VOL. 35 · NO.1 · JANUARY-MARCH 2020

WORLD FEDERATION OF NEUROLOGY

WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

An Open Letter to All Member Societies of the WFN

Dear Member Society,

At this time of what we all hope is the peaking of the COVID-19 crisis, I write to assure you that the WFN remains functioning normally with none of the trustees, staff, or executives physically affected. We trust that this continues and ask that if any member society is affected adversely in any way that they think we should be aware of, or that we might be able to assist, then please contact the London Office.

For those of you who have been following our Facebook or Twitter feeds or the information on the WFN website or in the WFN newsletter, World Neurology, you will have noticed that the WFN had planned this year to ramp up its visibility, the promotion of brain health in parallel with this year's World Brain Day, to commence the promotion of the 2021 World Congress of Neurology, and pursue and address the inequities of access to quality neurological care. Most of these activities were to combine both physical attendance at major international meetings and new press campaigns.

With the impact of COVID-19 and the uncertainty of how long this will last, we will be transferring more emphasis of these efforts to the media. The cancellation of the 2020 American Academy of Neurology, the world's largest neurological meeting, illustrates the likely direction for other major neurological meetings.

It is paramount that neurological disorders and especially non-communicable neurological disorders do not become subsumed by the COVID-19 crisis and the response to it. In addition to providing our full support for the battle with COVID-19 by governments, their health services, institutions and hospitals, we also owe our patients with neurological disorders our reassurance and our vigilance.

Most importantly, drug supply chains, access to medicines and pre-emptive information to those receiving neuro-immunological and other treatments, as to where to find the most appropriate and up-to-date information, will be invaluable to patients in jurisdictions where such services are already fragile. Most of the major neurological disease organizations and national and regional neurological organizations have done these preparations or are making them so it may just be a matter of ensuring the information pertinent to certain member societies is available. Fortunately, COVID-19 appears not to be neurotropic, and although there has been some earlier discussion on this in the literature, there has been no firm evidence to change this view.

WILLIAM CARROLL, MD

In closing, I wish all member societies, their individual members and their families, and above all, our patients, safe passage through this pandemic.

William Carroll
WFN President

PRESIDENT'S COLUMN

2020 WFN Status Report: Where Are We?

Following the end of 2019, highlighted by the successful World Congress of Neurology (WCN) in Dubai and a productive two-day strategy meeting just completed in mid-January in London, it seems appropriate to review where the WFN now stands as we move into 2020. I make no apology to those who read these columns regularly and who will have noted a similar theme for the first issue of 2019.

This report will cover a number of initiatives in which the WFN is now engaged as well as some future plans. It is important that the WFN membership is kept informed as to what the WFN is doing and why. It will be apparent to those who read this report that each initiative is closely interlinked with the others.

I will list the current endeavors and then expand on each. Before doing so, it is worth emphasizing that these are all directed to the core mission of the WFN, which is to "foster quality neurology and brain health worldwide."

WFN trustees, regional directors, and WFN President William Carroll (fifth from the left), AAN President James Stevens (second from the right) and EAN Claudio Bassetti (not pictured).

Visibility

This is a useful, overarching term used in respect of the WFN to enhance its recognition at a number of different levels. It is a means to facilitate the influence of the WFN. Within the world in which we now live, visibility and recognition are essential to reaching key targets, such as the WHO and global regional and national policymakers as well as civil society.

Such visibility and recognition that

see **PRESIDENT** *page 2*

INSIDE

PRESIDENT

continued from page 1

the WFN seeks benefits all associated organizations from the Global Neurological Alliance (GNA), through the regional WFN oorganizations serving the six WFN regions and of course the member societies and individual neurologists within those member societies.

To do this, the WFN has been in attendance at all important neurological meetings, such as the American Academy of Neurology (AAN), the European Academy of Neurology (EAN), and the PanArab Union of Neurological Societies (PAUNS) major member society meetings during 2019 and plans more WFN exposure at these in 2020.

The WFN is delighted to again join with a key global organization from the GNA, as it did in 2019 with the International Headache Society (IHS), for World Brain Day (WBD). This year's WBD will be undertaken in partnership with the International Parkinson's Disease and Movement Disorders Society (IPD and MDS) and promoted again with Yakkety Yak, the media partner from 2019. The collaborative effort spearheaded by Yakety Yak proved to be outstandingly effective (overall reach estimated in excess of 50 million). In 2020, as in 2019, WBD will be a campaign lasting several months and culminate in the IPD and MDS Congress Sept. 13-17 in Philadelphia, Pennsylvania. By allying this campaign with that for the importance of Brain Health, the WFN also hopes to increase its effective reach beyond the previous effort, again to the benefit of all.

As most would know, WBD is the annual partner of the WFN's highest profile educational event, the biennial World Congress of Neurology (WCN). Plans are nearing completion for the promotion of the XXV WCN, which promises to be a highly successful event Oct. 3-7, 2021, in Rome.

Finally, the WFN trustees agreed during the London strategy meeting in January that the WFN Specialty Groups would be encouraged to both promote their specialty and the WFN and so further assist in the improved visibility of the WFN. (See Specialty Groups section on page 4.)

Inequities of Access, Neurological Non-Communicable Disorders (nNCD) and the Global Burden of Neurological Disorders

No matter how one looks at this, the topic is fundamental to our raison d'etre.

We have made a good start. We have concentrated on Africa and the Sub-Saharan region in particular, following the lead of Johan Aarli in 2006. We now have four active teaching centers in operation in Africa: two each in francophone and anglophone Africa. These address the critical shortage of neurologists in parts of Africa. There are other countries and regions with similar personnel issues and yet others who are inadequately resourced with infrastructure, diagnostic facilities, and access to pharmaceuticals to combat the growing burden of neurological disorders and consequent financial impost.

In an attempt to approach these problems rationally, the WFN requires the information on which to base the relative needs. Consequently, it has begun to collate a registry of "needs." The registry is to be formed by a modest survey completed by member societies from which it is planned to develop strategies to assist groups of countries with common inequities. It is likely that such plans will involve targeted advocacy campaigns in conjunction with the relevant regional WFN organizations to effect the change in the allocation of national resources. The data provided by the survey will aid this approach particularly for the argument for jurisdictions to re-evaluate the prioritization of their resources to meet the growing burden of nNCDs.

Closer Collaboration With the WHO

Although the WFN enjoys the status of being a non-state actor in official relations with the WHO and contributes regularly to the discussion of issues aligned with those of the WFN, its voice when heard is interpreted from the WHO perspective. The WFN therefore is seeking approaches that the WHO can accommodate to aid more rapid and targeted realization of the common goal of reducing inequities of access to quality neurological care within the broader WHO policy framework. The WFN has regularly supported the longstanding WHO initiative on epilepsy together with the International League Against Epilepsy. Indeed, a landmark decision was made by the WHO Executive Board meeting Feb. 6 on this matter. (See separate report on this page). This decision also for the first time acknowledged other neurological disorders that might be addressed synergistically by the same or similar approaches to be developed for epilepsy.

see **PRESIDENT** *page 3*

WFN Core Mission

- Visibility
- Inequities of access and the approach to neurological non-communicative disorders (nNCDs) and the global burden of neurological disorders.
- Closer links to the WHO
- Promoting importance of Brain Health
- Global Neurology Alliance
- Educational activities
- WFN Specialty Groups

WHO Geneva Adopts Key Decision

The World Federation of Neurology successfully supported the International League Against Epilepsy (ILAE) in the adoption of a decision by the WHO Executive Board in relation to epilepsy and other neurological disorders. Support for the draft decision proposed by the Russian Federation and co-sponsored by China, Guyana, and many other member states, including the European Union, was overwhelming.

This is the first time that neurological disorders have been referred to collectively in a WHO decision and provides an opportunity to promote neurological disorders, including inequities of access to quality neurological care within the global organization. It also provides significant impetus to the longstanding campaign the ILAE has conducted to have epilepsy considered a public health imperative and the adoption of coordinated care campaigns.

