Programme

Two thirds of all strokes occur in the developing world, yet we know little about them. Authors in developing countries face formidable obstacles: limited opportunities for training in research and scientific writing, minimal resources for carrying out studies, and often a language barrier. Dr Alain Tehindrazanarivelo, neurologist, former Minister of Health of Madagascar, and member of *Stroke's* Editorial Board, has volunteered to help rewrite papers from the developing world to make them more competitive. Inspired by Dr Tehindrazanarivelo's magnanimous example, we asked members of the Editorial Board whether they would be willing to do the same. The response was prompt and affirmative.

We are pleased to offer Rewrite: *Stroke's* Editorial Aid Programme to authors from developing countries. Authors wishing to avail themselves of this free service should send their manuscripts to the editorial office in London, Ontario, Canada, indicating that the manuscript is being submitted to Rewrite.

The manuscript will then be sent to one of the volunteers on the Board who will advise the author and/or help rewrite the manuscript. The only condition is that if the mentor deems the manuscript suitable for *Stroke*, then the manuscript will be sent for consideration by *Stroke*. Once submitted, the manuscript will go through the same review process and will be subject to the same standards as all papers sent to *Stroke*.

We consider it a worthwhile endeavor to help authors from developing countries improve their work so that their papers can become competitive enough to enter the world's medical literature.

Rewrite will be a reciprocally educational undertaking. Our mentors will share their editorial experience and knowledge while learning about stroke in another country and more. The volunteers will be acknowledged once a year. May the goodwill that has inspired this initiative make a difference.

Vladimir Hachinski, MD, DSc
Editor-in-Chief, *Stroke*

REGIONAL CONFERENCES

Report on CUTE Conference-2006

International Comprehensive Update on diagnostics and Therapeutics in Epilepsy (CUTE) and Neuro-Electrophysiology Workshop was organized in New Delhi 04-05 Feb 2006 at the prestigious and efficient conference venue India Habitat Centre. The Conference was organized under the aegis of International Academy of Medical Sciences (Trust), Indian Epilepsy Society and IEA-18th IEC Trust. Nearly 400 delegates registered for the conference with 35 being from Australia, USA, Singapore, Japan, Iran, Pakistan, Bangladesh and Sri Lanka etc. The faculty consisted of 15 international and 40 national experts. The inaugural ceremony was crisp, informal yet with business-like uniqueness. There were interesting

sessions on electrophysiology. The first on EEG taken up by some of the best known authorities e.g., Andrew Bleasel from Australia, Asuri Prasad from Canada, Akio Ikeda from Japan, U.K. Misra and Geeta Khwaja from India. There was a hands-on workshop on nerve conduction studies and EMG beautifully conducted by Jun Kimura, Bhagwan Shahani from USA, Akio Ikeda, Kimiyoshi Arimura and Yumiko Arimura from Japan and Dr. M.M. Mehndiratta and U.K. Misra from India. A half-day, hands-on session using a machine to demonstrate neuro-electrophysiology techniques was also organized. This session generated quite a lot of interest. There were sessions on epilepsies with speakers like Emilio Perucca (ILAE guidelines on therapy), Andrew Bleasel from Australia, Asuri Narayan Prasad

from Canada, Mohammad Wasay and Saad Shafqat (Pakistan), Christopher Inglese (USA) and Martin Brodie (refractory epilepsy). There was an excellent work on the treatment gap presented by Amado San Luis from the Philippines; Dr. Christopher Chen spoke on the occurrence of epilepsy in stroke; and Yeo Tseng Tsai from Singapore deliberated on Recent Advances in Epilepsy Surgery.

The conference was a very successful attempt at getting together an array of the best-known specialists who presented their latest work. The sessions were very well attended and interactive in discussions. For details of the program visit www.iamst.com

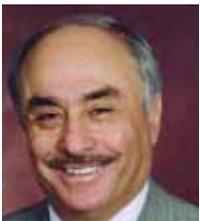
M.M. Mehndiratta

Secretary General CUTE-2006, Prof. of Neurology, Department of Neurology, G.B. Pant Hospital, New Delhi

Arab Presence at the XVIIIth World Congress of Neurology 5-11 November 2006—Australia

This meeting was attended by more than 80 persons from the various Arab countries who shared as chairpersons/speakers (oral and posters) and contributed to other activities, committees and workshops.

There was a Pan-Arab regional meeting at the congress whereby several scholars gave excellent presentations.



