ASAPP Combats Global Epidemic of Stroke
Organization Conducts Screenings in Uganda, India

Stroke is the third leading cause of premature death and disability worldwide. The burden of stroke is growing in low and middle-income countries due to many factors including population growth and aging, urbanization, unhealthy diets, physical inactivity and smoking. More importantly, these demographic and epidemiologic factors are driving a rise in the prevalence of high blood pressure, the leading independent risk factor for both ischemic and hemorrhagic stroke. In many less developed countries, particularly in rural areas, awareness of high blood pressure is extremely low and screening services are non-existent. On the other hand, treatment for high blood pressure is widely available and relatively inexpensive.

Since 2010, Dr. Jerome Chin, a neurologist in the U.S., has been volunteering for two months annually as an attending physician on the neurology ward at Mulago Hospital, the national referral hospital of Uganda in the capital Kampala. The neurology ward admits more than 50 acute stroke patients monthly, the majority with severe previously undiagnosed high blood pressure. In October 2011, Dr. Chin founded the Alliance for Stroke Awareness and Prevention Project (ASAPP) in Kampala to reduce the incidence of stroke in Uganda. ASAPP volunteers, who are mostly medical and other health professions students, provide free community-based screening and counseling for high blood pressure every week at places of religious worship. Individuals with elevated blood pressures are advised to make dietary and lifestyle changes and are referred for medical treatment if indicated. In December 2012, Dr. Chin visited the neurology ward at the All India Institute of Medical Sciences (AIIMS) in the capital Delhi. Similar to Mulago Hospital in Uganda, the majority of patients admitted to AIIMS with acute stroke have severe previously undiagnosed or untreated high blood pressure. In December 2013, Dr. Chin launched ASAPP in India. ASAPP currently supports six project sites in Uganda and three projects sites in India. In addition, ASAPP is partnering with the Uganda Ministry of Health and other organizations including Rotary International and Impact India Foundation to provide free high blood pressure screening and counseling at special health camps and events. ASAPP project sites have provided more than 35,000 free screenings for high blood pressure since 2011. In the next few years, ASAPP plans to launch additional project sites in Uganda and India and expand to Nepal and other less developed countries. ASAPP is a U.S. tax-exempt non-profit charitable organization. For more information, visit www.asapp.org.

Apparent Death and Coma in the 18th Century
Curious Practices Arise from Fear of Being Buried Alive

Coma has been a phenomenon of interest for physicians as well as lay people through the ages and was associated chiefly with stroke (“apoplexy”) and trauma. One chapter in the history of coma has two extraordinary perspectives, notably coma following drowning and the fear of being buried alive, which played a role particularly during the late 18th century.

Drowning Rescue and Resuscitation
A considerable number of books on comatose persons, usually drowning victims, often referred to in the titles as “apparently dead,” appeared during the 18th century. These books were published when the first societies for the resuscitation of drowning people had been established. It is of no surprise that the first of these societies was founded in the Netherlands (1767), notably the Amsterdam Society for the Rescue of Drowning Persons (Machtschap tot Redding van Drenkelingen). Due to the many canals, drowning was a frequent event in Holland. The society paid premiums for saved drowning persons and thus in the 1780 publication (Fig. 1), it is reported that 73 premiums had been distributed to good and indefatigable surgeons and other practitioners.

Figure 1. Title page of the History and Memories of the Society for the Rescue of Drowned Persons (1780).
FRoM ThE EDITOR-IN-CHIEF

With Limited Neurology Resources Worldwide, Translation and Implementation of Research Results Crucial for Global Health

BY DONALD SILBERBERG, MD

As I approach my third year as editor-in-chief of World Neurology, I wish to thank the many individuals who have helped to achieve our successful conversion from print to online format. The support and contributions of the officers and trustees of the World Federation of Neurology, the editorial advisory board, and Keith Newton’s assistance as assistant editor have been critical. Additionally, I wish to acknowledge the expert help by Rhonda Wickham and her associates at Ascend Integrated Media who have helped to unravel the process of online publishing and compose attractive pages. Their role is no less critical. Perhaps most importantly, the quality of original articles, book reviews, reports, and photographs has been superb, and I thank all authors and photographers. World Neurology’s future success will depend directly on your continuing contributions. If you are hesitant about the appropriateness of a submission, please contact me to discuss how to proceed.

In his President’s Report in this issue, Raad Shakir outlined the many important organizational advances that took place in 2014, including the development and strengthening of many regional neurological associations in conjunction with the WFN. This strengthening will be an important element in addressing one of the biggest problems that neurology must deal with — the resources that are available to provide clinical care and conduct needed research are wholly inadequate in many countries and regions.