The WFN acknowledges the hard work done by the ILAE; Prof. Samuel Wiebe, its president; the Russian Federation; and Dr. Alla Guehkt, WFN trustee.

William M. Carroll
WFN president

ILAE President, Prof. Samuel Wiebe.

William Carroll, WFN president, at the Executive Board session on Epilepsy, with Action Amos, vice president of IBE, and Prof. Samuel Wiebe, ILAE president.

WHO Executive Board in session.

Norwegian Brain Council Targets Brain Health

BY NILS ERIK GILHUS, AUD KVALBEIN, AND ANETTE STORSTEIN

The Norwegian Brain Council (NBC), established in 2007, has been a pioneer in combining health worker organizations, patients, and research. The council is recognized nationally and seen as a key contributor to the Norwegian health system.

NBC is an umbrella organization made up of 58 member organizations. Membership includes 13 health professional organizations, 25 patient and user organizations, 12 leading research groups, and eight health institutions. Commercial companies cannot be members nor has the Council individual membership. NBC has only two permanent employees. Thus, many activities are based on voluntary work and work in the member organizations. From 2016, the council has received permanent funding directly from the government. Project funding from various sources remains crucial.

The NBC works in the interface between health authorities, politicians, and society to promote better treatment and research for disorders affecting the brain. It was instrumental in launching a government-approved, national brain health program in 2017. This was probably the first such national brain health initiative taken. Hopefully, this program will represent a framework for future funding of specific projects in Norway supporting research and better treatment for patients with brain disease.

The first results of the brain health program have already appeared. Some neurodegenerative diseases have been selected as the focus of the first national Norwegian research center for patient treatment. This Neuro-SysMed group will concentrate its activities on dementia, Parkinson's disease, ALS, and multiple sclerosis. The center will combine clinical trials and more basic research, and with funding directly from the government for up to eight years. Another consequence of the brain health program has been the establishment of two networks funded by the Research Council of Norway, Epilepsy-Net, and Norwegian Vision in Stroke Network. The Research Council of Norway would most probably not have selected brain disorders as the pioneers for new research instruments in clinical medicine without the hard work of the NBC.

The NBC aims to improve brain health through research, prevention, treatment, and follow-up. This should be fulfilled through information to the community, government agencies, health professionals, patients, users, and caregivers. The council will promote correct diagnosis and optimal treatment, prevention and rehabilitation of brain disorders, and furthermore strengthen and support research regarding the functions, diseases, injuries, and disorders of the brain and other parts of the nervous system. NBC has established a separate subcommittee for research.

The NBC is eager to join forces with other organizations and institutions for well-defined projects. Such partnerships can also include the pharmaceutical industry and other commercial companies. NBC has recently established a partnership with the Norwegian Council for Mental Help, thus emphasizing the policy of including mental disorders in brain disease.

The initiative to launch NBC was taken by neurologists. The Norwegian Neurological Association has from the beginning been an active member with an adequate representation on the NBC board. However, brain health involves more than neurology. Psychiatry and mental help organizations are active members as well as pediatrics, neurosurgery, and rehabilitation medicine. The members also include organizations for non-medical professionals, for example, neuropsychologists and speech therapists. The research membership spans from basic neurobiology to health-registry-based groups. The research group of the Nobel Prize winners (2014) May-Britt and Edvard Moser is a highly supportive NBC member. NBC has a stronger voice than each organization alone and should be able to compete with the forceful cancer and heart associations.

The NBC has made an impact in promoting better treatment and diagnosis for patients with brain disorders in Norway, and in increasing the support for neuroscience. Through joint action, the neurologists and other health professionals, patients, and neuroscientists who make up the NBC have influenced decisionmakers in national and regional health authorities and governing bodies. The NBC has grown in strength and stature during its 12 years of existence. With its ambitious aims and well-defined strategies, the council is looking forward to a brighter future for patients with brain disease. •

Nils Erik Gilhus is in the department of clinical medicine at the University of Bergen, Norway; Aud Kvalbein is in the department of neurology at Haukeland University Hospital in Norway; and Anette Storstein is on the Norwegian Brain Council in Oslo, Norway.

Hjernerådet

The logo of the Norwegian Brain Council.

People waiting in a line to attend an open brain council meeting on sleep disturbances in Oslo.

The previous leader Hanne F. Harbo and CEO Aud Kvalbein in front of Stortinget, the Norwegian parliament, after a successful meeting.

PRESIDENT

continued from page 2

The WFN continues to prosecute the importance of brain health and is pleased with the modest acknowledgement of this in the recent restructuring of the WHO Mental Health and Substance Use department.

On the matter of brain health in general, the WFN is broadening the World Brain Day campaign to incorporate brain health, as mentioned above.

Global Neurology Alliance

The WFN continues to regard this group as an essential player in the promotion of brain health and for more targeted initiatives as they arise. The WFN is pleased to be able to provide a focal point for the Global Neurology Alliance (GNA) and plans to hold information updates at each of the AAN (Toronto) and EAN (Paris) meetings this year.

Educational Activities

This year, the more overt activities will be the World Brain Day (WBD) and planning for the 2021 World Congress of Neurology (WCN). Both of these are key educational events but are also essential elements to the visibility of the WFN. As I mentioned, in the 2019 WBD campaign, the total cumulative potential reach was more than 50 million. For the WCN in Dubai, the estimates for press coverage and social media were even greater. Some of these were detailed in my last President's Column.

In addition, our educational training program continues. All African training positions have been allocated trainees for 2020, and the annual teaching course organized by the EAN and supported by the WFN, AAN, African Academy of Neurology (AFAN), and others will take place Sept. 23-25 in Kampala, Uganda.

WFN grants for 12-month incubator type research will again be offered for sums up to (USD) $25,000. Junior Traveling fellowships are also offered again (see WFN website), and the number of department visits available have been increased by the addition of more member society departments

see **PRESIDENT** *page 4*

BOOK REVIEW

Queen Square: A History of the National Hospital and Its Institute of Neurology

By Simon Shorvon and Alastair Compston, Cambridge University Press, Cambridge, 2019

REVIEWED BY MARK HALLETT, MD, DM(HON)

Like most neurologists, I had always known about Queen Square as a mecca for neurology, and I got the opportunity to see it in action when I did a fellowship in London 1975-1976 with David Marsden. At that time, Marsden was at the Institute of Psychiatry in Denmark Hill, but I would go to the clinical demonstrations at Queen Square on Wednesdays and Saturdays. I paid my 50p, sat in the back, and observed the master clinicians.

McDonald Critchley examined a patient with alexia without agraphia and tried to determine whether she had lost her aesthetic abilities. M.J. (Sean) McArdle dazzled me with a 20-minute differential diagnosis of a "dropped index finger" that he observed on physical examination. A nice introduction. Later on, after Marsden moved to Queen Square, I became a frequent visitor. So, as many others, Queen Square has been part of my education. How did it get to be the center of British neurology and have so many achievements?

I was excited to see the book by Simon Shorvon and Alastair Compston. It is a book about the place, the people, and how they related. There are long sections about the important neurologists, but the authors decided not to discuss in detail those persons still alive (leaving later historians to clarify their roles). A bit disappointing, but understandable. The book is meticulous in detail, well researched, and can certainly serve as a single source for essentially everything you would ever want to know about Queen Square and its (deceased) inhabitants up until 1997 when it became a part of University College London.

The National Hospital for the Relief and Cure of the Paralyzed and Epileptic, formally founded in 1859, began admitting patients to a house in Queen Square in 1860 as the first hospital in the world specializing in neurology. The hospital was the idea of Johanna Chandler, and the book details her and her family and all the steps taken for the founding.

