

WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 17, NUMBER 2, JUNE 2002

PRESIDENT'S COLUMN

With the completion of new committee appointments for the Chairs and members, we have now begun to implement some priority projects of WFN. The Trustees conduct most business transactions during monthly telephone conferences, which Jim Toole, the immediate Past-President, initiated at the beginning of his term four years ago. It is a unique experience to chair such international calls attended by seven Trustees, all from different countries, speaking English with a particular *(cont. on page 4)*



From right to left: Chris Messis, President of the Cyprus Neurological Society, Nashua Miladi, President of North Africa Region and Vice President of WFN, Elena Messis, Jun Kimura and Wolfgang Grisold.

DISTRIBUTION OF 'WORLD NEUROLOGY'

Important Announcement

At a meeting of the Editorial Board of *World Neurology* held in Denver during the annual conference of the American Academy of Neurology, it was agreed that all readers should be consulted on how they would like to receive future copies of the publication. Because *World Neurology* is accessible on the WFN Website, it is proposed that each issue may either be read or downloaded from the site and that this electronic format should be the prime means of distribution to the membership.

Alternatively, readers may prefer to be sent a copy as an e-mail attachment. Finally, there may be those who do not have Internet access or who choose to continue to receive a hard copy of the newsletter, for these the current arrangements will remain unchanged. A number of factors lie behind this proposal, including cost issues, delays in current distribution provisions by surface mail, etc.

Readers are asked to notify the London Office at the earliest if they wish to continue to receive future issues by either (a) e-mail attachment or (b) hard copy. Other-

wise, it will be assumed that a member is willing to access his or her copy on the WFN Website. **These new arrangements are likely to come into effect early in 2004.**

It would also be helpful to the Federation if members could supply current e-mail addresses when responding, together with the website address of their national neurological society, so that our records may be kept up-to-date. Finally, please indicate below whether or not you wish to receive advertising information.

Editor-in-Chief

ALSO IN THIS ISSUE:

- Editorial
- WFN Committee Meeting
- Research Group Reports
- Reconstituted WFN Committees
- Neurology and WHO
- MS in Asia
- Book Reviews & Calendar

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EDITORIAL

It has become imperative to cut the cost of mailing hard copies of *World Neurology* to the WFN membership spread throughout 90 countries of the world. Electronic media now have become important means of communication that are both cheaper and quicker. At the recent Editorial Board meeting of *World Neurology* held in Denver, a decision was taken to ask the WFN membership to access *World Neurology* through electronic media. An appeal is made to all the members of WFN to respond to the important announcement printed on the title page and help their own organization to budget funds for other development works.

It was in Denver that the newly elected Trustees of WFN, new Committee Chairs and members of various committees, had the chance to meet for the first time. Important decisions were taken for future courses of action by WFN. The WFN's CME study group programme was discussed in detail. It is heartening to learn that some 31 member societies are now taking part in this programme. The Research Committee also evolved new strategies for the future and emphasis was laid on new and emerging neuro-therapeutics, results of basic and clinical research. Each Research Group is expected to contribute to the WFN website a brief review of their programmes and results on a six monthly basis. Annual reports of some of the Research Groups are included in this issue.

The WHO Publication on Genomics and World Health is an important reminder to those engaged in this field. Gene sequencing has done wonders, and is still an ever expanding field. However, this WHO publication also warns of a number of technological risks and ethical, social and economic implications of genomics. Human cloning and its dreadful consequences for society have already been highlighted in these columns in the past; however, research in genomics for the welfare of mankind is a step in the right direction.

The First Vice President Johan Aarli is in the process of promoting a better understanding of the role of WFN, diseases of the nervous system and their recognition by WHO. It is expected that the efforts of WFN to have Neurological Diseases recognised as a separate section in WHO will bear fruit since we know that 1 in 10 people die of nervous system diseases.

As Editor-in-Chief of *World Neurology*, I had the privilege of attending the meet-



Meeting of World Stroke Association. From right to left: Antonio Culebras, James F Toole (USA), B Chandra (Indonesia), Ruth Bonita (WHO), Huang Chea (Hong Kong), Frank Yatsu (USA), Shah Ibrahim (UK). Others were JP Mohr and Allen Magnis (USA), Thomas Touches (WHO).

ings of the World Stroke Association, the International Stroke Society, and the WFN Committee on Stroke Affairs and Liaison, all held during the 11th European Stroke Society Conference in Geneva May 29 – June 1, 2002. The best part of these meetings was the exchange of ideas between the members and three important representatives from WHO.

Stroke is a devastating illness and warrants immediate care because the mortality and morbidity are high. The impact of Stroke on society should ring alarm bells and these views were echoed by everyone who took part in these meetings. It was emphasized that neurologists should play the major role in the treatment of stroke patients although there is considerable need for input from the non neurologist, be it a cardiovascular or a neurosurgeon, radiologist or rehab people. 'Stroke Units' need to be established in all hospitals for urgent care to reduce mortality and morbidity. WHO has recognized that 'Stroke' is as important as the cardiac diseases and therefore it has been taken out from their cluster of Mental Health Diseases. However, locating it within Cardiovascular Diseases needs reconsideration by WHO. It was stressed that stroke is a vascular disease and should not be clubbed together with Cardiovascular Diseases, since the latter's contribution to stroke is far less. The risk factors for stroke and cardiovascular diseases may be common but the course of action in both is widely different. The various committees at Geneva requested WHO that stroke be considered a separate entity

for prevention, treatment and rehabilitation, and rightly so. It was emphasized that neurologists should come forward and take full responsibility for the care of stroke patients, which should also include interventional procedures.

As per a WHO publication in 1998, 12.4 million people died from heart attacks and strokes. Deaths from heart attacks were 7.3 million and from strokes, 5.1 million of which 5.4 million and 4.2 million respectively were in low and middle income countries. The WHO global scenario in 2001 showed one heart attack every 4 seconds and one stroke every 5 seconds. Why then this insistence on classifying Stroke under Cardiovascular Diseases? Stroke requires immediate attention and this needs to be realized by the Health Ministries of various countries, WHO, NGO's and neurologists.