Recognition that neurological disorders account for a very high proportion of all illness has been slow in coming. Even though the data that quantifies the global burden of nervous system disorders is still quite incomplete, it is clear that the disorders that are in the domain of neurology constitute a very large proportion of all illness globally. We must use the available epidemiology as we continue to advocate for the allocation of sufficient resources for the prevention, clinical care, and research that are clearly warranted by the data.

Fortunately, we are witnessing remarkable progress in research on almost every front. In addition to neuroscience itself, advances in genetics, immunology, microbiology, robotics, stem cell research, and many other fields will yield new therapies at an accelerating pace in 2015 and beyond. The initiation of national programs such as The Brain Initiative (U.S.), the Human Brain Project (European Union), and Japan’s Brain/MINDS project reflect national commitments to bring research, primarily brain mapping at this point, to levels that will lead to understanding the biological basis of nervous system disorders.

Many organizations are looking for ways to improve implementation, to bring clinical and laboratory research to all populations, whether in wealthy or low and middle-income countries. The phrase of the moment is “translational research,” originally used to describe bringing the fruits of laboratory research to the bedside. Neurologists must be active participants in the translation into practice by designing safe and credible clinical trials and working to make new therapies available to all who need them.

In my editorial in December, I introduced the use of “translational research” to also describe instances in which the results of epidemiologic research lead to the development of new public policy. Again, some neurologists will be in a position to help make this happen. Another relatively recently coined term is “implementation science” — dealing with questions such as why do established programs lose effectiveness over time, and how can multiple interventions be effectively packaged to increase cost effectiveness? Again, we as neurologists can both contribute to the science with our own research, and do more with the resources that are available.

You will think of many other examples of unmet challenges and opportunities, and I invite your comments, articles, and/or letters to the editor. •

Neurosonology WFN Teaching Course in Tbilisi, Georgia

Meeting promotes ultrasonic techniques and research

BY MARINA ALPAIDZE, MD, PHD

The Neurosonology Research Group (NSRG) WFN is dedicated to the promotion of science and research as well as education and training in the field of ultrasonic techniques and its clinical utilization. Therefore, international cooperation and the dissemination of scientific information within the field of neurosciences and neurosonology is part of NSRG WFN activities. During Oct. 25-26, 2014, the Georgian Chapter of the WFN successfully conducted the second NSRG WFN Regional Meeting in Tbilisi, Georgia. There were also participants from neighboring countries — Armenia and Azerbaijan. This two-day course was designed for individuals who are interested to perform and interpret neurosonology studies. The faculty discussed current status of neurosonology and some specific clinical applications; part of the meeting was dedicated to the hands-on practice. The lectures were delivered by well-known neurologists and neurosonology experts such as N. Bornstein (Israel), E. Titiyana (Bulgaria), Z. Nadareishvili (U.S.), M. Alpaidze (Georgia), and A. Razumovsky (U.S.).

This second Georgian meeting was guided and directed under the auspices of the NSRG of the WFN and accredited by Tbilisi Medical University Continuing Medical Education (CME) Board for 10 CME hours. •

Dr. Alpaidze is the Head of Ultrasound Laboratory, DEKA Medical Centre, University Clinic Department of Neurology, Tbilisi, Georgia.
Looking Ahead in 2015

BY RAAD SHAKIR

The year has passed so quickly, we have to evaluate our activities as well as plan our future. In 2014 the WFN faced many challenges, and has come through some difficult times with renewed vigor in placing neurology in a better position.

The six WFN regions have been even more active in evaluation and planning, especially in the year of the Chile Congress. The biennial congresses are now making the WFN much more focused on its members and regions. We meet our colleagues more regularly and have the most productive discussions.

Last year started well. Regional directors and trustees met in London and ideas as well as practical activities were planned and started. All committees were formed and given their remit to start work. In years between Congresses, meetings of committees are usually held in regional or major neurological congresses for members to attend and contribute.

The creation of the regional liaison committee chaired by Prof. Tim Pedley, chair of the WFN North American region, is another step in devolving WFN activities to the six regional directors. Closer integration and direct collaboration will lead to more fruitful and quicker results. The RLC will conduct its activities and report to the WFN trustees.

Perhaps the major regional development in neurology is the amalgamation of the European Federation of Neurological Societies and the European Neurological Society. This momentous occasion happened in the joint meeting in Istanbul, and the first meeting of the newly formed European Academy of Neurology will take place June 20-23, 2015, in Berlin.

Three of our regional organizations are undergoing major change and restructuring. The Pan American Federation of Neurological Societies has produced its constitution and bylaws. This regional organization will finalize its legal and financial arrangements in 2015. It will represent the South American region in the WFN.

The Pan African Association of Neurological Societies (PAANS) is undergoing major reconfiguration. The association has been in existence since 1972. It is a joint neurology and neurosurgery association. The African neurosurgeons have decided to form their own association under the auspices of our sister organization, WFNS, and therefore the African neurology colleagues are in the process of re-writing their bylaws. The tentative name of “The African Academy of Neurology” has been chosen for the new organization. Work is moving ahead to bring this about in 2015.