We learn the first patient was Margaret Warwick of 7 Hayes Court, Soho. The diagnosis is not noted, but we learn that she was cured! The first physician appointed was Jabez Spence Ramskill who worked there for 38 years. His appointment was followed by the first surgeon, Sir William Fergusson, who might never have actually shown up at the hospital. Three weeks later, Charles-Edouard Brown-Séquard was appointed. We learn in the book that he was already famous, having described his eponymous syndrome, and he was the first of the many accomplished neurologists who followed him. Brown-Séquard lasted only four years at the National Hospital, was hired by Harvard, lasted there only three years, and then bounced around until he succeeded Claude Bernard in the chair of Experimental Medicine at the Collége de France in Paris.

Shorvon and Compston describe the buildings, government relationships, the administrator, and the finances in detail, but I found myself more interested in the neurologists. The biographies, like that of Brown-Séquard, are full of colorful anecdotes. Jackson, Ferrier, Gowers, and Horsley are the "National Hospital Quadrumvirate."

Jackson is also often referred to as Hughlings Jackson, and you can read the debate as to whether there should be a hyphen. Gowers was the first registrar at the hospital. His powers of observation and obsessive note-taking enabled him to make pioneering observations and become a master diagnostician. Osler described him as "arguably the greatest ever British neurologist"; Critchley wrote that he was the "greatest clinical neurologist who ever lived." He was a popular lecturer and his textbook, *Manual of Diseases of the Nervous System*, is described here as "widely considered to be the most authoritative textbook of neurology ever written."

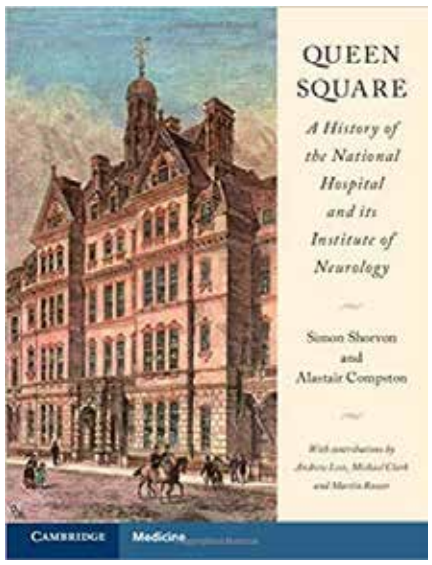
Holmes, Wilson, Symonds, Walshe, and Critchley, the "five dominant physicians," also get long biographies that are fun to read. Interestingly, Holmes and Wilson did not get along, as we learn in this quote:

"There was particular animosity between Holmes and Wilson, and, when making their respective rounds at Queen Square, each with his own retinue of doctors of all ranks, neither of them would move aside for the other, so that lengthy blockages ensued."

Big personalities with big egos, but also many accomplishments.

Coming in to more modern times and persons that I knew, there are excellent biographies of Denny-Brown, one of my teachers at Harvard Medical School; Gilliatt, who joined me at NIH when he retired from Queen Square; Thomas, Newson-Davis, McDonald, Marsden, and finishing with Harding. Their personalities are well captured as well as the impressive elements of their curricula vitae. There is an appendix listing all of the neurologists and other physicians appointed at the National Hospital with their dates of appointment.

As a clinical neurophysiologist, I would be remiss not to mention some early highlights in that area as described in the



book. While the first clinical EEG in the world was at the Massachusetts General Hospital, Queen Square was close behind. On the other hand, the EEG Society in Britain was founded in 1943 while that in the U.S. not until 1947. And, it is perhaps for that reason that the first international congress of EEG was held at the National Hospital in 1947. William Cobb and Denis Williams ran the lab at the beginning along with George Dawson. The latter got interested in somatosensory evoked potentials, discovered the giant SEP in cortical myoclonus, and then invented the averager to record these potentials with better signal-to-noise ratio.

The book is well illustrated, including the hospital building at various ages including architectural designs, and, of course, the people. There is a painting of Johanna Chandler and other early principals and photos of those in more modern times. A number are standard headshots or the groups of doctors or nurses, but there are some more interesting ones too, like that of Roger Gilliatt as the best man at the wedding of Princess Margaret and Anthony Armstrong-Jones, and the young Ian McDonald in the evoked potential laboratory.

The book is recommended highly as a valuable historical reference, but also for some entertaining reading about the history of neurology, many important neurologists, and the interesting place where they worked. •

Mark Hallett, MD, DM(hon) is the chief of the Human Motor Control Section of the National Institute of Neurological Disorders and Stroke at the National Institutes of Health in Bethesda, Maryland.

PRESIDENT

continued from page 3

joining the scheme for short-term observerships.

An important addition to these activities, outside (the WCN and WBD) is the creation of an alumnus for all who have attended one or more of these activities. In January 2020, the WFN decided to offer this option to past and future attendees, to keep a list of them on the WFN website, and to issue a certificate of recognition to both attendees and providers.

Specialty Groups

Finally, WFN Specialty Group (SG) chairs and committees have been rotated as is the usual practice after two years. The WFN thanks all those who have contributed in this arena over 2018 and 2019. Without their efforts, these topics risk being lost to neurology and to the WFN. I am pleased to announce that a new SG has been approved by the trustees. Proposed by Prof. Antonio Federico, who will be the inaugural chair, it will provide an important focal point, educational resource, and active advocacy role for rare neurological diseases. I am also happy to advise that former WFN president, Raad Shakir, will chair the SG Committee, which oversees the process under which the WFN SGs operate. The SG committee will be a valuable resource for those SGs who may require advice in this regard.

In the interests of transparency, the WFN trustees decided in January to require each SG to operate under a Memorandum of Understanding (MOU) which spells out how the SG will operate, use the WFN logo, and where possible promote both the SG topic and the WFN.

I trust that this report provides members with an up-to-date summary of the WFN, what the current goals are, and how it is directing its efforts. In doing so, I acknowledge the hard work undertaken by the trustees and office staff and thank them for their active contributions. •

William Carroll
WFN President

I trust that this report provides members with an up-to-date summary of the WFN, what the current goals are, and how it is directing its efforts. In doing so, I acknowledge the hard work undertaken by the trustees and office staff and thank them for their active contributions.

WFN

WORLD FEDERATION OF NEUROLOGY

Editors-in-Chief
Steven L. Lewis (Editor)
Walter Struhal (Co-editor)

WFN London Office
Chester House Fulham Green
81-83 Fulham High St., London SW6 3JA
United Kingdom
Tel.: +44 (0)20 3542 1657/1658
Fax: +44 (0)20 3 542 1301
info@wfneurology.org

WFN OFFICERS
President William Carroll (Australia)
First Vice President Ryuji Kaji (Japan)
Secretary General Wolfgang Grisold (Austria)
Treasurer Richard Stark (Australia)

ELECTED TRUSTEES
Riadh Gouider (Tunisia)
Alla Guekht (Russia)
Steven L. Lewis (USA)

CO-OPTED TRUSTEE
Jean-Marc Léger, MD (France)

REGIONAL DIRECTORS
Saeed Bohlega (Pan-Arab)
James C.Stevens (North America)
Franz Fazekas (Europe)
Marco Tulio Medina (Latin America)
Man Mohan Mehndiratta (Asian-Oceania)
Mansour Ndiaye (Pan-Africa)

EDITOR OF *THE JOURNAL OF THE NEUROLOGICAL SCIENCES*
John England (USA)

WORLD NEUROLOGY

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

Disclaimer: Articles in *World Neurology* represent the authors' personal views and do not necessarily represent the opinions of the editors, trustees, or leadership of the World Federation of Neurology or the publisher. The World Federation of Neurology and Ascend Media will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to products, drugs, or services.

Editorial Correspondence: Send editorial correspondence to *World Neurology*, Dr. Lewis at Steven_L.Lewis@lvhn.org or Dr. Struhal at walter.struhal@akh.linz.at.