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

(*President's Column – cont. from page 1*) accent (which allows the chair to identify who is talking!). Chairmen of some Committees, appropriate for specific agenda items under consideration, are also invited to participate, making discussions more lively and to the point. Despite the common belief to the contrary, exchange of views over the phone works surprisingly well, and we achieve a consensus for most, if not all, deliberations at hand. Picking the dates available to all participants, however, poses a major challenge for Sheila Mennen, my secretary in charge of WFN.

Monthly phone discussion notwithstanding, it is sometimes necessary to have a face-to-face meeting to resolve certain issues, talking to each other in person. Thus, a few Committees convened in April during the annual meeting of the American Academy of Neurology, which usually provides a golden opportunity to plan such a get together because this national assembly attracts a large number of foreign delegates from different corners of the world. The WFN related meetings in Denver included Education Committee (chaired by Ted Munsat), Publications and Website Committee (François Boller), and Research Committee (Roger Rosenberg), in addition to the Editorial Boards of *Journal of the Neurological Sciences* (Robert Lisak) and of *World Neurology* (Jagjit Chopra). I am happy to report that the Committees and the Journals are off and running with renewed interest and enthusiasm. For the sake of brevity, I will not dwell on the details of actions but an overview of their activities will soon appear in *World Neurology* and on our website, www.wfneurology.org for your perusal.

The primary mission of WFN, as stated in our Memorandum, centers on promotion of improved care for patients with neurological disorders, primarily through education of physicians in developing as well as developed countries. We employ many different strategies such as exchange of



From right to left, Rolando Haack, Past President of Venezuela Society of Neurology, his wife Arline, Jun Kimura and Simon Starosta and his wife Claudia.

research information, publication and dissemination of educational material, support for residency training, and funding of travel scholarships. In addition, we organize the quadrennial World Congress of Neurology, and endorse regional and national meetings of neurology as one of the most effective means of continuing medical education. Thus, it was my great pleasure to attend the 10th Venezuela Congress of Neurology combined with the 3rd National Congress of Pediatric Neurology held in March under the direction of Professor Rolando Haack. The peaceful atmosphere of Merida, a town in the midst of the Andes, created a deceptive sense of tranquility, despite the political turmoil surrounding the country, which later led to an ill-fated three-day military coup d'état. I was also a guest of Professor Chris Messis who, in April, organized the First Mediterranean Congress of Neurology in Cyprus, assembling some 200 neurologists from the neighboring countries. We all enjoyed excellent scientific and social programs in a most friendly atmosphere.

Our Federation takes no stand on political issues, but watching the current violent confrontations reported in many parts of the world, I cannot help expressing my personal hope that crises abate without further escalation of human suffering. We must overcome racial differences and exploit peaceful means to solve potential conflicts. It was, thus, particularly good to see in these regional congresses that neurologists are engaged in constructive discussions, working together for the common purpose of advancing clinical neurology and neurosciences, despite diverse religious beliefs and political convictions.



Jun Kimura, MD
President WFN

WFN ZAMBIA PROJECT — NEUROLOGICAL INSTRUCTOR FOR AFRICA

The response to the Federation's call for a volunteer to work on the WFN Zambia Project (Director: Dr Gretchen Birbeck) at Chainama College of Health Sciences in Lusaka, Zambia, drew a staggering response with approximately 40 well qualified and enthusiastic neurologists writing to express their interest. As a result, the project has been slightly modified from its original format and it is now hoped that more than one person will have the opportunity to take part. If so, their visits will take place in succession and bring a wider variety of expertise and experience.

For those interested in Dr Birbeck's work in Zambia, an article features in the first issue of the *Lancet Neurology* (<http://neurology.thelancet.com/>).

WFN COMMITTEE MEETINGS DENVER – APRIL 2002

The Annual Meeting of the American Academy of Neurology in Denver, Colorado provided the first opportunity for many members of new committees appointed by incoming WFN President, Dr Jun Kimura, to meet face-to-face. In total, 9 committees assembled in the 'Mile High City' over a period of 4 days.

First to meet on Sunday, April 14th were the Trustees who discussed subjects ranging from progress on arrangements for the Council of Delegates meeting in Vancouver, policy on reimbursement of travel and accommodation costs, development of a public relations strategy and liaison with the World Health Organization. They were later joined by a number of those Committee Chairmen present in Denver for a joint meeting, at which brief reports were presented. The Secretary-Treasurer General spoke about the turnover of the WFN and the system it had set up of prospective budgeting and quarterly monitoring. Committee chairmen would be required to itemize their budget applications in advance and submit them to the London Office. The intention was to encourage committee and Research Group activities, properly financed. There was now, for instance, support available for RG activities in the form of loans for a meeting in exchange for a share of any profits realized, and travelling assistance in the form of Fellowships to attend RG meetings. The President informed committee chairs that the Trustees held monthly teleconference calls and that if they wished to take part they could let the London Office know. He recommended calls as a useful way of maintaining regular contact between their own committee members as well.

On Monday, the Editorial Board of the *Journal of the Neurological Sciences* held

a breakfast meeting, and the Editorial Board of *World Neurology* a lunchtime meeting. Submissions to the JNS had originally been in the mid 400s with a 75% acceptance rate but with changes that the Editor had introduced this had fallen initially to 40%. The rate had since climbed back to 60% and the articles were now of a much higher quality. Circulation figures were 4,500 approximately. At the WN Board meeting, the focus was on whether hard copy distribution should be withdrawn, unless specifically requested, in favour of dissemination in electronic format, either by downloading from the WFN website or by e-mail attachment. For those wishing to retain present arrangements, the possibility was discussed of securing the assistance of Delegates and national societies to distribute copies through their postal systems with the WFN reimbursing the costs incurred.

The Publications & Website Committee met in the evening. The two design proposals for the WFN website put forward by the new Webmaster, Dr De Sousa, were considered, together with issues such as sponsorship and advertising on the site. The Committee were informed of plans for a library of neuro-images that could be consulted by neurologists worldwide. A small Website sub-committee under the chairmanship of Dr Boller was established to interact with Dr De Sousa and oversee the project as it developed. The contractual and other arrangements for various WFN Research Group-related journals were also discussed, including *Parkinsonism & Related Disorders*, *Alzheimer's Disease and Allied Disorders* and the *ALS Journal*.