Ashraf Kurdi
Regional Director of EMRO

Report of the Council of Delegates Meeting, November 2005

On Sunday 6th November 2005, the WFN President, Dr Kimura, welcomed Delegates from approximately seventy countries to the Annual General Meeting (AGM) of the Council of Delegates at the Sydney Convention Centre. All stood for a minute's silence in memory of Dr Donald Paty and Dr Victor Soriano both of whom had been stalwart supporters of the WFN and who had passed away since the last meeting. Apologies for absence were received from nine countries.

The finances of the Federation remained healthy. There was a small credit balance on the year of £8,000. The bottom line was £1,375,000 carried forward, compared with £1,388,000 the previous year, so that resources had declined but only very slightly. Overall the Federation remained in credit balance and was maintaining its reserves in the region of £1 million in accordance with the approved policy.

Following formal approval of the minutes of the last meeting, of the accounts for the 2004 financial year and re-appointment of Griffin, Stone and Moscrop as auditors, the Council heard presentations from four candidates for WFN President, three for First Vice President and four for Secretary-Treasurer General.

Dr Johan Aarli placed emphasis on forg-

ing stronger links with national neurological associations, with the World Health Organization and on prioritising WFN activities in developing countries. Dr Jagjit Chopra spoke in favour of increasing the frequency of the World Congress. He believed that taking neurology to developing countries would help the speciality expand in those places. Dr Wolf-Dieter Heiss believed neurology should be brought to a high standard all over the world. General Practitioners as well as lay people needed to be educated and more regional congresses needed to be organised in countries where the numbers of neurologists were not large. Dr Roger Rosenberg, whose interests lay both in clinical neurology and basic neuroscience, had served as President of the American Academy of Neurology during which time the size of the AAN's education programme had doubled. He had established their Research Foundation that brought in about \$3 million per year.

Dr William Carroll said that without adequate finances the WFN would always struggle to meet its goals. The priority then was to broaden the financial base, by increasing the resources of the Fund Raising Committee and giving it a charter to proceed, and by looking to pharmaceutical companies to provide a back-up of resources. Second, forging strategic partnerships would be vital.

Finally, holding a biennial Congress rather than every four years might need to be considered.

Dr Vladimir Hachinski supported a much greater degree of democracy with increased participation of the Delegates. He proposed action teams with specific goals and timings and the involvement of more women and young people after consultation with national societies

For the last four years Dr Theodore Munsat had been Chairman of the WFN Education Committee in which capacity an increasingly successful programme of continuing medical education had been established, with 36 developing countries now involved in an effective, growing education programme.

Dr Leontino Battistin thought it would be very important to establish relationships with the structures of health politics and with the pharmaceutical industry, and partnerships with other regional and national organizations. Priority should be given to young neurologists, with training and information programs.

Dr Julien Bogousslavsky's priorities were increased, carefully planned investment in low-resource programmes around the world and improved coordination between the WFN Secretariat and the WHO Office in Geneva.

Dr Richard Kay favoured more public education campaigns and press releases about the importance of neurology.

Dr Ra'ad Shakir was on hand in London to deal with day to day issues that were crucial to the workings of the organisation. He could lay claim to both academic and professional management experience.

The voting resulted in the following: Dr Johan Aarli was elected President, Dr Vladimir Hachinski, First Vice President and Dr Julien Bogousslavsky, Secretary-Treasurer General. Dr Marianne de Visser was also re-elected to the post of Elected Trustee. Dr Kimura explained that the system for identifying regional WFN representatives was being changed. In place of elected Vice Presidents there would in future be Regional Directors drawn from the major regional neurological association of the area in question. This, it was hoped, would be more representative.

Delegates from six countries—Czech Republic, France, Italy, Mexico, Spain and Thailand—then addressed the meeting setting out the reasons why the 2009 World Congress should be held in their cities. Delegates were asked to visit the bidding countries' exhibition booths and cast their vote at the WFN booth by midday Wednesday. The result would be

announced on Thursday.

Dr de Visser reported that the successful CME programme had kindled interest in the WFN and Delegates approved applications for membership from Uganda and Vietnam, the latter on a provisional basis as a special case. Efforts continued to be made to find ways of admitting China as a member without jeopardising the position of Taiwan or Hong Kong within the WFN.

This first session adjourned at 4.10 pm. and resumed on Thursday, 10th November when Delegates received the Annual Report that had been published earlier in the year in the March issue of *World Neurology*. Those committee chairmen who were present spoke briefly about their committee's work and answered questions.