The Asian and Oceanian Association of Neurology is now well established and has a legally registered status in Singapore. It held its last congress in Macau in March 2014. The next AOCN will be held July 14-16, 2016, in Kuala Lumpur, Malaysia.

The Pan Arab Union of Neurosciences Societies held its biennial meeting in Jedda, Saudi Arabia, Jan. 22-24, 2015. The plan was to consolidate the regional organization with the establishment of a permanent secretariat and financial arrangements.

Regional associations are the most knowledgeable bodies in their areas and they will guide all activities of the WFN in combination with specialty organizations as well as applied research groups. In this way the WFN will have the best advice on all its activities from those with first-hand knowledge.

In 2014 there were major changes to the way the WFN works. In support of our main objective of promoting quality neurology, the WFN grants are moving on at a pace. The recipients for the 2014 tranche have received their funds and the projects are progressing. We now have a well-developed follow-up system of auditing and reporting. The idea of twinning recipients from two or three countries is proving to be successful in adding expertise and promoting collaboration. Fig. 1 shows the list of the grants for 2014.

During 2014, the negotiations with Elsevier continued and culminated in two separate contracts. The first is the renewal of the contract for publishing our journal (Journal of the Neurological Sciences). The terms took a long time to agree upon, and the WFN publications committee under the chairmanship of Prof. Christopher Kennard (UK) was instrumental in our efforts. The contract is for another 10 years with many provisions to safeguard the interests of the WFN. The second contract is to establish a new online electronic journal under the name of eNeurologicalSci. Prof. Bruce Ovbiagele from South Carolina, U.S., is the editor-in-chief of this journal. The two editors Prof. John England and Prof. Ovbiagele will work together guiding authors so that the chance of their work being published is increased. In essence, 2015 will see consolidation of the WFN involvement in two journals. We urge all WFN member societies to encourage their members to support and publish in the WFN-sponsored journal.

The WFN administration was consolidated in 2014 with additions of new staff and continued support for all our committees. The central office in London is coordinating the change, which is supported by staff located outside the UK. The relationship with Kenes as providing some office management activities is continuing. Kenes is now the WFN PCO for the Santiago Congress and the 2017 Kyoto congress as well (Fig. 2). The preparations for both are advancing well. The scientific and teaching courses for both congresses are now complete. Our Chilean colleagues are working hard to finalize the details during the next 10 months.

With biennial WCN congresses the work on congresses is constant. It is very important to note that expertise learned from one is easily transferred to the next congress. The WFN congress committee under the chairmanship of First Vice President William Carroll has the responsibility of coordinating all congress matters. The council of delegates in Santiago will choose the city for the 2019 WCN. The WFN is delighted to have

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Figure 1. WFN grants dispersed in 2014.

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Hachinski Advocates Controlling Vascular Component of Dementia While Studying Other Mechanisms

Japan has the longest life expectancy and the oldest population in the world. Japanese men on average live to 85 years and women to 87 years. Twenty-five per cent of Japanese are over the age of 65 years. In light of this, the relevance of the focus of the meeting on new models of dementia care and prevention appears clear.

The presence of Prime Minister Shinzo Abe reflected the importance of the meeting. He promised a new dementia strategy, promising prompt publication of papers to better engage with our published science of readers, broadening the exposure of major relevance to neurologic education and making accommodations for submissions from trainees in neurology (e.g., residents, fellows, post-doctorate scholars, and medical students).

The types of manuscripts eligible for consideration in eNS include original research papers, short communications, reviews, editorials, perspective pieces, unique neuroimaging photographs, and letters to the editor, all of which can be submitted via an online submission site (www.eNS-journal.com: to go live on February 2, 2015). Distinct from JNS, eNS will publish Conference Proceedings (full articles or meeting abstracts) from WFN endorsed neurological meetings from around the world, clinical practice guidelines issued by national and international societies dedicated to combating neurological diseases, Clinical Pathologic Conference articles (cases intended to be informative for developing clinical problem solving acumen), and study protocol articles (manuscripts that incorporate clinical trial or epidemiological study information/methodology/design).

Beyond publishing ingenious discoveries, enhancing career development, and being clinically relevant, eNS will take advantage of its primary online milieu to promote the use of audiovisual technology and social media tools, thereby enriching the experience of readers, broadening the exposure of articles, and providing opportunities to better engage with our published science.

WFN Launches Open-Access Journal eNeurologicalSci promises prompt publication of papers

These are thrilling times in neurological research. The field of neurology is now well beyond being just a great clinical specialty with a logical approach to a varied spectrum of interesting disorders. Indeed, major advances in our understanding of and ability to treat neurological diseases are taking place, and it is likely that even more promising new discoveries lie ahead. As such, there is a need to create additional avenues for basic and clinical neuroscientists to publish and debate their work, providing neuroscientists in training more career development opportunities to become independent researchers, and do all of this in a relatively speedy and broadly visible manner.