On Tuesday, 16th April, breakfast meetings of the Task Force on Neurological Services and the Structure & Function

Committee took place; a small lunchtime meeting was held of the Educational Co-ordinators from a few of the participant countries in the WFN's CME Study Groups Program; and in the evening, the Federation's Education Committee assembled. The Task Force reviewed progress on the survey being conducted into neurological training and in particular the difficulties encountered in getting replies from certain countries. The most important of the countries to identify tended to be non-WFN members or have no programmes. Some 31 Member Societies were now taking part in the CME Study Groups Program and there were varying degrees of success. The role of Co-ordinator was the key and on the whole the signs were encouraging.

The Research Committee, under the chairmanship of Dr. Roger Rosenberg, convened on Wednesday morning. Sixteen or so of the Research Groups were represented at the meeting and each gave a summary of their current and recent activities, together with plans for the future. The Chairman enlarged on his concept of a unifying theme for the widely disparate specialty interests represented on the Committee, focused over the next four years on New and Emerging Neuro-Therapeutics: Results of Basic and Clinical Research. What this would entail for each RG was the contribution to the WFN website of a brief 'mini' review of therapeutic developments in their field with updates every six months. In this way, a valuable resource of neurological data would be available, helping to enhance the value of the WFN Website for neurologists and neuroscientists worldwide.

WFN RESEARCH GROUP REPORTS

Research Group on Neuro-ophthalmology and Neuro-otology

During the past year, the Neuro-ophthalmology/Neuro-otology Research Group has been going through a phase of re-organization. Dr. Leigh took over as Chair of this group from Dr. James Corbett in April 2001 and discussed possible new developments with colleagues at the WCN



Destination Australia – XVIII WCN, Sydney 2005. Melbourne, another tourist attraction and venue of this year's Motor Neuron Diseases Research Group Annual Symposium.

meeting in London in June. One clear need is to facilitate the process by which neuro-ophthalmologists and neuro-otologists in developing countries can continue to receive specialist training in the wake of the September 11th tragedies. An equally important thrust of our efforts is to foster close e-mail contact between this community. Exchange of research and clinical data (such as figures and video clips) is a powerful new way to spread new concepts and approaches in the field. To this end, we will be developing a website at which brief clinical cases and research reports can be posted, including figures and video-clips. Besides serving as a means to rapidly disseminate information, an important goal will be to develop a video-based library of interesting and informative clinical cases that can be accessed freely over the internet.

Individuals interested in contributing to the website should contact Dr. Leigh at his address available from the London office. One specific goal for the WCN in Australia in 2005 will be to hold a neuro-ophthalmology - neuro-otology symposium, with most contributions coming from individuals in developing countries. Our present funds will be mainly used to support the development of the website. We are soliciting funds to support the WCN symposium in Australia.

R. John Leigh, MD
Cleveland, USA

Research Group on Motor Neuron Diseases

The Committee has continued to expand its activities during the past year. The membership has increased. The Committee has started a scientific journal. It has continued to play a major role in planning and contributing to the annual Symposium on MND/ALS organised by the Motor Neuron Disease Association (UK). A one-day satellite meeting was organized by the Research Group before the annual symposium in San Francisco, which was attended by more than 100 members and others. An internet-based discussion group is open to all members, and is widely used for discussion of pertinent topics in the field of ALS research, patient care, and related topics, including measurement, and topics related to spinal muscular atrophy. The Research Group continues to keep its website active (wfnals.org). The website is linked to other relevant websites, including the WFN itself, the various national ALS Associations, sources of research data, and an ALS genetic

database on the web. An annual business meeting is held in conjunction with the Annual MND/ALS Symposium. These items are briefly described below:

a) Membership: During the year, it was decided to levy a small charge for membership, either paid alone, or to be collected by inclusion in a reduced price subscription to the journal. Currently, membership stands at around 250, of whom about 200 are active members. **b) Journal:** *Amyotrophic Lateral Sclerosis and Related Motor Neuron Disorders* completed its first year of publication in 2001. Five issues were published during the first year (the inaugural issue published at the end of 2000 was included as part of Volume 1), together with three supplements. At the end of its first year, the journal achieved citation in the Index Medicus, and in various other citation index systems. In addition, it achieved a citation index of greater than 3.2, a remarkable ranking in a single year of publication. The journal will continue to publish four issues annually. **c) Annual Symposium:** All are well attended through the two and a half days of the meeting. The Symposium held in San Francisco in November attracted nearly 400 delegates, down from the 800 bookings following the September 11 disaster. In 2002, the Symposium will be held in Melbourne, Australia. **d) Satellite meeting:** The Research Group organised a satellite seminar, open to all members of the Group, the day prior to the Annual ALS/MND Symposium, in San Francisco, on Measurement In ALS, intended to argue the case for and against various measures of progression or improvement in the course of the disease that might be used in clinical practice or in clinical trials of putative new agents. This attracted lively discussion, and will be published during 2002 as a supplement to the journal. **e) Internet:** A web-based discussion group flourishes. Charges for this, payable to Yahoo, are borne by the Research Group. The wfnals.com website receives more than 1000 hits per week, from investigators, individuals seeking help and others. The cross-linkages in the site are especially helpful. Many ALS Centres across the world are described and listed. The website is under the management of a committee made up of members of the Research Group itself, and has recently been reconstituted for a new three year term. Changes and developments will be made in the coming year.

Michael Swash, FRCP
London, UK

Research Group on Medical Education

The Research Group on Medical Education had a highly successful and busy year 2001. Our focus has been the education of patients, families, the global population generally, and primary health care workers. To this end, we completed work on the monograph, *Common Brain Disorders: A Guide for Non-Professionals*. In December, we were able to secure funding from a private source, and we anticipate publication of the finished document during the second quarter of 2002.

Our members, Donna Bergen and Gretchen Birbeck, reported at the World Congress in June concerning their continuing work on the neurology workforce globally and the role of primary healthcare workers in the provision of neurological services. This reflects the emphasis of our Research Group upon assessment of the needs for care in developing countries, and what can be done to lessen the treatment gap. Mary Baker has led the effort of our RG to determine the origins of stigma. This is a generic issue but seems especially problematic in the case of epilepsy. In collaboration with Rodney Elgie, President of Gamian Europe (a lay organization of mental health societies), we initiated a survey of patients and their families. The goal is to determine the perceived sources of stigma, the role of professionals in alleviating stigma, and the effects of terminology upon stigma. Clearly, we hope to identify means to overcome the long-standing reluctance of many people to obtain care, because of the twin problems of discrimination and stigmatization that may arise.