World Neurology, ISSN: 0899-9465, is published bimonthly by Ascend Media, 7171 W. 95th St., Suite 300, Overland Park, KS 66212
Phone +1-913-344-1300 Fax: +1-913-344-1497

©2020 World Federation of Neurology

ascend media

PUBLISHING PARTNER
Ascend Media

President and CEO
Blair Johhnson

Vice President of Content
Rhonda Wickham

Director of eMedia
Conrad Stolze

Project Manager
Amanda Nevala

Graphic Design
Tim Nord

FROM THE EDITORS

BY STEVEN L. LEWIS, MD, EDITOR, AND WALTER STRUHAL, MD, CO-EDITOR

We would like to welcome all neurologists from around the globe to this issue of World Neurology. First, we would like to wish you, your families, and your patients all the very best of health and safety in this time of the global pandemic.

This issue begins with the important message from the president of the World Federation of Neurology (WFN), Dr. William Carroll, to all our member societies and neurologists worldwide, with regard to the COVID-19 crisis. In Dr. Carroll's adjoining President's Column, he also reviews the current status of the many activities and plans for the WFN, and in another adjoining column, reports on the recent successes with regard to the WFN's activities with the World Health Organization (WHO).

It has been a while since a book review has been featured in World Neurology, and we are so pleased that this section has returned with the thoughtful and colorful review by Dr. Mark Hallett (a previous editor of World Neurology) on the book recently published on the history of the National Hospital and the Institute of Neurology at Queen Square written by Drs. Simon Shorvon and

STEVEN L. LEWIS, MD

WALTER STRUHAL, MD

Alastair Compston. In addition, Dr. John England, editor-in-chief of the Journal of Neurological Sciences (JNS), provides his Editor's Update of an important special issue of JNS devoted to opiate addiction.

Dr. Serefnur Ozturk reports on a recent "In the Region" session at the Turkish Neurological Society Annual Neurology Congress that was focused on Women in Neurology. Dr. R.S. Jain provides his report of the many activities surrounding World Stroke Day that were held in Jaipur, India. Drs. Marina Alpaidze and Gia Tomadze describe the recent activities of the WFNs Special Interest Group on Neurosonology held in Tbilisi Georgia. Drs. Nils Erik Gilhus, Aud Kvalbein, and Anette Storstein report on the structure and many important activities and accomplishments of the Norwegian Brain Council.

This issue also features several reports from trainees who participated in department visits with WFN partner societies and hospitals in Austria, Canada, and Germany, with wonderful descriptions of their experiences and great appreciation to their hosts. In this issue's History section, curated by Dr. Peter Koehler, Dr. Egle Sakalauskaite-Juodeikiene describes the history and debunking of a fascinating "disease" that had neurologic and multisystem manifestations, and the sociocultural factors and biases that underlied the belief in the existence of this condition at the time.

Finally, this issue announces calls for nominations for the next open position for Elected Trustee of the WFN and the mechanisms for nomination for this important position.

In closing, we would like to reiterate our wishes to all for safety and health for you, your families, colleagues, and patients in this remarkable and trying time. For global neurology-related COVID-19 resources and information, please refer to the new page on our website: wfneurology.org/covid-19-and-world-neurology. Please also be on the lookout for additional links and resources on the WFN website to freely and widely available eLearning materials that will be of increasing importance and relevance in this time of social distancing. •

WFN TEACHING COURSE IN TBILISI, GEORGIA

Clinical Diagnosis of Brain Death and Neurosonology

Meeting discussed use of transcranial Doppler ultrasonography as an ancillary test for brain death clinical diagnosis

BY MARINA ALPAIDZE, MD, AND GIA TOMADZE, MD

The Neurosonology Specialty Group (NSG) of the WFN, formerly known as Neurosonology Applied Research Group, is dedicated to the promotion of science and research as well as of 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 neurosonology is part of NSG WFN activities.

On Oct. 19, 2019, the Georgian Association of Transplantology and Georgian Chapter of NSG in cooperation with NSG WFN organized a one-day workshop dedicated to transcranial Doppler (TCD) ultrasonography utilization as an ancillary test for confirmation of the clinical diagnosis of brain death. Among the faculty were Prof. Gia Tomadze, MD, PhD, chair of the surgery department at Tbilisi State Medical University; Prof. Marina Janelidze, MD, chair of the neurology department, Tbilisi State Medical University; Prof. Marina Alpaidze, president of the Georgian Chapter of NSG WFN; and Alexander Razumovsky, PhD, FAHA, secretary of the NSG WFN.

This one-day course was designed for individuals who are interested in performing and interpreting TCD studies specifically related to clinical yield of TCD for confirmation of the clinical diagnosis of brain death. The faculty discussed current clinical guidelines for death confirmation, potential false positive or false negative clinical cases, and reasons when use of ancillary tests for brain death confirmation could be appropriate. In addition, discussion also focused on cultural and religious barriers that are often limiting procedures for organ donation and requirements to streamline processes for organ transplants. Finally, the clinical value of TCD for confirmation of total cerebral blood flow cessation in the patient with a clinical diagnosis of brain death was debated in detail.

The next NSG WFN accredited course will take place April 3-5, 2020, during the European Society of Neurosonology and Cerebral Hemodynamics in Belgrade, Serbia. •

HISTORY

Plica Polonica Through the Centuries the Most "Horrible, Incurable, and Unsightly"

BY EGLÉ SAKALAUSKAITÉ-JUODEIKIENÉ, MD, PHD

"*Plica polonica* is an endemic disease of Poland, Tartary, and neighboring countries. It begins with a long-lasting nervous-rheumatic ailment and progresses to the formation of uncombed and filthy hair plaits in hairy parts of the body, especially the head," wrote Joseph Frank (1771-1842), professor of clinical medicine at Vilnius University, in his textbook *Praxeos medicae universae praecepta* in 1815.

EGLÉ SAKALAUSKAITÉ-JUODEIKIENÉ, MD, PHD

Approximately 900 articles, doctoral dissertations, and treatises on *plica polonica* were published up to the 19th century. Laurentius Starnigelius was probably the first who mentioned the phenomenon of *plica polonica* in his *Epistola ad Academiam Paduanam de plica* (Padua, 1599). In the Baroque epoch, various treatises on *plica polonica* came from Basel (for example, *Dissertatio de plica* by Michael Gehler, 1601), Paris (*Ergo plica epidemica Polonis* by M. Jacobus Cousinot, 1606), Venice (*Consultatio de plica polonica* by Roder a Fonseca, 1618), and other European cities.

During the 18th century, publications on *plica* were also produced in central European regions that include the city of Erfurt (*De plica, s. Judenzopf* by Hieronymus Ludolf, 1724), Halle (*Dissertatio singularis observationes de plica polonica* by Georgius Fridericus Stabel, 1724), Kracow (*Tractatus medico - physicus de plica polonica* by Joseph Bonfigli, 1720), Vienna (*Praktische Abhandlung über den Weichselzopf* by Joseph Johann Mastalier, 1790), and many other places. Almost all authors emphasized devastating signs and symptoms of *plica* such as irreversible plaiting of the hair accompanied by lice, mutilating arthritis, scoliosis, onychogryphosis, and diseases of the nervous system.

Plica polonica (also called *Plica Polonica Judaica, Trichoma, Lues Sarmatica* in Latin, *Kołtki, Goździec, Kołtun* in Polish, *Kaltūnas* in Lithuanian, *La Plique Polonaise* in French, *Weichselzopf, Judenzopf, Hexenzopf* in German, and *Колтунь* in Russian) had been thought to be the effect of a spell cast by a witch, suggesting that occurrences of *plica* were caused by a supernatural influence. Furthermore, *plica polonica* was also believed to be a punishment from God, and a disease which could not be simply disposed of by cutting off one's hair, as this would incur serious complications and even a patient's death.