It is with these goals in mind that the World Federation of Neurology (WFN) is launching a new open access journal, eNeurologicalSci (eNS). As an open access journal based on the author-pays model, eNS authors will pay a set fee, a so-called article processing charge, once a peer-reviewed article has been accepted. eNS will serve as a sister journal to WFN’s long-time flagship scientific journal, Journal of the Neurological Sciences (JNS) and JNS will support eNS by referring selected papers to it. On its own, eNS aspires to be a leading forum for the prompt and widespread dissemination of new knowledge as it accrues in this field of neurosciences. The journal will be accepting contributions from basic neuroscience all the way through to community studies submitted by researchers from around the world. eNS will also aim to enhance career development by welcoming papers to it. On its own, eNS will publish Conference Proceedings (full articles or meeting abstracts) from WFN endorsed neurological meetings from around the world, clinical practice guidelines issued by national and international societies dedicated to combating neurological diseases, Clinical Pathologic Conference articles (cases intended to be informative for developing clinical problem solving acumen), and study protocol articles (manuscripts that incorporate clinical trial or epidemiological study information/methodology/design).

Beyond publishing ingenious discoveries, enhancing career development, and being clinically relevant, eNS will take advantage of its primary online milieu to promote the use of audiovisual technology and social media tools, thereby enriching the experience of readers, broadening the exposure of articles, and providing opportunities to better engage with our published science.

G7 DEMENTIA LEGACY MEETING TOKYO

Mark Your Calendars

2015

The 12th International Conference on Alzheimer’s and Parkinson’s Disease
March 18 – 22, 2015
Nice, France

17th Congress of the International Headache Society
May 14 - 17, 2015
Valencia, Spain

17th International Neuroscience Winter Conference
April 7 – 11, 2015
Sölden, Austria

67th AAN Annual Meeting
April 18-25, 2015
Washington, DC, USA

1st Congress of the European Academy of Neurology (EAN)
June 20 - 23, 2015
Berlin, Germany

Congress of the European Committee for Treatment and Research in Multiple Sclerosis 2015
October 7 -10, 2015
Barcelona, Spain

XXII World Congress of Neurology
October 31 – November 5, 2015
Santiago, Chile
Editor’s Update and Selected Articles from the Journal of the Neurological Sciences (JNS)

By John D. England, MD

The Journal of the Neurological Sciences (JNS) is a broad-based journal that publishes articles from a wide spectrum of disciplines, ranging from basic neuroscience to clinical cases. JNS strives to publish papers with novel, unique, and original observations. An indispensable step in identifying the best papers is the review of manuscripts by expert reviewers. The members of the Editorial Board and I depend heavily upon these individuals to help us make decisions about manuscripts. Completing a good review of a scientific paper is difficult and time consuming. Several surveys indicate that many reviewers do not feel that they receive adequate recognition for this important work. In order to begin addressing this issue, Elsevier has instituted a “Reviewer Recognition” platform. Using this platform, reviewers can now access historical for JNS and 310 other journals that are published by Elsevier. Each reviewer is awarded a status, which is based upon the number of completed reviews. Currently, reviewers are awarded one of two statuses per journal: 1) recognized reviewer for completion of at least one review over a two-year period; or 2) outstanding reviewer for reviewers in the upper 10th percentile, based on the total number of completed reviews. Reviewers will also be able to collect other rewards such as certificates, badges or discounts. They may also share their profiles and status with others (e.g., colleagues, deans, chairs, followers or friends on social media).

The “Reviewer Recognition” platform is easy to access. After a review has been completed, each reviewer receives an email providing a direct link to the Elsevier review platform. We are hopeful that reviewers will find this initiative a positive and direct affirmation of their dedication to scholarly activity.

In our ongoing attempt to enhance accessibility of JNS articles to members of the World Federation of Neurology (WFN), we have selected two more “free access” articles, which are profiled in this issue of World Neurology.

In this issue, we feature two paired articles on hypoglossal nerve stimulation and targeted activation of tongue muscles. Although the featured article is an experimental study in the rat, the results have important implications for the potential treatment of obstructive sleep apnea: 1) In a series of elegant and detailed experiments, Paul Meadows and colleagues have demonstrated that subsets of hypoglossal nerve axons can be selectively and systematically stimulated in a manner that differentially activates specific lingual muscles and changes the size of the oropharyngeal airway. They achieved this by implanting an electrode array composed of eight micropolarization and taping techniques. Independently controllable contacts applied to the hypoglossal nerves of rats. Their experiments showed that unilateral differential coordinated stimulation of the hypoglossal nerve selectively activates tongue muscles, and this muscle contraction can generate a coordinated and smooth opening of the oropharyngeal airway.