As this was his last meeting as President, Dr Kimura thanked everyone for their support and was presented with a plaque in gratitude for his many years of service to the WFN

Finally the result of the voting for the location for the 2009 World Congress of Neurology was announced: Bangkok, Thailand. Prof Pongvarin thanked everyone who had voted for Bangkok.

CALENDAR

2006

1st Mediterranean Epilepsy Congress

May 10 - 14, 2006

Sharm El Sheikh, Egypt

<http://www.epilepsysharm2006.com/>

11th Meeting of the European Society of Neurosonology and Hemodynamics

May 14 - 16, 2006

Duesseldorf, Germany

<http://www.esnch.org/>

15th European Stroke Conference

May 16 - 19, 2006

Brussels, Belgium

<http://www.eurostroke.com/>

4th International Meeting in Paediatric Neuromuscular Rehabilitation

May 18 - 20, 2006

Vejle, Denmark

<http://www.neuromuscularrehab.org/welcome.html>

Nordic Congress of Clinical Neurophysiology

May 21 - 23, 2006

Helsinki, Finland

<http://www.congrex.fi/nccn2006/>

8th International Neurotrauma Symposium

May 21 - 25, 2006

Rotterdam, The Netherlands

<http://www.ints2006.org/>

8th European Federation of Autonomic Societies Meeting

May 24 - 27, 2006

Lisbon, Portugal

<http://www.efas2006.fm.ul.pt/>

16th Meeting of the European Neurological Society

May 27 - 31, 2006

Lausanne, Switzerland

<http://www.akm.ch/ens2006/>

10th International Child Neurology Congress

June 11 - 16, 2006

Montreal, QC, Canada

<http://www.icnc2006.com/>

6th International Congress of Neuroendocrinology

June 19 - 22, 2006

Pittsburgh, PA, USA

<http://www.icn2006.com/>

10th European Federation of Neurological Societies Congress

September 02-05, 2006

Glasgow, Scotland

<http://www.kenes.com/efns2006/>

BOOK REVIEWS

THE EPILEPSIES Seizures, Syndromes and Management

Editor: C.P. Panayiotopoulos
 ISBN: 1-904218-34-2
 No. of pages: 541
 Price: £95
 Publication date: 2005
 Publishers: Bladon Medical Publishing

This new book is a welcome addition to Epileptology after the popular monogram 'Clinical Guide to Epileptic Syndromes' by the same author. Seizures and syndromes are discussed based on ILAE classification. There is a succinct description of various epileptic syndromes in neonates, infants, children, adolescents and adults and it also includes some of the newly described syndromes yet to be included in the ILAE classification. There are a large number of superb EEG illustrations and case studies throughout the book, further complimented by a CD-ROM of video-EEGs and patient reviews. The book gives limited information regarding drug therapy and non pharmacological treatment of epilepsy. The management issues are not dealt with in detail. The book is published in full colour highlighting the key messages. It will be a useful clinical guide for those caring for epileptic patients including neurologists and electroencephalographers. It will also catch the attention of paediatricians as well as physicians interested in epilepsy.

IMS Sawhney
 Assistant Editor

Neurological Practice: An Indian Perspective

Editor: Noshir H. Wadia
 ISBN: 13-97881-8147-549-7
 No. of pages: 737
 Price:
 Publication date: 2005
 Publishers: Reed Elsevier India

Noshir Wadia is to be congratulated on an excellent contribution to the neurological literature. It will prove extremely useful, not only to those practising in India, but to all of us in this modern-day global village.

When I did my first lecture tour of the sub-continent in 1968 (18 'plane journeys in 21 days, from Colombo to Khatmandu), I

was asked to see a young Sikh with a total paraplegia; he had been completely investigated with all the known tests of that era but with negative results. I was at a complete loss but would not have been if I could have read pages 500-510 (by Wadia and Sinha) of this book. Here is a definitive article on Lathyrism, which I had not seen before, nor since! It is due to excessive consumption of the chickling pea (*Lathyrus sativa*) and causes "degeneration of the corticospinal tracts and a pure motor acute, subacute or progressive spastic paraplegia".