National Plague

Plica polonica was believed to be associated with a number of pathologies: diseases of the skin, brain, bones, muscles, blood vessels, heart, lungs, and other visceral organs. In the chapter on apoplexy in Joseph Frank's textbook *Praxeos medicae universae praecepta*, published in 1818, cutting of *plica polonica* was stated to be a promotional factor for developing apoplexy. Moreover, *plica* was believed to destroy the patient, causing ulcerations, inflammation, spasms, seizures, headaches, insomnia, temporary blindness, deafness, and myriad other aches and diseases. This was because the disease was assumed to circulate in the blood and thus exist throughout the body.

Plica polonica, called "a national plague, a result of chronic contagions and local conditions," was discussed as a unique disease in J. Frank's *Mémoires*. The disease, according to J. Frank, "is disastrous for the current population; furthermore, it will harm the future generations." J. Frank assumed that *plica* involves not only the hair but also other parts of the body: carcinomatous ulcers erode the patient's skin, bones decay, noses bend, eyes, and ears begin to fear light and sounds, insomnia lasts for months, exacerbating patients' torments, and "finally, convulsions begin, a patient becomes delirious," several years pass and death comes, "with rare exceptions" warned the author.

One of J. Frank's patients was Countess Josephine Przedziacka, a young, gallant, and divorced lady, who arrived in Vilnius and became completely exhausted. "I was sure that it was *plica* and tried to promote entanglement of the hair (…). *Plica* was formed and thus her sufferings reduced, and she even gained some weight." Although the patient was happy about her recovery, she complained of not being able to arrange her hair. "The countess begged me to cut off her *plica*. I strictly forbade it while the *plica* had not been fully spread and separated." However, the countess returned to Minsk, and "one doctor gave her more pleasant advice. The *plica* was cut off, and the woman soon died."

In 1804, J. Frank described his other patient Count Joseph Mostowski, whose hypochondria was thought to be caused by *plica polonica*. The count was "witty, highly educated, a great talker, if he did not talk about his ailments (…), there were medicines around his bed like in a pharmacy." The count lived near the eastern Prussian border, frequently

see HISTORY page 7

Figure 1. Depiction of *plica polonica in Lo stato presente di tutti paesi, e popoli del mondo, naturale, politico, e morale* by Thomas Salmon, 1739. Public domain.

Figure 2. *Plica polonica*. Museum of the History of Lithuanian Medicine and Pharmacy.

Call for Nominations for Elected Trustee 2020

On behalf of the World Federation of Neurology, the Nominating Committee invites nominations for the position of Elected Trustee for a three-year period.

- One Elected Trustee to take office immediately following the election (position vacated by Riadh Gouider)

A nominee should be a member of a financial WFN member society, have a national and international reputation, made contributions to neurology, and contributed and committed to the WFN.

Submit the name(s) of the individual(s) in question, together with a signed statement of confirmation of their willingness to stand for election, a brief Curriculum Vitae (a single type-written page), and evidence of support from their member society.

Address the nomination documents to the Chair of the Nominating Committee, all of which should reach the London Secretariat office no later than May 1, 2020.

Nominations made after this deadline must be supported by a minimum of five WFN member societies, be accompanied by the same statement for World Neurology, Curriculum Vitae, and be received by the London office before Aug. 9, 2020. Electronic format is preferred.

Email nominations to:
info@wfneurology.org
or mail them to:
World Federation of Neurology,
Chester House, Fulham Green,
81-83 Fulham High St.,
London SW6 3JA,
United Kingdom.

HISTORY

continued from page 6

crossing it to consult local physicians. When Prussian revenue officers became suspicious and searched his carriage, instead of finding contraband, they found containers with pus, which the count kept for the Prussian physicians' examination.

"This trifle proved that I was faced with the most genuine hypochondriac; moreover, I thought that his brain was affected by the hidden *plica*" concluded J. Frank.

Multiorgan Disease

Many physicians were interested in the phenomenon of *plica polonica*. For example, a physician from Volhynia Carolus Kaczkowski (1797-1867) in his *Dissertatio inauguralis medico-practica de plicae Polonicae in varias, praeter pilos, corporis humani partes vi et efectu*, defended in 1821 in Vilnius University, associated this condition with a number of pathologies: diseases of the skin, bones, tendons, muscles, blood vessels, the heart, lungs, reproductive, and nervous systems. Patients with plica complained of headache, experienced vertigo and epileptic seizures. Syncopes, sleep disorders (insomnia, nightmares), diseases of the spinal cord, and paralysis were also frequently observed, according to the author. Patients complained of hallucinations and experienced melancholy, mania, and hypochondria. Moreover, the "sensation instruments" were also impaired.

Patients with *plica* suffered from abnormal lacrimation, eye pain, corneal lesions, hypopyon, cataracts, amaurosis, and immobility of the extraocular muscles. Hearing pathology such as tinnitus, auditory hallucinations, smell disorders (mainly due to chronic coryza), and superficial sensation pathology, such as anaesthesia or hypoesthesia of the scalp region, and formication were frequently accompanied by *plica polonica*, which was thought to be the direct cause of these symptoms.

Another 19th century physician, Ludovicus Knothe from Podolia, was convinced that individuals from certain age groups (maturity, senescence) had higher risk for *plica* entanglement. Furthermore, patients from some social classes (villagers, beggars) and Jews were believed to have a higher chance of developing *plica polonica*. Unhealthy environmental conditions (swampy or flooded lands, contact with sulphur vapors and metals) were believed to provoke *plica*. Sadness, anxiety, resentment, and horror were assumed to predispose patients to *plica polonica*.

L. Knothe also discussed whether *plica* was a contagious or congenital disease and disputed *plica's* association with syphilis, leprosy, arthritis, and lymphatic system diseases in his *Dissertatio inauguralis medico-practica de plica*, published and defended in 1830 in Vilnius university.

The treatment of *plica polonica* was broadly discussed by L. Knothe. "Cleanness is very important: Simple baths or baths with sulphur or potassium [salts] should be recommended," advised the author. However, "various eye diseases, limb contractures, urinary retention, even madness occur if *plica* is cut off too early," he warned.

Various symptoms and concomitant diseases associated with *plica* should also be cured: "Headaches could be treated with patches of burgundy pitch and condensed jimsonweed juice mixed with moderate amounts of sulphur," "Pain in extremities should be lessened by taking baths and using an extraction of aconite, sulphur, and antimony."

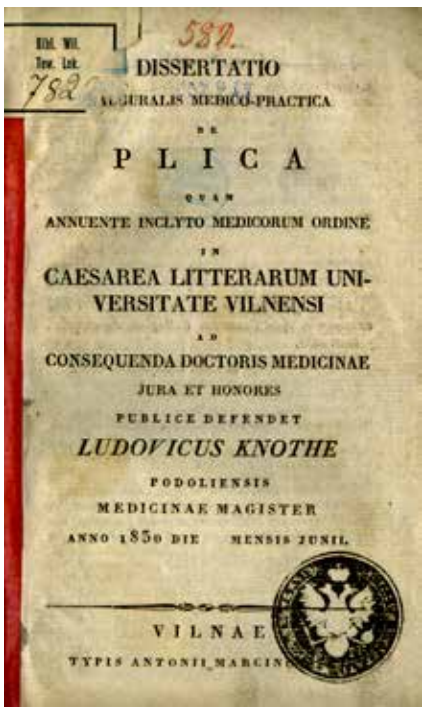
L. Knothe noted that mercury preparations are "very efficacious" for treating ulcers, impetigo, chronic inflammations, and nervous diseases related to *plica polonica*. "Various patches that cause skin blistering, mustard plasters, or ointments in the nuchal region could be applied for the patient." Finally, mature *plica* (almost naturally separated from the scalp, when signs of new hair growth are seen) can be cut off without any harm to the patient.