Our Research Group has spearheaded the work of WFN in its entirety to broaden the collaboration with the World Health Organization. The WHO initiative, Health for All, has been highlighted by our RG, in part because it recognizes that a primary health care infrastructure is the key to any population-based program of comprehensive provision of services that includes primary prevention, acute care, and rehabilitation. To facilitate this meritorious goal, our RG has assisted the leadership of WFN to broaden collaboration with our colleagues in the World Psychiatric Association (WPA). We view the 20th century schism between neurology and psychiatry as an historic aberration that benefits nobody and impedes progress in research, teaching, and patient care. Meetings were held in New Orleans (April) and London (July) at which time the WHO Director of Mental Health agreed to host a

meeting in Geneva during January, 2002, that would include representatives of both specialties, patient advocates and epidemiologists. The overarching goal of this collaboration for WFN should be to reform the International Classification of Diseases, to change the terminology of brain disorders by elimination of the pseudoscientific "mental illness" paradigm, and to engage in multidisciplinary projects that lessen the burden of nervous system disorders globally.

Matthew Menken, MD
New Jersey, USA

Research Group on Cerebrospinal Fluid

A CSF workshop was held on June 19th, 2001 during the XVIIth World Congress of Neurology, and was attended by a great

number of participants. Topics included CSF in infectious, tropical and metabolic diseases, as well as intrathecal immune responses and protein markers of neurodegenerative disorders. Some members of the Group were involved in a consensus paper entitled "Quality Assessment for CSF Protein Analysis: International Consensus by an Internet-based Group Discussion", now submitted for publication. By extending the work of this subgroup, a Website is now open to all members and other neurochemists and neurologists interested in CSF studies (www.teamspace.net/CSF). Development of this interactive Website is the main project of the Group within the next months.

C.J.M. Sindic, MD
Brussels, Belgium

RECONSTITUTED WFN COMMITTEES

Constitution and Bye Laws

Chair - Ashraf Kurdi (Jordan) **Members** - Saeed Bohlega (Saudi Arabia), Carlos Chouza (Uruguay), Giancarlo Comi (Italy), Lueder Deecke (Austria), Michael Donaghy (UK), Richard Godwin-Austen (UK), Osamah Elwan (Egypt), Asma Fischer (USA), John King (Australia), Federico Micheli (Argentina), François Maugière (France), Mark R Nuwer (USA), Bhim S Singhal (India), Nobuo Yanagisawa (Japan).

Education

Chair - Theodore Munsat (USA) **Members** - Saleh Al Deeb (Saudi Arabia), Slobodan Apostolski (Yugoslavia), Valerie Askanas (USA), Ali Benomar (Morocco), Donna Bergen (USA), Pierre Bill (South Africa), Gretchen Birbeck (USA), François Boller (France), Antonio Culebras (USA), Geoffrey Donnan (Australia), Anwar El Tribi (Egypt), Riadh Gouider (Tunisia), Wolfgang Grisold (Austria), Alla Guekht (Russia), Evugeny Gusev (Russia), Genjiro Hirose

NEW WFN TIE

One of the many success stories of the London World Congress was the launch of the new WFN silk tie, a reversal (blue 'Circle of Willis' on a red background) of the traditional tie worn by WFN members for a number of years now. For those who missed the opportunity to acquire this souvenir of a memorable Congress when in London or who could not attend WCN 2001, ties are available from the London Secretariat Office at the same price as the blue version £20.00 (US\$30.00) Ladies scarves (blue only, 31×31 inches) are also available for £30.00 (US\$50). Orders with payment to: WFN Secretariat, 12 Chandos Street, London W1G 9DR, UK.



(Japan), Lissette Jimenez (Puerto Rico), Jin Soo Kim (South Korea), Amos Korczyn (Israel), Ashraf Kurdi (Jordan), Hans Lüders (USA), Obsis Madkour (Egypt), Marco Medina (Honduras), Matthew Menken (USA), Najoua Miladi (Tunisia), Francisco Miyares (Cuba), Pauline Monro (UK), Jock Murray (Canada), Joao Nobrega (Brazil), Coskun Ozdemir (Turkey), Alberto Portera-Sanchez (Spain),

WINNERS OF THE GLAXOSMITHKLINE JUNIOR TRAVELING FELLOWSHIPS 2002

Dr Ahmed Siam Said	Egypt	World Federation of Neuroradiological Societies XVIIth Congress Paris, August 18–23, 2002
Dr Aive Liigant	Estonia	6th Congress of European Federation of Neurological Societies, Vienna, October 26–29, 2002
Dr Alladi Suvarna	India	8th International Conference on Alzheimer's Disease & Related Disorders, Stockholm, Sweden, July 20–25, 2002
Dr E. Ratnavalli	India	8th International Conference on Alzheimer's Disease & Related Disorders, Stockholm, Sweden, July 20–25, 2002
Dr Trilochan Srivastava	India	European Stroke Conference, Geneva, 29 May–1 June 2002
Dr Alberto Diaz Vasquez	Peru	5th European Congress on Epileptology, Madrid, Spain, October 6–10, 2002
Dr Carlos Cosentino	Peru	VIIth International Congress on Movement Disorders & Parkinson's Disease, Miami, USA, November 10–14, 2002
Dr Isidro Huarcaya Rodriguez	Peru	31st Annual Meeting of the Child Neurology Society, Washington, USA, October 9–12, 2002
Dr Miriam Velez Rojas	Peru	VIIth International Congress on Movement Disorders & Parkinson's Disease, Miami, USA, November 10–14, 2002
Dr Konrad Rejdak	Poland	AAN Meeting, Denver, USA, April 22–27, 2002

14TH MIGRAINE TRUST INTERNATIONAL SYMPOSIUM — RESEARCH IS THE KEY — 23–26 SEPTEMBER 2002



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Contact: MTIS Secretariat, 14th Migraine Trust International Symposium, Hampton Medical Conferences Ltd., 127 High Street, Teddington, Middlesex, TW11 8HH, U.K. Tel: +44 (0)20 8977 0011, Fax: +44 (0)20 8977 0055
 Email: mtis@hamptonmedical.com

Gustavo Pradilla (Colombia), Gustavo Roman (USA & Colombia), Luis Salguero (Guatemala), Amado San Luis (Philippines), Donald Silberberg (USA), Aksel Siva (Turkey), Herman Stefan (Germany), Zbigniew Stelmasiak (Poland), Adrian Tan (Singapore), James Temlett (South Africa), Todd Troost (USA), Noshir Wadia (India).