2) In an accompanying editorial, Alan Schwartz from the Johns Hopkins School of Medicine summarizes the study and comments on the importance of these experiments for developing better treatments for obstructive sleep apnea. Several implantable hypoglossal nerve stimulators have been studied as therapy for obstructive sleep apnea, but the results have been suboptimal. Dr. Schwartz states that “Additional work is still required to develop methods for identifying combinations of lingual muscles that act synergistically to maintain airway patency during sleep. These methods may necessitate steering current between specific electrodes as well as novel approaches for visualizing effects of stimulation on tongue shape, position, and stiffness.” Thus, the experiments of Meadows and colleagues have implications for the design and optimization of neurostimulation devices for the treatment of obstructive sleep apnea.


Clinical Neurophysiology and Neurorehabilitation 2014

Russian meeting’s attendance doubles from previous year

By Vladislav Voitenkov, MD, PhD

A large scientific event was held by the Scientific Research Institute of Children’s Infections of Federal Medical-Biological Agency of Russia this November. Clinical Neurophysiology and Neurorehabilitation 2014 (November 25-26) took place in Moscowkveya Vorota Congress Center in St. Petersburg. This event attracted 330 registered participants. Both the attendance and the scale of the scientific program were significantly larger than that of previous year, which attracted 170 registered delegates. This may highlight the growing interest of the neurophysiologists and neurorehabilitation specialists in the event.

The scientific program was organized around specific themes and methods in neurophysiology and neurorehabilitation, which were covered by the plenary lectures and seven symposia. Plenary lectures included such themes as diagnostic and therapeutic approaches in paraneoplastic syndromes (presented by Prof. V. Grisold, Ludwig Boltzmann Institute for NeuroOncology, Vienna) and the role and place of classic neurophysiologic methods in modern medicine (presented by Prof. V. Gnedzitskiy, Scientific Center of Neurology of Russian Academy of Sciences, Moscow).

Themes of the symposia were scientific and clinical aspects of electromyography (EMG), electroencephalography (EEG), diagnostic and therapeutic magnetic brain stimulation (TMS) and evoked potentials (EP), neurorehabilitation techniques in children and adults, neuroorthopedics, clinical aspects of functional state of CNS in children with systemic diseases, neurophysiologic monitoring, and ultrasonography of the brain. Ninety-three speakers presented their data on topics listed above. Symposia included talks from leading Russian and overseas speakers, and presentations from early-career researchers whose material had significant impact in their field.

Speakers for the conference were selected from a wide a geographical spread, with no domination of a single institution in any of the symposia. There were four master-classes: EMG, TMS, micropolarization and tapping techniques. There were 143 abstract submissions from authors from Russia and abroad. The distribution across themes is comparable to the distributions of symposia.

Delegates came from more than 100 locations. About 290 delegates were from Russia, and 40 came from locations outside it: Belorussia, Kazakhstan, Ukraine, Hungary, Austria and Germany. This is the first time that so many of international delegates have attended a conference on this topic in Russia. It should be noted that some of the “local” delegates came from far away parts of the country: Far East (Vladivostok) and Siberia (Irkutsk, Kramoynark, etc.).

Feedback from the delegates and speakers about organization of the event was quite positive. The planning process for the next event is underway; we are keen to repeat what was done right, and eager to make it even better. The third conference will take place in St. Petersburg at the end of November 2015.

Dr. Voitenkov is Executive Secretary of the Conference, Scientific and Research Institute of Children’s Infections Federal Medical-Biological Agency of Russia.
I was delighted to be selected for the first WFN training program at Rabat Center. The program is for 10 months of clinical neurophysiology training, from September 2014 to June 2015, in the Department of Neurology at the Mohammed V University, Rabat, Morocco. Before starting my training, I was given a precise program regarding my training in electromyography and electroencephalography. In September, I began my training in electromyography full time. I examine patients admitted for EMG and then review the EMG examination under the supervision of a teacher.

I also attend the multidisciplinary consultation on myopathies with Prof. Nazha Birouk, who has taught me diagnostic approaches and treatment guidelines for these diseases.

I also participate in various weekly meetings organized in the Hôpital des Spécialités: the neurophysiological conference, where cases involving neuromuscular disease or epilepsy are discussed, and the conference on general neurology, where I presented my first case—epilepsy associated with cerebral cavernoma.

In December, with the support of the Moroccan Society of Neurology, I had the opportunity to participate to the Maghrebian Congress of Neurology in Agadir, Morocco, where I attended high-level scientific conferences and teaching courses.

I thank Prof. Mustapha El Alaoui Faris, Prof. Rida Ouazzani, and all the neurophysiological team for the welcome and mentoring that they have provided for me. I also thank the WFN for supporting my training. I hope that many African neurologists will have the opportunity to enjoy this high-quality scientific training in Rabat.