On another lecture tour, this time in the Middle East, I was asked to see a VIP of middle age who had an epileptic attack. He had been fully investigated, including MRI and EEG. I demurred at the invitation, pointing out that there was little more that I could do. Nevertheless, my neurological host (and the Dean of the medical school – the patient was an eminent politician of that country) insisted and I reluctantly agreed. My first question to the patient was to ask what he had been doing on the day of the attack, to which he replied that he had gone for a swim, as the temperature was over 100° F, and then had a shower which was followed by a grand mal attack. The only reason I, as a British neurologist, could make an immediate diagnosis was that I had been taught about "hot-water epilepsy" (HWE) in Bangalore. I said he could stop the anticonvulsants and drive. The Dean, not being a neurologist, was unconvinced and asked me whether I had seen such a case in the UK; he remained unconvinced when I replied in the negative, saying it did not occur there. How I wish I could have shown him pages 270-280 of this volume by Professor K S Mani (who told me about HWE when I visited Bangalore). These two examples are meant to show why I think this book is such a valuable contribution to the neurological literature. I believe every neurologist in the world should have access to this unique volume and cannot think of any greater recommendation.

F. Clifford Rose
 London

Psychiatry for Neurologists

Editors: Dilip V. Jeste MD and
 Joseph H. Friedman MD.
 HC. ISBN: 1-588-29-483-8
 No. of Pages : 427

Price: \$ 135.00
 Publication Date: September 2005
 Publishers: Humana Press

Clinical Neurologists invariably are asked to see and treat patients suffering from psychotic disorders. This is a common practice in many of the developing countries because of the intimate relationship of the 'mind' and brain. Moreover the discovery of certain neurotransmitters responsible for the aetiology of some of the psychotic disorders such as schizophrenia and depression have been noticed. Iatrogenic causes of Parkinsonism, dyskinesia, tremor, dystonia etc. from antipsychotic drugs is well known to the neurologists and they are also aware of the facts that antiparkinson drugs can also precipitate psychosis. Therefore it has become clear that neurologists and psychiatrists need each other. This book is an extraordinary organ to bring both these specialties close to each other. It is divided in five parts of 29 chapters. It is a very useful book for neurologists. One of the authors is a trained neurologist and psychiatrist and therefore has the in depth knowledge of the diseases treated by physicians from both specialties.

Editor-in-Chief

Clinical Electroencephalo- graphy

Editor: U. K. Misra
 ISBN: 81-8147-546-1
 No. of Pages : 404
 Price: Indian Rupees 280/-
 (\$ 6.50)
 Publication Date: Dec. 2005
 Publishers: Elsevier India

Clinical Electroencephalography, by U. K. Misra, J. Kalita published by Elsevier, India is a systematic and thorough exposition of basic, technical and applied aspects of EEG. The main emphasis is on a direct clinical approach besides application to adult and pediatric EEG. It is a highly illustrated format with 47 tables and 157 figures. The book is directed to those who have to order, conduct or interpret EEGs. This EEG book is subsidised by National Book Trust, India and may be easily affordable especially in developing countries. It is a very useful book for beginners in clinical neurophysiology.

Editor-in-Chief

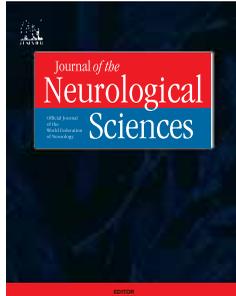
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Selection of the most recent articles

Embolic internal auditory artery infarction from vertebral artery dissection ● short communication
Kwang-Dong Choi, Jong-Un Chun, Moon Gu Han, Seong-Ho Park and Ji Soo Kim

Motor activation in SPG4-linked hereditary spastic paraplegia ● article
Kristin H. Scheuer, Jørgen E. Nielsen, Katja Krabbe, Olaf B. Paulson and Ian Law

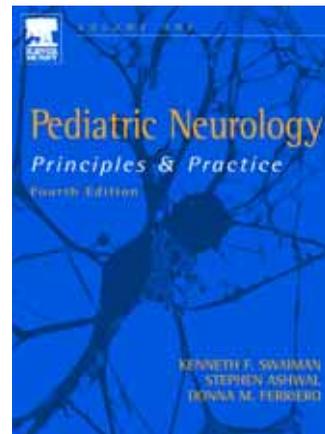
Assessment of MRI abnormalities of the brainstem from patients with migraine and multiple sclerosis ● article
Paola Tortorella, Maria A. Rocca, Bruno Colombo, Pietro Annovazzi, Giancarlo Comi and Massimo Filippi

Widespread loss of neuronal populations in the spinal ventral horn in sporadic motor neuron disease. A morphometric study ● article
Benjamin Stephens, Roberto J. Guiloff, Roberto Navarrete, Piers Newman, Nirjal Nikhar and Paul Lewis

Recently Published Books

Pediatric Neurology, 4th Edition

Intentionally renowned editors Drs. Swaiman and Ashwal are now joined by new co-editor and recognized expert Dr. Donna Ferrero. Together, they carefully compiled the efforts of more than 120 of the world's most prominent paediatric neurologists.