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Chair - Julien Bogousslavsky (Switzerland) **Members** - Jagjit Chopra (India), Donald Paty (Canada), Roberto Sica (Argentina), Frank Yatsu (USA), Michael Hennerici (Germany), Antonio Culebras (USA), Michael Donaghy (UK), Ryuji Kaji (Japan).

WCN Liaison

Chair - William Carroll (Australia) **Members** - Johan Aarli (Norway), Richard Godwin-Austen (UK), Chris Kennard (UK), Jun Kimura (Japan), Theodore Munsat (USA), Donald Paty (Canada), Alberto Portera-Sanchez (Spain), Roger Rosenberg (USA), Raad Shakir (UK).

WHO PUBLICATION ON GENOMICS AND WORLD HEALTH

Report of the Advisory Committee of Health Research

"Research directed at pathogen genomes will enhance our understanding of disease transmission". "Information generated by genomics will, in the long term, have major benefits for the prevention, diagnosis and management of many diseases which have been difficult or impossi-

ble to control". "If this (public education in genomics) is not achieved it will be impossible for society to enter into informed debate about ethical issues involved, and there is a danger that those who administer health services will be unable to distinguish between the hyperbole and reality in a new and rapidly expanding research field." The report comes on the heels of a major scientific break-through - the sequencing of the human genome. This remarkable achievement will undoubtedly

trigger off further discoveries in the hottest field of science to date. Given the remarkable speed of progress in genomics research, the coming decades are likely to see an enormous expansion of this field, with tremendous potential to benefit health care globally. Genomics will change for good health care as we know it. Specific molecular targets for therapy will be found for treating communicable and genetic diseases as well as for chronic ones including cancer, heart disease,

diabetes, asthma, the major psychoses, and many others. But not everything is rosy in the genomics garden. The report warns of a number of technological risks and ethical, social and economic implications of genomics. There are all-too-real dangers that the medical benefits of genomics research may be very expensive, thus making the existing inequalities in health care around the world even more pronounced. The lack of biotechnology and information technology capacity in many developing countries is also of concern.

Societies need to be better prepared for the era of genomics. Genomics research is complex and an understanding of its medical potential and the ethical issues involved requires a basic understanding of the basic principles of genetics. This publication serves as a state-of-the-art guide to this most exciting field of science.

The table of contents is as follows; (a) introduction (b) Genomics and the genome projects (c) The potential of genomics for health care (d) Relevance and time-scale of advances in genomics for global

health (e) The potential of genomics for the health of the developing countries (f) Potential risks and hazards of the applications of genomics and their control (g) Justice and resource allocation: implications for the post-genomic era (h) Ethical issues in genetic research, screening, and testing, with particular reference to developing countries (i) Education and policy (j) Recommendations for WHO and its Member States.

The publication can be ordered by e-mail: bookorders@who.int

11TH EUROPEAN STROKE CONFERENCE – A REPORT

The 11th European Stroke Conference was held at the Centre International de Conférence (CICG) in Geneva from 29th of May until 1st of June 2002.

This meeting, the largest yearly conference devoted to cerebrovascular diseases and stroke, took place for the second time in Switzerland. Over 2000 stroke doctors, scientists and other experts attended this conference from 61 different countries. It opened, on the first day, with teaching courses about clinical trials and their statistics, neurovascular interventions, stroke therapy update, imaging in acute stroke, neurorehabilitation after stroke, and emergency management of patients with stroke, which were led by some of the specialists in these subjects.

The main topics included: acute stroke

& symptoms and complications, acute stroke treatment and surgery, diagnosis ultrasound, experimental and genetic disorders, haemorrhage, management and economics, neuroimaging, PFO & cerebral venous thrombosis, risk factors and etiology, clinical trials, cognition and behaviour & vascular dementia, epidemiology, ongoing trials, recovery and rehabilitation, stroke outcome, neurosurgery & vascular surgery and new experimental issues.

Satellite symposia allowed leaders in the cerebro- and cardiovascular fields to provide additional information about modern stroke management & therapeutic options, the CURE study & its implications for neurologists, the CHARISMA trial, the benefits of blood pressure lowering therapy with angiotensin blockade (ONTARGET)

and a presentation of European stroke services. Finally, this meeting closed with an invited lecture from C. Fieschi who presented a very original and humorous retrospective of 35 years of stroke research in Europe.



Julien Bogousslavsky, MD
Trustee and Chairman, WFN Committee Stroke Affairs and Liaison Lausanne, Switzerland

INTERNATIONAL STROKE SOCIETY OPEN FORUM MAY 30, 2002, GENEVA, SWITZERLAND – A REPORT

As a follow-up to the International Stroke Society (ISS) Strategic Planning Conference held in London, United Kingdom, on June 13–14, 2001, at which long range planning for its goals and objectives were formulated, an open forum was held on May 30, 2002, in Geneva, Switzerland before the opening of the European Stroke Conference. This was organized by the Management Committee of the ISS and hosted by President-Elect Julien Bogousslavsky. Full details are available on the ISS website at www.stroke-iss.org. There were over 50 attendees, who joined together to determine the possibilities for international cooperation with the World Federation of Neurology, and other allied organizations, such as the American Stroke Association, the World Heart Federation, the World Federation of Neurological Surgeons, and various offices of the World Health Organization, including the Cardiovascular Surveillance Section and the Mental Health and Substance Depend-

ence areas, in which are housed the areas of vascular dementia and stroke.

Speakers included Harold Adams, Past Chairman of the Stroke Council of the American Stroke Association, who encouraged worldwide participation, including the need for more visibility and the independent groups to merge with others into a confederation for united action. Julien Bogousslavsky, re-emphasized that stroke is a major problem throughout the world and that most regions of the world do not have local stroke associations. Dr. Ruth Bonita, Director of the Cardiovascular Surveillance Section of the World Health Organization, pointed out that stroke has been assigned to the Cardiovascular Surveillance Section and that by the year 2020 AD, stroke and vascular dementia will be the number 2 and 3 causes of disability and death throughout the world and that this will produce an enormous burden upon all countries. Dr.