Participation in the WSC presented a unique opportunity to discuss my research in stroke genetics with many delegates from different nationalities from around the world. Such conferences help us to perceive that the world community must stay united across frontiers in search of new discoveries. It was very encouraging to listen to the results of the MR CLEAN trial (Multicenter Randomized Clinical trial of Endovascular treatment for Acute ischemic stroke in the Netherlands), which were announced on the last day of the congress, and gave new hope in the field of endovascular stroke treatment.

I presented my abstract “Correlation of prothrombotic markers with genetic markers of hypercoagulability in ischemic stroke” under the genetics subsection at the Congress. I also took teaching courses on acute stroke treatment and uncommon causes of stroke. The lectures on translational stroke research and global stroke policies offered a good retrospective. The session on challenges in acute stroke trials also addressed some very important issues that are relevant in the implementation of any trial.

Participation in the WSC presented a unique opportunity to discuss my research in stroke genetics with many delegates from different nationalities from around the world.
New Society Works to Improve Quality, Establish Standards

By David B. Vodusek and Guenther Deutschl

The European Academy of Neurology (EAN) was founded on June 3, 2014, in Istanbul by joint efforts of the two parent societies at their (first and last) Joint Congress of European Neurology, the congress of the European Federation of Neurological Societies (EFNS) and the European Neurological Society (ENS). (See also Geoff W. WFN Newsletter http://www.worldneurologyline.com/article/ens-efns/)

The society is established according to Austrian law, the main goal being to promote “excellence in neurology in Europe.” EAN is a new and vigorous society, which, is taking over the good program, functions, and initiatives from both parent societies, along with the previous EFNS head office in the prestigious Museum District in Vienna, a fine centrally situated “Pentagon” of European neurology, assuring frictionless functioning of the diverse EAN organs.

The bulk of the new group of governing officers, the EAN Board, was elected in June by the hybrid Assembly of Delegates from 45 National European Societies (previously constituting EFNS) and 45 delegates from individual members (elected by the ENS in spring 2013). Prof. Günther Deutschl from Kiel, Germany was elected as president, and the other members of the EAN Board are:

- Vice President: Prof. Franz Fazekas, Graz, Austria
- Secretary General: Prof. Didier Leys, Lille, France
- Treasurer: Prof. Marianne de Visser, Amsterdam, The Netherlands

Chair Liaison Committee: Prof. David B. Vodusek, Ljubljana, Slovenia
Chair Scientific Committee: Prof. Antonio Pedrinò, Siena, Italy
Member at large: Prof. Per Solberg Sørensen, Copenhagen, Denmark

The Board has taken up the reins immediately, and after a call for applications, Dr. Hannah Cock from London, UK, was chosen as chair of the Education Committee, and Prof. Paul Boon from Gent, Belgium, as Chair of the Congress Programme committee. All committees were replenished with committee members by October 2014, with some members continuing from the previously active EFNS/ENS Committees of same name, and a strong representation of new names from all over Europe.

Europe needs strong leadership in the field of neurology. A recent analysis has found the annual costs for neurological diseases in Europe to be greater than 300,000 Mio €, and this will increase in the years to come as in Europe the population above 65 years as a fraction of those below 65 years will rapidly increase from less than 25 percent in 2015 to more than 52 percent in 2060. The threat of increasing the burden and the costs of disease is the stimulus for politicians to make plans to find solutions, and a chance for EAN to step in and help. The European Commission and the European Parliament have developed programs to support research and development, and over time the amount of money has been steadily increased. The term for the next program “Horizon 2020” has begun. The amount of money for Horizon 2020 is almost 80 billion €. Of this money 8 billion € are reserved for health research. EAN is ready to help the 19,000 plus European neurologists to meet the challenges of the burden of neurological diseases and to increase their research efforts to fight them.

EAN is aware of the different national schools of neurology, which have also been exported in the last two centuries to many countries worldwide. These different cultures of practicing neurology will be respected and integrated in EAN. We consider such diversities of neurological cultures to be a strength of European neurology. On the other hand, we move forward together to improve quality of care within all countries, and also to establish minimal standards that can objectively be defined on the basis of sound scientific evidence. Thus, the member societies can use them to negotiate for appropriate financial resources in their respective countries.

It is EAN’s purpose to bring European neurologists together. Berlin 2015 will be our first congress, the program is ready and we believe it will aptly demonstrate the richness and quality of European neurology. Participants from all over the world are most welcome, of course! We will hold our EAN congress annually and all new developments in the field of science and healthcare development as relates to neurology will be covered during these congresses. From 2016 in Copenhagen on, each congress will be dedicated to a certain theme. The scientists of Europe and from all over the world will present new insights and we will recruit our best teachers to have the latest knowledge transferred into clinical practice in the teaching courses.