Slow Death of Disease

Another physician Henryk Dobrzycki (1843-1914), a graduate of the Surgical Medical Academy in Warsaw, published a treatise *O kołtunie pospolicie, plica polonica"* zwanym ("On plait, commonly called *plica polonica"*) in 1877. H. Dobrzycki performed an analysis of the literature and demonstrated that plica polonica is not a disease, but a result of "obscurity, prejudice, and lack of hygiene." H. Dobrzycki stated, "*Plica polonica* is not a disease *per se,"* furthermore, this "disease" could be found where prejudice, obscurity, and dirtiness flourish.

According to the author, "Civilization and *plica polonica* cannot coexist." However, explaining everything to the common folk (that it is only a question of hygiene) is like proving that "the Earth goes around the sun, and not *vice versa."* H. Dobrzycki participated in a contest organized by the Vilnius Medical Society and in 1876 received an award for the best treatise on *plica polonica*. Eventually, the question of whether *plica* is a disease was finally closed in the Vilnius region.

However, *plica polonica* was called "a disease of the most remarkable kind, the most prominent and most curious phenomenon," which "generally begins with the most troublesome symptoms – affections of the head, eyes, skin, etc." in the textbook *The Human Hair: Its Structure, Growth, Diseases, and Their Treatment* by the German physician Hermann Beigel (1830-1879), published in London in 1869. Some dermatologists asserted that *plica* was nothing but *eczema capitis* with seborrhea and dirt, "but this is not probable," as it was described in the fifth edition of *Essentials of the Principles and Practice of Medicine* by Henry Hartshorne (1823-1897), published in 1881 in Philadelphia, Pennsylvania. Moreover,



DISSERTATIO
INAUGURALIS MEDICO-PRACTICA
DE
PLICA
QUAM
ANNUENTE INCLYTO MEDICORUM ORDINE
IN
CAESAREA LITTERARUM UNIVERSITATE VILNENSI
AD
CONSEQUENDA DOCTORIS MEDICINAE
JURA ET HONORES
PUBLICE DEFENDET
LUDOVICUS KNOTHE
PODOLIENSIS
MEDICINAE MAGISTER
ANNO 1830 DIE MENSIS JUNII.
VILNAE
TYPIS ANTONII MARCIN

Figure 3. The title page of L. Knothe's doctoral thesis, published in 1830. Vilnius University library, Rare Book department.

Figure 4. Depiction of *plica polonica* case in H. Dobrzycki's tractate, published in 1877. Vilnius University library, Rare Book department.

plica polonica was called "the most horrible, incurable" disease, "rendering its victim an object as hideous to behold as the lepers of the East," that made its appearance in London, "brought over by the traders in false hair from Poland" in the *News Items* chapter in the 43rd volume of *The Saint Louis Medical and Surgical Journal* in 1882. *Plica polonica* was also described as a term "applied to a peculiar matted, felted condition of the hair observed chiefly among Poles" in *Practical Dermatology* by Bernard Wolff, published in 1906 in Chicago, Illinois. Besides, *plica polonica* was titled as "the unsightly disease of matted hair" in *An Introduction to the History of Medicine* by Fielding H. Garrison (1870-1935), published in 1913.

As a contrast, there were some 19th- and 20th- century authors who described *plica polonica* as a result of the lack of cleanliness combined with pediculosis. "There is good reason to believe that the affection termed *plica polonica* is nothing more than a combination of filth, lice, and entanglement or felting of the hair," suggested John Syer Bristowe (1827-1895) in *A Treatise on the Theory and Practice of Medicine*, published in 1884 in London. *Plica polonica* was referred to as more "a condition than a disease" in *A Practical Treatise on The Diseases of the Hair and Scalp*, written by George Thomas Jackson (1852-1916) in 1892 in New York. In the graduation thesis by Francis Eustace Fronczak (1874-1955), awarded by the Medical Department of the University of Buffalo in the United States in 1897, the prognosis of *plica* was mentioned to be "of the best, inasmuch as it is not a disease."

Today, we cannot find *plica polonica* in the International Classification of Diseases (ICD-10), and the phenomenon of *plica* could be explained by lack of hygiene, pediculosis, and pyoderma in the hairy parts of the body. However, until the end of the 19th century in European cities, *plica polonica* was believed to be a multiorgan disease, involving the skin and its appendages and associated with a number of chronic diseases, including those of the nervous system.

In many cultures, hair plays an important role in the development of social constructs about the body, and hairstyles convey powerful messages about a person's beliefs, morality, gender roles, sexual orientation, and even religion, political views, and socio-economic status.

The symbolic power of the human hair could be traced back from Biblical times: Samson, mentioned in the Book of Judges, had superhuman abilities to kill a lion, to slay an entire army, or to destroy a temple with his bare hands; however, after his hair was cut off, Samson's powers were gone, and he was imprisoned by the Philistines. Cutting one's hair symbolizes a defeat, humiliation, or punishment.

In Nazi Germany, the government's social control of Jews included the forced cutting of the hair. Therefore, it is worth remembering that even though hair is a biological phenomenon, it also has social, religious, and personal meanings.•

Eglė Sakalauskaitė–Juodeikienė is a neurologist at the Vilnius University Hospital Santaros klinikos, Lithuania.

Additional Reading:

Sakalauskaitė-Juodeikienė E, Jatužis D, Kaubrys S. *Plica Polonica*: From National Plague to Death of the Disease in the Nineteenth–Century Vilnius. Indian J Dermatol Venereol Leprol 2018;84: 510-4.

Klajumaitė V. The Phenomenon of *Plica Polonica* in Lithuania: A Clash of Religious and Scientific Mentalities. Acta Balt Hist Philos Sci 2013;1(2):53–66.

Pergament D. It's Not Just Hair: Historical and Cultural Considerations for an Emerging Technology. Chic Kent Law Rev 1999;75(1):41–59.

DEPARTMENT VISIT REPORT

WFN and the Austrian Neurological Society

BY MICHEL K. MENGNJO, MD

I was delighted when I was accepted for the WFN travel fellowship to Christian Doppler Clinic (CDK) at the Salzburg University teaching hospital in Austria. My gratitude goes to the World Federation of Neurology, the Austrian Neurology Society (OEGN) as well as Prof. Alfred K. Njamnshi, my head of internship program in Cameroon, and Prof. Eugen Trinka for facilitating this fellowship.

Initially programmed for the Medical University of Innsbruck, I was later sent to Salzburg. Upon arrival, under the keen and permanent assistance of Hanna Vlogger (which I kindly extend my heartfelt gratitude for her availability and prompt reaction), I settled into the hostel, working on my learning objectives and anxiously reflecting on what awaited me the next day.

During the first week at CDK Salzburg, I was welcomed by the administration and immediately given the necessary orientation. I joined the residents and specialists in the ward rounds. During this week, I dedicated myself to getting more orientation and acquaintance with the residents, specialists, nurses, technicians, and neuro-rehabilitation assistants. I was taken by a kind and welcoming resident with whom we are good friends already (Dr. Matthias Mauritz) to the neurophysiology labs, the neuro-intensive care unit (NeuroICU), the invasive monitoring units, neuro-interventionists theatre, and introduced to all of the personnel.

The hospital internship ran from 8 a.m. to 4 p.m. daily, and with a much greater interest in stroke care and epilepsy. I participated in the daily ward rounds in the stroke unit, the radiology conference (for the interpretation of neuroimaging) after which I participated in the neurosonography unit for carotid Doppler and transcranial Doppler ultrasounds.

Indeed, I was in the Christian Doppler Clinic. The name sounded familiar; back in my college years, we were taught the Doppler effect in physics and mathematics. Yes! I was in a hospital named after Christian Andreas Doppler (Nov. 29, 1803-March 17, 1853) the Austrian mathematician and physicist who is celebrated for his principle known as the "Doppler effect," that the observed frequency of a wave depends on the relative speed of the source and the observer. This theory is widely used all over the world in different domains and in the application of neurosonography (carotid Doppler US and TCD). This served as further encouragement for me to embark on stroke care management, and I was bent on learning how to perform carotid and transcranial Doppler US in a hospital named after this renowned scientist.