Shanthi Mendis of WHO emphasized the need for prevention by early identification and reduction of risk factors, particularly the use of tobacco, control of hypertension, and more emphasis upon proper diet. She called for global action on CVD with standards for secondary stroke prevention, as well. Dr. Leonid Prilipko described the actions of this section for the control of epilepsy, as a model for what could be done in the field of vascular dementia. Others who took part in the discussion were Drs. Gustavo Roman and Stephen Salloway who mentioned the formation of a new embryonic vascular dementia society, which would cooperate with the International Stroke Society. Mr. Brian O'Grady from New Zealand proposed the formation of a World Stroke Association for interdisciplinary activity to obtain commitment from political organizations and individuals who would interact with political and social groups for the formation of concerted action among physi-

cians, patients, patient advocates, health ministries, and officials of various governments. Dr. Antonio Culebras, representing the American Stroke Association was of the opinion that the ISS does not have a major voice in the WHO, that we should have both professional and lay action organizations working in partnership and that the American Stroke Association would desire to interact as part of this Federation.

After a lunch break, the afternoon session was an open forum in which all attendees presented their views and perceptions of needs in the parts of the world from which they come, e.g. it was pointed out that China has no stroke society and yet stroke is the number one cause of disability and death in China. The United Kingdom has a modest stroke organization but fewer than 200 people interested in vascular disorders who would espouse stroke as their priority. Dr. James Robertson represented the World Federation of Neurological Surgeons and pointed out that this group meets every four years and has 15,000 members. He voiced the opinion that one spokesman organization should deal one-on-one and that a federation of societies who have interest in stroke be formed to have a sole organization for ensuring united action worldwide, particularly vis-à-vis the World Health Organization and



Group photograph of attendees at ISS meeting

other international groups, as well as national groups, particularly health ministries and national funding agencies.

James Toole, moderator, was of the opinion that the website must have backing both by individuals and societies with contributions and funding from each.

At the end of the open session, it was decided by a show of hands that the concept of forming a World Federation of Stroke be explored. Dr. Toole appointed

Antonio Culebras as the Chair of a committee to begin the construction of statutes and bylaws and means for organization and procedural action. The consensus was to proceed further and to continue interaction via the Internet with the International Stroke Society as the coordinating agency.

James F. Toole, M.D.
President, International Stroke Society

NEUROLOGY AND WHO: CHALLENGES AND ISSUES – A REPORT

In 1993, the World Health Organization (WHO) launched a global programme on Neurology and Public Health. The aim of this initiative was to increase the public and the professional awareness about existing possibilities for the prevention and treatment of a number of neurological disorders based on modern achievements in basic and medical science. In this programme, it is explicitly stated that WHO would like to see neurology enriched by a public health attitude and emphasises the public health importance of neurological illnesses.

Neurological service in Western countries varies from 1 to 2 neurologists per 20,000 to 1 per 100,000 inhabitants while in major parts of the world, neurology either does not exist or is marginally present. Still, diseases of the nervous system are among the most prevalent health problems today. Almost 1 in 10 people die of nervous system diseases. Stroke, dementia, epilepsy and parkinsonism are important factors determining mortality and morbidity. With increasing age of the population, the portion of the global burden of disease attributable to mental and neurological

disorders will rise and more than half of the world's population over the age of 65 years now lives in less-developed countries. Smoking, high blood pressure, in-

adequate diet and lack of physical activity remain risk factors for cerebrovascular diseases in all countries. Anti-smoking and physical training programmes should

FINANCIAL SUPPORT FOR WFN RESEARCH GROUP MEETINGS

The WFN welcomes the opportunity to give its support to meetings arranged by Research Groups through its website, *World Neurology*, its stand at meetings (EFNS, AAN etc.) and by other means. The WFN expects prominent acknowledgement of this support in all publicity material published by the organisers of Research Group meetings.

In addition, the WFN may give financial support for such meetings as follows:

i) **Contractual Relationship:** The WFN may advance to the Research Group organizing the meeting a loan of £10,000, £15,000 or £20,000 which shall be repayable within three months of the end of the meeting. If a profit is realized, 10% shall be paid to the WFN and 90% retained by the Research Group for a loan of £10,000 and 15% or 20% of profits paid to the WFN for loans of £15,000 or £20,000 respectively.

ii) **Other Support:** It shall be open to a Research Group, including any holding a meeting under contractual arrangements as specified in (i) above, to apply to the WFN for financial aid in the form of bursaries, support for free registrations etc. Applicants must provide details of how any award shall be spent. Priority shall be given to assistance for delegates from developing countries and those undergoing economic difficulties. Such applications shall be considered on an ad hoc basis by the Trustees who may seek advice as they think appropriate and, if an award is made, it shall not be repayable.

therefore be incorporated in patient counselling as well as in multidisciplinary neurorehabilitation. These are major challenges also for the World Federation of Neurology.

World Federation of Neurology is in official relations with the WHO. It is the purpose of WFN to improve human health worldwide by promoting prevention and the care of persons with disorders of the entire nervous system by fostering the best standards of neurological practice; educating, in collaboration with neuroscience and other international public and private organisations; and facilitating research through its Research Groups and other means. WFN meets the criteria described by World Health Organization for official relations of non-governmental organizations (NGOs). These are the privileges conferred on NGOs by relationship with WHO (i) the right to appoint a representative to participate, without right to vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the conditions set up by WHO (ii) access to non-confidential documentation and such other documents as the Director-General may see fit to make available through such special distribution facilities as WHO may establish (iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

Regional neurological associations may establish links to WHO. They are affiliated to international NGOs that are in official relations with WHO. According to the criteria for the admission of NGOs into official relations with WHO, organiza-

tions eligible for admission into official relations with WHO include various types of international NGOs with a federated structure. The regional neurological associations are, therefore, probably capable of developing programmes of collaboration with the regional and national levels of WHO.

National neurological associations

Each professional neurological association should have an obligation to initiate and assist in the identification of areas where there is need for campaigns aiming at the prevention of such disease. Public health aspects of neurological diseases should be included and emphasised in undergraduate medical education. In addition, the national neurological associations may allocate a part of the annual Brain Awareness Week to disseminate information on the negative effects of smoking and physical inactivity.

Patient organizations

Several disease-specific patient organizations (epilepsy, stroke, headache etc.) have a broad interface to public opinion, and are often headed by internationally known neurologists with a wide network of contacts and broad experience in organising regional, national and even international disease-specific campaigns. WFN should actively support their work and interact with the disease specific international organizations.