EAN is reinforcing ties to member societies and is paying much attention to increase individual membership, striving to involve neurologists as individual contributors to developing neurology. EAN has already established closer links to the European Association of Young Neurologists and Trainees (EANYT), and will make sure that the future generations of neurologists feel represented within the society.

EAN is aware of the important cooperation with UEMS, the representative body of all European specialists at the level of European Union, and is cooperating with its Section of Neurology. The main aims of UEMS are harmonization of postgraduate education, ensuring quality control of education, and delivering care to European patients.

It was a real pleasure to read this book. There were many moments when I could not put it down because it was fun to read such an organized and a logical approach to eyelid and ocular motility disorders. The chapters on the cortical control of eye movements and the cerebellum are true masterpieces; they take some of the most complicated anatomy and disorders of ocular motility and make them easy to understand. Another feature that makes this book so special is the simple way in which the examination is explained, and how symptoms are emphasized as a guiding factor in what the examiner should look for. I often found myself taking notes on the side, and trying to remember all the gems being offered.

Eye Movement Disorders in Clinical Practice is a keeper! I would recommend it to neurology and ophthalmology trainees and senior clinicians alike.

Dr. Galetta, is professor and chair of the Department of Neurology, New York University School of Medicine.
persons” in the years 1778-9. The lifesavers could choose between six gold ducats or a gold medal.

Drowning persons were supposed to be brought inside a house, airways inspected, wet clothes removed, warmed up by rubbing with woollen clothes, and administered tobacco smoke fumigation by rectum. Following this warming up, bleeding could be applied from the arm or neck, but not too superfluous. Only if signs of swallowing acts were observed, not earlier, some hard liquor could be poured down in the mouth and the rapid spirit of ammonia salt kept under the nose. If this did not work, the drowning person should be laid in a preheated bed, accompanied by a naked person who provided natural heat. The book contains short histories of failed resuscitations and longer cases histories of successful ones.

A case history (March 27, 1779, 10:30 a.m., Noordwaddingsveen): a 5-year old boy, Jan van Someren, was missed for half an hour and found in the water, apparently dead, by his parents Cornelis van Someren and Aagje Joosten Robberts. A surgeon, Pieter de Nick, was sent for, the child brought inside and warmed up. The usual resuscitation methods were applied and only after a prolonged period (one hour) the blue lips disappeared and he began to cry. He was laid in a warm bed with another person and after some time he started to speak. He recovered completely the next day and Pieter de Nick received the gold medal.

The Dutch example was soon followed by several other countries. In 1774, the English society was founded by physicians William Hawes and Thomas Cogan, the latter becoming interested after a visit to Amsterdam (Fig. 2). An American society was founded in 1787, notably The Institution of the Humane Society of the Commonwealth of Massachusetts (Fig. 3). Although John Hunter (1776) suggested cessation of respiration was the primary cause of death and cardiac arrest secondary, and also wrote about ventilation, it would be more than a century before it was routinely applied (see also6).

Buried Alive

Next to coma in drowning persons, there was another aspect of apparently dead, notably a great fear for being buried alive, a.o. appearing from the titles of the publications, for instance, the book The uncertainty of the signs of death, and the danger of precipitate interments and dissections ... with proper directions, both for preventing such accidents, and repairing the misfortunes brought upon the constitution by them. The book contains chapter titles such as: ‘A woman, falling into a syncope, occasioned by a violent fit of passion, supposed to be dead, and put into a coffin’ and ‘Precautions to be used in order to recover those who have been drowned or buried alive’ (Figs. 4 and 5). Another example is the French Lettres sur la certitude des signes de la mort. Où l’on rassure les Citoyens de la crainte d’êtres enterrés vivants (Fig. 6).

The English physician John Fothergill suggested that in some situations it might be profitable to “distend the lungs with air,” in particular in “sudden Deaths from some invisible Cause; Apoplexies, Fits of various Kinds, as Hysterics, Syncope’s, and many other Disorders, wherein, without any obvious Prae-indisposition, Persons in a Moment sink down and expire” (Fig. 7). Next to artificial ventilation, the use of electric shock, not unexpected in this age of medical electricity, was recommended.

The fear of being buried alive led to curious practices including the one advised by the English lawyer and philosopher Jeremy Bentham to nail a wooden pin through the brain or heart for the prevention of interment of apparently dead (“require that a spike of appointed length, kept for the purpose, be run either through the heart, or into the brain, through the secket of the eye”) (Fig. 8). The Danish-born French anatomist Jacob Winslow wrote a thesis about the uncertainties of the signs of death (translated and augmented by Jacques-Jean Bruhier), which contains

XI. Observations on a Cafe published in the last Volume of the Medical Essays, &c. of Recovering a Man Dead in Appearance, by dif- tending the Lungs with Air. Printed at Edinburgh, 1744; by John Fothergill, Licent. Coll. Med. Lond.