Fair enough, I couldn't afford to leave this renowned hospital without acquiring these skills. Moreover, I was privileged to assist in one of neurointerventions (carotid stent placement and endovascular intra-aneurysmal coiling) by Prof. Monika Killer-Oberpfalzer, who taught me some aspects of neurointervention as part of the management of stroke.

In addition to the acquisition of experience in the stroke unit, I also went to the EEG lab to improve my skills in EEG interpretation under the supervision of Drs. Giorgi Kuchukhidze and Alexandra Rohracher who gave me useful tips and checklists to ease interpretation. My scope of knowledge on epilepsy management was expanded during the weekly epilepsy conferences where epilepsy cases were discussed among a multidisciplinary panel of neurologists, neurosurgeons, neuroimaging specialists, neuropsychologists, neuroradiologists, and neuro-rehabilitations specialists on the integrated up-to-date management of mostly refractory epilepsies. This multifaceted manner of epilepsy was intriguing to me.

Even though we are faced with numerous challenges in Africa, such as insufficient infrastructure, technical, and human resources, I think and remain optimistic that what I have acquired could be used to formulate and adapt to our settings in order to improve the quality of care in Africa and Cameroon in particular.

My interest so far in stroke medicine and epilepsy has been fueled by my stay here, and I hope to acquire more skills in these two domains in the future.

I would like to humbly acknowledge the totally different spectrum of neurological disorders between Cameroon and Salzburg with a predominance of neuroinfections and epilepsies in the former compared to neurodegenerative and neuroinflammatory diseases in the latter. I wish to recommend and encourage that an exchange fellowship be done for neurologists from countries with low prevalence of neuroinfectious diseases to WFN collaboration centers in Africa and vice versa to expand our scope on neuropathologies and its management. It will be with great joy to receive them, and I am confident that this action would be considered in the nearest future as this will pave the way for future collaborations and joint research projects.

My stay in Salzburg was one full of rich memories, both socio-culturally, academically, and professionally. My thanks go to the Prof. Eugen Trinka, Drs. Slaven Pikija, Giorgi, Matthias, Nelel Bubel, Andreea Toma, Ivan Uradnicek, Eirini Mylonaki, and many more for easing my understanding, and sometimes translating the scientific presentations in a predominantly German language. This language, though a challenge for me in the beginning, became more and more fascinating and easy to comprehend. Once more, I say thanks to them for their companionship and assistance during my stay. Salzburg filled me with her history. Literally, the "Salt Fortress" and the birthplace of the famous composer Wolfgang Amadeus Mozart (which I had the opportunity to visit), the famous Mirabel Palace and its gardens best known because they famously starred in "The Sound of Music" during the scene in which Maria and the von Trapp kids danced around its Pegasus Fountain, singing "Do-Re-Mi."

Once more, my humble appreciation goes to the WFN, OEGN, and the Christian Doppler Clinic Salzburg for granting me this opportunity. My gratitude goes to Prof. Eugen Trinka for accommodating me into his health facility and for his assistance through his team of neurologists whom I cherish and admire. •

My stay in Salzburg was one full of rich memories, both socio-culturally, academically, and professionally. My thanks go to the Prof. Eugen Trinka, Drs. Slaven Pikija, Giorgi, Matthias, Nelel Bubel, Andreea Toma, Ivan Uradnicek, Eirini Mylonaki, and many more for easing my understanding, and sometimes translating the scientific presentations in a predominantly German language.

DEPARTMENT VISIT REPORT

Montreal Neurological Institute, Canada

BY MARÍA EUGENIA BRISEÑO GODÍNEZ

I am a resident of neurology at the National Institute of Neurology and Neurosurgery in Mexico City. I had the privilege to be selected for the WFN Department Visit Program 2019 in Canada. I did an observership for a month in the Montreal Neurological Institute. There, I chose to be in the two services that interest me the most as a training neurologist: epilepsy and neuromuscular.

The first two weeks I was under the tutoring of Dr. Kobayashi, who not only was kind but also shared her knowledge about the treatment of patients with epilepsy. This allowed me to spend some time in the epilepsy monitoring unit; there I saw how important it is for the management and diagnosis of the patient to have the right infrastructure.

During the last two weeks, Dr. Massie accepted me in the neuromuscular unit. There, I was impressed when I saw how the ALS clinic was organized; every patient attended there receives an amazing multidisciplinary care that impacts positively on their life quality. This example of care made me feel really motivated.

In conclusion, this experience was valuable to me, because it allowed me to see and learn how neurology is practiced in a place with all of the resources. It represented a life example that will improve my knowledge as a future neurologist and the way I will treat patients in my country.

This opportunity was mind opening and for sure will be for future residents. There is nothing but gratitude to this kind of program and to the people who made it possible. •

JOURNAL OF THE NEUROLOGICAL SCIENCES

Editor's Update

BY JOHN D. ENGLAND, MD


JOHN D. ENGLAND, MD

The *Journal of the Neurological Sciences* is publishing a series of articles in a two-part Special Issue on "Addiction Medicine." The editor for this Special Issue is Dr. Mark S. Gold, a world-renowned psychiatrist and addiction medicine expert.

Substance abuse and drug addiction are a major unmet public health problem. A major part of this problem is the "opioid epidemic." However, alcohol and other substances are also major contributors to this significant public health burden.

The magnitude and scope of these issues mandate that all health care providers and public health officials be better informed about the recognition and treatment of patients with substance use disorders. As part of our journal's mission to inform and educate readers about significant public health issues in neurology and psychiatry, we are publishing the first of a two-part Special Issue on "Addiction Medicine."

The authors of these articles are all world experts on a particular aspect of "Addiction Medicine." Topics range from basic neuroscience to clinical diagnosis and treatment of substance use disorders and addiction.

We hope that these articles will provide readers with a better and more complete understanding of the current state of "Addiction Medicine." The first part of this Special Issue is accessible via the website for the *Journal of the Neurological Sciences* or the link via ScienceDirect. •

John D. England, MD, is editor-in-chief of the *Journal of the Neurological Sciences*, the official journal of the WFN.

WOMEN AND NEUROLOGY

A Special Session of the Turkish Annual Neurology Congress

BY PROF. SEREFNUR OZTURK

Traditional "In The Region" sessions during the annual neurology congresses have focused on a variety of subjects for more than 10 years. Many of the subjects have been explored with the contributions of delegates from countries that are in collaboration with the Turkish Neurological Society during The Turkish Annual Neurology Congress. "Women and Neurology" was the focus for this year.

Session Chairs Prof. Aksel Siva and Prof. Serefnur Ozturk, president of the Turkish Neurological Society, explained the mission of this session. Prof. Siva said the collaboration in the region with the neighbor countries is important to understand the problems and to improve solutions. Delegates of the neighbor countries are invited as speakers in "In the Region" sessions by the Turkish Neurological Society every year.

The topics of women as manpower in neurology as well as neurological disorders in women were discussed by the invited speakers. Gender-specific disorders in the region were evaluated by the delegates, and potential solutions were suggested.

Prof. Ozturk explained the current situation of manpower in neurology. She said the rate of female neurologists in Turkey is 51%. For residents, this rate

is higher (35% male residents versus 65% female residents). The directors of the neurology departments consist of 56% female and 44% male directors. Neurological disorders in women must be considered as a special group of the common disorders, and differences between countries must be evaluated in the region. It was suggested that immigrant women are an increasingly vulnerable group of this population and must be cared for with a special system by the health ministry.