Strategies and activities

World Federation of Neurology should, in consultation with WHO, engage in preparing guidelines for the assessment and

management of neurological conditions, and for staff development. The use of TV, radio and newspapers, Internet, popular and informative hospital-based conferences and "open house" meetings are examples of awareness-raising events which to a much greater extent should be synchronised and held in consultation with national health authorities and with WHO.

WFN has, according to its constitution, the power to organise, facilitate or promote congresses and symposia. Several of the health problems identified by WHO are part of the daily routine in clinical neurology. The two organizations may co-operate in the organization of conferences on topics that are within the health-for-all concept of WHO. We need improved national and regional surveillance systems for neurological disorders, particularly in poorer regions of the world.

The Director-General of the World Health Organization, Dr Gro Harlem Brundtland, has initiated a first comprehensive action against tobacco smoking. Recognising the serious effects of smoking upon the nervous system, the World Federation of Neurology should strongly support this initiative.



Johan A. Aarli, MD
Chairman of the WFN Public Relations & WHO Liaison Committee

MULTIPLE SCLEROSIS IN ASIA

Multiple Sclerosis (MS) is believed to be of low frequency in Asia (<5/100,000). The awareness and detection of MS in Asia have paralleled the growth of neurology in this region. The consensus report on Asia Pacific Multiple Sclerosis reflects the attention that MS is currently receiving from neurologists in Asia¹. The important issues with respect to MS in Asia are: What are the reasons for the low frequency? Does the clinical profile differ from that in the West? What is the status of MRI findings vis-à-vis the West? What is the clinical course of MS in Asia? What is the role of disease modifying agents in Asian MS? Can such benefits reach the MS patients in this region?

The reasons for the low prevalence of MS in Asia are not known. These may be ge-

netic or environmental or both. The studies of occurrence of MS in migrant population have suggested a role of environmental factors. The UK-born children of Asian parents have a high prevalence of MS of a similar order to that in the general population². The increased frequency in the small Parsee community in India (21/100,000)³ albeit with wide confidence limits, could be from genetic or environmental factors. Parsees in India, have higher rate of literacy, use modern medical services and have higher standards of living. They might thus have reduced incidence of infections which are hypothesized to provide immunity against possible viral infections that initiate MS. There has been a relative lack of familial cases of MS in India and China⁴ but this fact needs to be studied in greater depth by

careful enquiry in larger number of cases. There is also a need for larger studies to provide data on HLA linkage in Asian MS.

As in the West, MS in Asia is more common in the young and has a higher predilection for females. Kuroiwa et al had emphasized the clinical differences between Asian MS and Western MS⁵. The Asian MS was reported to have higher frequency of neuromyelitis optica type of presentation, frequent involvement of optic nerve and spinal cord (optico-spinal form), more severe involvement of the spinal cord and higher incidence of painful tonic spasms. In the MR era, using clinical, evoked potential and MRI criteria, the frequency of involvement of cerebral hemispheres, cerebellum, spinal cord and brainstem were found to be similar in

Indian and US patients⁴. The only notable difference was the higher involvement of optic nerve in the Indian MS cases.

Classical neuromyelitis optica (Devic's disease) is a monophasic illness affecting optic nerve and spinal cord within a few weeks of each other. It is said to be more common in Asia. Besides, relapsing form of optic nerve and spinal cord involvement (optico-spinal form) is reported to be more frequent in Asian region. Tan et al⁶ compared this form of MS (lesions restricted to optic nerve and spinal cord) to the 'Western type of MS' (with lesions beyond optic nerve and spinal cord) and noted that there were no differences in the age of onset, sex ratio, relapse rate, disease severity, mortality, occurrence of acute transverse myelitis and paroxysmal tonic spasms. They concluded that these two forms of presentation represent the same disease.

MRI is an important tool in the evaluation of patients with MS. The MRI criteria enable the neurologist to facilitate the diagnosis of MS with a variety of presentations including "monosymptomatic" disease. Although there are no large series of MRI findings in Asian MS, it is our impression that MRI findings in Asian MS are similar to those in the West. It has been reported that oligoclonal bands in the CSF are less common in Indian, Chinese, and Japanese cases (30%) as compared to nearly 90% positivity in Caucasians.

The course of the disease in Asia is noted to be similar to that found in the West with remitting and relapsing form being the commonest and later merging into sec-

ondary progressive form. In a small study from Western India the rate of disease progression in Indian patients was found to be similar to age, sex and disease duration matched US control patients. Thus for a mean disease duration of 7 years, Indian patients had a mean EDSS of 3.7 and US patients a mean EDSS of 3.1⁴. If the clinical course of MS is similar to that in the West, the need for treatment will also be similar.

Although much progress has been made in recent years towards the understanding of pathogenesis, diagnosis and treatment of MS, there is still a large gap in meeting the needs of patients with MS in the Asian region, especially in the developing countries of the Asian region. There is a need for a larger number of neurologists, diagnostic equipment (MRI, evoked potential studies and standard laboratories for estimating IgG and oligoclonal bands in CSF), and rehabilitation centers. In many regions the disease modifying agents such as b-interferon and Copolymer-1 are not available or very expensive. In a country like India, where patients have to pay for the cost of treatment, procurement of such agents remains a distant dream for most patients. Fortunately, regional societies (like MS Society of India), with affiliation to International Federation of MS Societies have been formed to help the cause of patients with MS. It is hoped that in the coming years the cause of MS will be found and cheaper and more effective remedies will be available for MS patients.