THERE are some Facts, which, in themselves, are of so great Importance to Mankind, or which may lead to such useful Discoveries, that it would seem to be the Duty of every one, under whose Notice they fall, to render them as extensively public as it is possible.

The Cafe which gives Rise to the following Remarks, I apprehend, is of this Nature: It is an Account of “A Man, dead in Appearance, recovered by dif- tending the Lungs with Air; by Mr. William Tolfack, Surgeon in Alliance,” printed in Part 2 p. 605. Vol. V. of the Medical Essays, published by a Society of Gentlemen at Edinburgh; an Abstract of which...
stories of persons, who were buried almost too early. Huston was critical about Winslow’s and Bruhier’s “fabulous stories of recovery”12. Winslow himself would have escaped a premature burial two times and concluded that putrefaction is the only real sign of death13. He referred to the well-known (but controversial) case, autopsied by the 16th century physician and anatomist Andreas Vesalius, who appeared to be alive, after which Vesalius was prosecuted for murder14. The king of Spain changed the sentence into a voyage to the Holy Land.

Later, even Charles Dickens was concerned about the apparent dead, as can be read in a contribution in his weekly journal, in which he warned against prematurely buried persons while still alive14. Coma, in drowning persons as well as the fear of being buried in such condition was an issue among physicians as well as lay persons for centuries in many countries.

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Figure 8. Jeremy Bentham, English philosopher and jurist.

More Information Coming Soon

15th Asian and Oceanian Congress of Neurology
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Malaysian Society of Neurosciences
Neurology Fellowship: UC San Francisco/Yale University

A neurology fellowship is offered by the Memory and Aging Center at the University of California, San Francisco, and the Neurology Department at Yale University (position can be filled at either location) through the NeuroHIV Cure Consortium, which operates numerous neurological research studies in acute HIV infection and cure strategies in Thailand and Africa. The Consortium is a research collaboration directed by Victor Valcour, MD, PhD (UCSF), Serena Spudich, MD (Yale University), and Jintanat Ananworanich, MD, PhD (U.S. Military HIV Research Program).

The NIH-funded work gives a neurologist opportunities to conduct research. The fellow will provide at least six months of neurological expertise at research sites in Thailand, including neurological evaluation of subjects and lumbar punctures, while developing a personal research portfolio. The incumbent will be expected to actively participate in manuscript preparation and analyses for publication as lead author, and apply for awards and other funding to support continued involvement.

The Consortium leaders have extensive experience as career and research mentors and will provide guidance and assistance in data analysis and preparation of presentations and manuscripts, as well as in independent fellowship and grant applications. The position is for one year, with opportunities for extension. The fellowship may be combined with a neurobehavioral fellowship at UCSF.

For more information: www.inbhc.net/opportunities.html

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EAN

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patients all over Europe. One of the great past achievements of the cooperation between the professional body (Section of Neurology, UEMS) and the scientific society (at that time EFNS and ENS) has already been the organization of the European board examination in neurology, which EAN will continue to support.

EAN has also kept the ties previously established by EFNS to the leading voice of neurological patients in Europe, the European Federation of Neurological (patients’) Associations (EFNA), and is already planning coordinated actions aimed at improving patient care across Europe.

Looking back at the short interval since the establishment of EAN much has already been achieved in the past months, thanks to the good preparatory efforts of the parent societies in the past and the ambitious team leading the European Academy of Neurology.

References:
Dear Colleagues:

The 12th International Conference of the Society of Neuroscientists of Africa (SONA) is only a few months away. The biennial SONA meeting is a premier neuroscience conference in Africa. In this regard, it brings together clinicians (among others neurologists, psychiatrists and psychologists) and puts them into contact with basic neuroscientists (physiologists, anatomists and pharmacologists) under the same roof to showcase research advances in the different neuroscience research fields. As an affiliate of the International Brain Research Organization, SONA also has managed to draw interests from scientists living outside of Africa. In keeping with the theme of the conference “Brain Sciences: Addressing Research Needs and Priorities in Africa,” our plenary speakers will give lectures covering topics ranging from neurological consequences of HIV infection to neurodegenerative disorders and addiction.

For the first time at a SONA meeting, we also will be looking at ways to move research from the bench-top to the marketplace, i.e., looking at ways to generate income in order to sustain research in Africa. The conference will be held March 26-30, 2015, at the Southern Sun Elangeni and Maharani hotel, which is situated on the Durban beachfront. The city of Durban is found on the east coast of South Africa. It has a rich cultural and natural heritage. It is home to four universities with close links to a number of academic hospitals. The University of KwaZulu-Natal, which is one of the sponsors for this conference is home to the world-renowned Center for the AIDS Program in South Africa (CAPRISA) and the KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH).

It gives me great pleasure to invite you to attend the SONA Congress in 2015.

Dr. Musa Mabandla
SONA President

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