Prof. Vida Damarin (Croatia), Prof. Anita Arsovska (Macedonia), Prof. Nune Yeghiazaryan (Ermenia), Prof. Gennarina

Arabia (Italy), Prof. Anna Lebedeva (Russia), and Prof. Ahmad Khalifa (Qatar) reported the manpower rates in neurology for their countries. The epidemiological distribution of neurological disorders in women were discussed by the invited speakers. Cerebrovascular diseases, migraine and other headaches, and multiple sclerosis were more prevalant disorders in women in the region, and risk factors were also significantly higher in women, according to the presentations.

This special meeting highlighted the importance of future collaboration to increase the quality of life in women with neurological disorders in countries that share similar conditions, cultures, and lifestyles. •

Prof. Serefnur Ozturk is the president of the Turkish Neurological Society, Selcuk University Faculty of Medicine, Department of Neurology in Konya, Turkey.

DEPARTMENT VISIT REPORT

Frankfurt, Germany

BY DR. MERIEM AOUFI

Thanks to the World Federation of Neurology (WFN) for the German department visit grant, I have spent four weeks in the department of Prof. Helmuth Steinmetz in the Goethe University Johan Wolfgang Hospital in Frankfurt.

During my stay, I trained for two weeks in the comprehensive stroke care unit (20 beds) and for another two weeks in the epilepsy video-EEG-monitoring unit (8 beds).

In my hospital, where I am a resident in my fourth year, we don't have a stroke unit, and thus we refer these patients to other hospitals with stroke units. We also don't have video-EEG monitoring. Therefore, it was a great opportunity for me to acquire knowledge and skills in acute stroke management and vascular secondary prevention as well as complex epilepsy differential diagnoses and presurgical workup to select patients who are candidates to undergo surgery for refractory epilepsy.

Prof. Steinmetz and his team were nice and friendly, and although the language was a bit difficult for me, they were so kind to explain to me. Thanks to the team, I have learned novel skills and knowledge to bring home and also had friendships that will last hopefully a lifetime.

Frankfurt is a beautiful and prosperous city. One can spend one's free time in numerous parks, museums, or especially near the Main river.

I highly recommend my colleagues to apply for these grants, and I am very thankful for this opportunity. •

Dr. Meriem Aoufi is a resident in her fourth year at the EHS Ben Aknoun, Algiers, Algeria.

World Stroke Day Celebration

''विश्व स्ट्रोक दिवस'' पर माननीय मुख्यमंत्री श्री अशोक गहलोत द्वारा पोस्टर का विमोचन।

''विश्व स्ट्रोक दिवस'' पर माननीय मुख्यमंत्री श्री अशोक गहलोत द्वारा पोस्टर का विमोचन।

BY R.S. JAIN, MD, DM NEUROLOGY

It is always a Herculean task to educate the illiterate in large numbers with limited resources in the biggest and most prestigious government medical college institution of the state like ours. Two posters on World Stroke Day were released by Hon. Chief Minister of Rajasthan State Shri Ashok Gehlot.

An exhibition for public education was organized by the Department of Neurology and was inaugurated by Principal Prof. Dr. Sudhir Bhandari and Medical Superintendent Prof. Dr. D.S. Meena.

The posters were prepared in Hindi (the local language) with photographs explaining types, causes, risk factors, treatment, and prevention of stroke. They were displayed in a big Registration Waiting Hall of the OPD block involving more than 10,000 patients every day. There was a continuous display on eight big hanging TV screens in the hall as well.

Brain models were displayed for better understanding by the general public. Pamphlets and folders in simple Hindi providing information about various aspects of stroke were also distributed. All of this was nicely covered by the media. News was published Oct. 30, Nov. 2, and Nov. 4, 2019, in the leading Hindi newspaper of the state "Rajasthan Patrika." TV channels also covered this public awareness event.

We have a Cardio Neuro Medicine Centre (CNM) located in the emergency department with availability of a neurologist and cardiologist 24 x 7 to deal with acute stroke especially for thrombolysis during the therapeutic window period. We also have a well equipped DSA lab with facility for all types of neurointerventional procedures including stenting and coiling.

This activity was also beneficial in sensitizing postgraduate students of medicine and neurology handling stroke cases especially in view of the upcoming Stroke ICU in our institution. •

R.S. Jain, MD, DM, is the senior professor and head of the Department of Neurology, at SMS Medical College and Hospital in Jaipur Rajasthan, India.

बदलती जीवनशैली से बढ़ती मुसीबत

ब्रेन स्ट्रोक हो रहा है 'जवान', 60 से घटकर 30 की उम्र तक पहुंचा

पत्रिका न्यूज़ नेटवर्क
patrika.com

जयपुर. तनावभरी जिंदगी, नियमित कसरत नहीं करना, डाइट की कमी, शराब और धूम्रपान का सेवन। कब आप धीरे-धीरे ब्रेन स्ट्रोक के जद में पहुंच जा रहे हो पता ही नहीं चल रहा। 60-70 साल के बुजुर्गों की यह बीमारी अब 30-40 साल के युवाओं को भी होने लगी है। चिकित्सकों ने इसकी वजह तेजी से बिगड़ती जीवनशैली को बताया है। इसके अंदाजा इससे भी लगाया जा सकता है कि सवाई मानसिंह अस्पताल के न्यूरोलॉजी विभाग में हर महीने करीब 100 से 150 मरीज ब्रेन स्ट्रोक के आ रहे हैं। चिकित्सकों का कहना है कि तम्बाकू का सेवन और हाई ब्लड प्रेशर ब्रेन स्ट्रोक का मुख्य कारण है।

चिकित्सकों ने बताया कि एक साल में करीब छह हजार लोग ब्रेन स्ट्रोक हो चपेट में आ रहे हैं। इनमें से तीन हजार करीब युवा हैं। इस बीमारी में महिलाओं की तुलना में पुरुषों की संख्या ज्यादा है। एनल्स ऑफ इंडियन एकेडमी ऑफ न्यूरोलॉजी जर्नल में युवाओं में ब्रेन स्ट्रोक के मामले बढ़ने की बात सामने आई है। फिफ्टी ईयर्स ऑफ स्ट्रोक रिसर्च इन इंडिया शीर्षक नाम से प्रकाशित रिसर्च पेपर में कई शोधों

एसएमएस अस्पताल में हर महीने 100-150 मरीज आ रहे हैं, महिलाओं की तुलना में पुरुषों की संख्या ज्यादा

85% को होता है इस्केमिक स्ट्रोक

चिकित्सकों ने बताया कि स्ट्रोक दो तरह से होते हैं, इस्केमिक और हैमरेजिक स्ट्रोक। इस्केमिक में सिरदर्द नहीं होता, इससे इसका पता ही नहीं चल पाता। परिजन भी इसे नजरअंदाज कर देते हैं। युवाओं में 85% इस्केमिक स्ट्रोक और 15 प्रतिशत में हैमरेजिक स्ट्रोक होता है।

यों पहचानें इस्केमिक स्ट्रोक

अचानक से शरीर के आधे हिस्से में कमजोरी आना।

अचानक आवाज में तुतलाहट आना या आवाज बंद हो जाना।

अचानक आंख की रोशनी में कमी या दिखाई नहीं देना या डबल दिखना- अचानक शरीर का बैलेंस गड़बड़ाना, चाल में लडखड़ाहट।

नजरअंदाज न करें, तुरंत दिखाएं

लक्षण 24 घंटे से अधिक समय तक रहें तो ब्रेन स्ट्रोक हो सकता है। मरीज को तुरंत डॉक्टर को दिखाना चाहिए। यदि किसी व्यक्ति में स्ट्रोक के लक्षण दिखते हैं और वह स्वत: ठीक भी हो जाते हैं, तो इसे ट्रांजियंट इस्केमिक स्ट्रोक (टीआइए) कहते हैं। ये ब्रेन स्ट्रोक की चेतावनी है।

युवाओं में ब्रेन स्ट्रोक की समस्या बढ़ गई है, जो कि चिंता का विषय है। युवाओं को नियमित ब्लड प्रेशर और ब्लड शुगर की जांच करानी