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- Ethical Issues in Child Neurology
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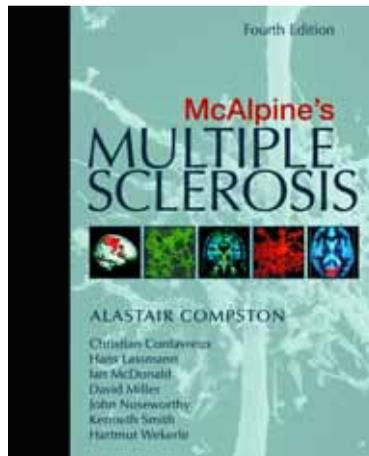
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YOUR GATEWAY to SCIENCE

What's New in Neurology...

The Entire State of Knowledge about Multiple Sclerosis to Mid-2005!

This landmark masterwork presents the most recent information up to mid-2005 on the genetics and epidemiology, clinical neurology, pathogenesis, and management of multiple sclerosis.



NEW TO THIS EDITION

- Covers all of the latest approaches to diagnosis and management
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CONTENTS (condensed)

Section one: The story of multiple sclerosis

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December 2005 ● Hardback ● 1008 pages ● 570 illustrations ●
£ GBP 145/euro 217/US\$ 199 ● ISBN: 0 443 07271 X

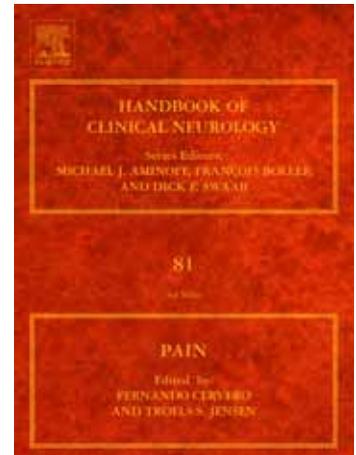
PAIN Handbook of Clinical Neurology 3rd Series, Volume 81

Edited by Fernando Cervero
and Troels S. Jensen

This third is the first volume of the Handbook series dedicated entirely to the mechanisms and clinical neurology of pain, with a wealth of new neurobiological and clinical data, obtained in recent years.

FEATURES

- Comprehensive account of the clinical aspects of pain syndromes associated with neurological disease
- Tells neurologists what is currently known about pain mechanisms
- International list of contributors including the leading workers in the field
- Describes the advances which have occurred in both clinical neurology and the neurosciences and their impact on the understanding pain



CONTENTS (condensed)

Section 1: Pain and neurology

Section 2: The neurobiology of pain

Section 3: The pathophysiology of pain

Section 4: Pain assessment

Section 5: Pain Conditions in Neurology: peripheral neuropathies

Section 6: Pain conditions in neurology: central neuropathic pain

Section 7: Other pain conditions of neurological interest

Section 8: Treatment of neuropathic pain

This volume provides an excellent basis for those neuroscientists and preclinical teachers who want to bridge the gap between fundamental research and the clinics.

May 2006 ● Hardback ● 944 pages ● 202 illustrations ●
£130/Euro 195/US\$ 260 ● ISBN: 0 4445 1901 7

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International Stroke Society

Ongoing Achievements Today

The International Stroke Society (ISS) is the largest international society whose chartered mission is to reduce the global burden of stroke. Individual memberships are from over 70 countries around the world. Following are some recent and ongoing achievements of ISS, of which the most important are:

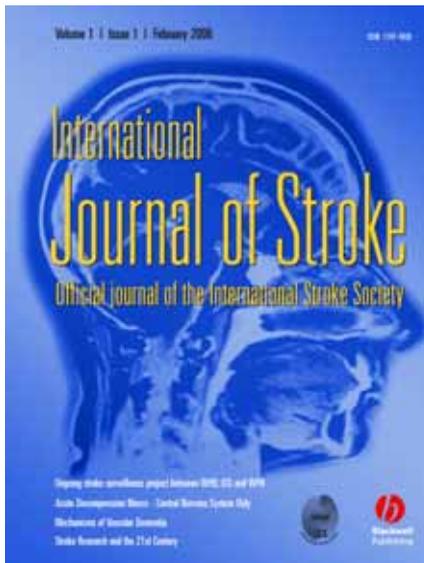
- Approval in January 2005 of ISS as a nongovernmental organization (NGO) in official relations with WHO. ISS is the only society, whose mission is specifically devoted to stroke, to have ever been accepted as an official NGO by WHO. This important accomplishment required over two years of a fruitful and productive working relationship between the ISS and WHO, and provides the ISS access to the WHO World Health Assembly and Executive Board sessions.
- Launch and develop the Global Stroke Initiative, a 3-group project in association with WHO and World Federation of Neurology (WFN). Thus far, the Global Stroke Initiative has been started in five developing regions, namely, Poland (Warsaw), India (Mumbai), Vietnam, Nigeria, Mozambique, and Russia (Moscow). The ultimate goal is to pursue surveillance of stroke at different levels in 100 developing countries and eventually the underserved areas of developed countries.
- Development of a major fundraising effort within the frame of the Global Stroke Fund (over 300 000 US \$ collected).
- Collaboration with WHO on educational publications which include patient guidelines for stroke-risk reduction.
- Launch of the International Journal of Stroke, published by Blackwell Publishing.
- Preparation of the forthcoming Joint World Congress of Stroke in Cape Town in 2006 and the World Stroke Congress in Vienna in 2008.
- Co-organising in March 2006 the 2nd Helsingborg Consensus Conference "European Stroke Strategies" together with WHO-Europe, the International Society of Internal Medicine (ISIM) and the European Stroke Council (ESC).
- Endorsement of several important national and regional stroke conferences in Yokohama (Japan), Tbilisi (Georgia), Hyderabad (India), Buenos

Aires (Argentina), New York (USA), Beijing (China), Granada (Spain), Chennai, (India), Nanjing, (China).

- Establishment of the Stroke Awareness Day in Bologna in May, 2005, to take place on a yearly basis.
- Charitable status in the USA (Internal Revenue Code: 501(c) 3).
- Full professional membership of national/regional stroke organizations around the world.
- Establishment of a neuro-interventional subcommittee of the ISS.
- Contract signed with a professional management company, Kenes International, to act as the permanent office for the Society.

International Journal of Stroke

2005 was a memorable year for ISS, because the official journal of ISS, which



had been a growing demand for a long time, was at last launched. Accompanying this move, the principle of membership dues increase was approved by the International Board of Directors at Sydney in November 2005. Subsequently, the Executive Committee of ISS has decided the amount of annual dues and at the same time the newly added membership benefits as follows. These are applicable for both new members and renewal members.

ISS Membership

ISS members enjoy the following benefits:

- Subscription to the new International Journal of Stroke (IJS), the official journal of ISS, published four times a

ISS Membership fee

For 2006: free

Apply now and you will get for free the 2006 issues of the International Journal of Stroke, ISS new, clinically-oriented and truly global journal!

Starting from 2007: US\$150

Special consideration or waivers will be offered to ISS members from developing countries and in training

year,

- On-line access to IJS,
- Continuous information on international stroke activities,
- Connections to key leaders and researchers in the field of stroke/neurology,
- Membership Certificate (upon request),
- Reduced registration fees for ISS meetings (effective from 2007)

To apply for ISS membership, please visit <http://www.internationalstroke.org>

Call for Papers

Joint World Congress on Stroke:

International Stroke Society, Mediterranean Stroke Society and Southern African Stroke Foundation Cape Town, South Africa, October 26-29, 2006

Under the chairmanship of Dr. Werner Hacke (Germany) and Dr. Natan M. Bornstein (Israel), the preliminary program has been finalized. This is an International Stroke Congress that hopes to attract international participation to this awakening continent. We hope that our joint event will provide an excellent opportunity for many European, Australian, Far Eastern and American neurologists to visit South Africa, while at the same time bringing their expertise to this location.

Some suggested topics are: Clinical Phenomenology, Clinical Trials, Imaging, Medical Management, Prevention, Rehabilitation, Stroke and Dementia, etc.....

Participants are requested to submit an abstract to the Secretariat, **NO LATER THAN JUNE 15, 2006**

For further information and abstract submission via the Internet, please visit www.kenes.com/stroke2006.