Charles Sherrington, the first studies on pain by Henry Head, and Head's interest in speech. Seminal contributions during the 'classical period of aphasiology' by Hughlings Jackson, Henry Chalton Bastian and Henry Head are highlighted in Chapter 3. The concept of hemispheric laterisation is deliberated in chapter 4. Thomas Willis laid the foundation of the whole concept of functional localization in 1664 and a British neuroscientist, Charles Bell, demonstrated the spinal cord basis for reflex actions in 1811. Others included are James Hinshelwood and developmental dysphasia, Wilfred Harris and his interests in trigeminal neuralgia, and Sir Gordon Holmes, one of the great neurologists whose contributions are described explicitly in chapters 5–10. Other chapters in this book contain illustrations and descriptions of neurohistorical events related to Kinnier Wilson, Thomas Sydenham, James Parkinson, William Gowers, Macdonald Critchley, Charles David Marsden,

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BOOK REVIEWS

Twentieth Century Neurology

The British Contribution

Editor: F. Clifford Rose
ISBN: 1-86094-245-8
No. of pages: 313
Price: US\$ 63
Publication Date: Nov. 2001
Publisher: Imperial College Press

The efforts of Frank Rose in highlighting the history of neurosciences are very well appreciated by neuroscientists and this book is another landmark addition. Historical events in neurology originated from Europe to a great extent and the British contribution to these events has been considerable. The book is divided in to 21 chapters with an equal number of contributors. There is discourse about Sir

and Sir Victor Horsley in addition to contributions by British Neurosurgeons and others. The book will be of great value especially to those who are interested in the History of Neurology.

Editor-in-Chief

Clinical Neurology of the Older Adult

Editors: Joseph Sirven, Barbara Malamut
ISBN: 0-7817-2789-8
No. of pages: 576
Price: US\$65.00
Publication Date: February 2002
Publisher: Lippincott Williams & Wilkins

This book is divided into four sections, the first of which asks the question: "what makes the older adult unique?". It answers showing how the older nervous system differs in the clinical examination, neuro-imaging, clinical neurophysiology (both EEG and EMG), pharmacokinetics

and cognitive function. Section II lists the common signs and symptoms in the older patient such as acute confusional states, blackouts, giddiness, falls, tremor, sleep and pains in the head, neck and back. Section III covers the more specific neurological problems such as cerebrovascular disorders, dementia, movement disorders and infection, as well as several neurological manifestations of systemic disease. The final section is concerned with psychosocial issues including a useful chapter on long-term care options for the ageing. Since the older adult forms the mass of our patient load, this book will prove a useful addition to the neurological libraries.

F Clifford Rose
London, U.K.

The Atlas of Neuroanatomy

Editor: Joseph J Warner
ISBN: 0-7506-7250-1
No of pages: 676
Price: \$135
Publication Date: 2001
Publisher: Butterworth-Heinemann

The Atlas of Neuroanatomy is a neuroanatomy masterpiece presenting systematically in each chapter the different areas of neuroanatomy. It covers major divisions of the CNS, sectional neuroanatomy, neurohistology, schematic diagrams of system organisation and connectivity. Each topic has been presented beautifully, photographed perfectly and the schematic diagrams are drawn meaningfully with absolute accuracy. The chapter on Functional Neuroanatomy and Pathophysiology: clinical case correlations has wonderful value addition by bringing neuroanatomy and pathophysiology to the office and bedside of the clinician. This

book is an excellent creation of the author and should become a milestone in the history of Neuroanatomy. Each and every physician, surgeon, resident, intern, student and researcher connected with neurosciences will get valuable information from this book.

Nomal Ch. Borah
Guwahati, India

Pathology of Peripheral Nerves

Editor: JM Schroder
ISBN: 3-540-67718-6
No. of Pages: 380
Price: US\$ 159.00
Publication Date: 2001
Publishers: Springer-Verlag

This is an excellent atlas in which the Pathology of Peripheral Nerves, including structural and molecular pathological changes, are illustrated in 1052 figures, some of which are in colour. The description of the figures is sufficient for the reader to learn about the pathology in different peripheral nerve diseases. This Atlas is divided into 15 chapters starting with an introduction, epidemiology and classification, general lesions and reaction of peripheral nerves. Illustrative pathology also reflects the lesions in nutritional, toxic, metabolic disturbances, hereditary motor and sensory neuropathies, and inflammatory neuropathies. Description of peripheral nerve lesions in paraneoplastic syndromes, angiopathic, hypoxidosis neuropathies, association of neuropathies with predominating diseases of CNS and tumors of peripheral nerves are described in the last 4 chapters. Readers interested in the peripheral nerve diseases would find this book very useful in their personal or Institutional libraries.

Editor-in-Chief

CALENDAR

* = Meeting endorsed by the Continuing Education Committee of the WFN

2002

5th Congress of European Association of Neuro-oncology (Eano)

September 7-10, 2002

Florence, Italy

Contact: Triumph Congressi - Gruppo Triumph, Via Lucilio, 60, 00136 Rome, Italy

Tel: +39.06.355301

Fax: +39.06.35340213

E-mail: eano@triumphpr.it

Website: <http://eano2002.ifo.it/>

Policy Statement

Although *World Neurology* is the only medium to go to every neurologist in the world (approximately 24,000 in 89 countries), it is not possible to publicise every neurological meeting that takes place. The prime aim of the Calendar is to notify those meetings that are sponsored by the WFN (World, Continental and Regional Congresses), its Research Groups and Corporate Members of the Research Committee. Notifications of meetings of National Societies are included only if there is significant international contribution. If space allows, others may advertise in the Calendar, in which case a charge of £125 will be made. Contact Mr. Keith Newton at the WFN Secretariat, 12 Chandos Street, London W1G 9DR, UK, e-mail: WFNLondon@aol.com, for further information.

5th European Congress on Epileptology

October 6-10, 2002

Madrid, Spain

Contact: International Meetings Office, 16 Mountdown Road, Walkinstown, Dublin 12, Ireland

Tel: +353 1 409 7796

Fax: +353 1 429 1290

E-mail: info@epilepsycongress.org

Websites: www.epilepsycongress.org or www.epilepsymadrid2002.org

Joint Meeting of the Belgian, Dutch and German Societies of Neuropathology + 47th Annual Meeting of the Deutsche Gesellschaft für Neuropathologie und Neuroanatomie e.V.

October 9-12, 2002

Aachen, Germany

Contact: Univ.-Prof. Dr. J. Michael Schröder, Institut für Neuropathologie, Universitätsklinikum der Rheinisch-Westfälischen Technischen

Hochschule Aachen, Pauwelsstraße

30, D-52074 Aachen, Germany

Tel: +49-241/80 89428 or 80 89429

Fax: +49-241/8082 416

E-mail:

neuropathologie@ukaachen.de

Website: <http://www.klinikum.rwth-aachen.de/webpages/neuropath.html>

The Third Maldives Conference - Update in Neurology and Psychiatry

October 11-14, 2002

Bandos, Maldives Islands

Contact: Noga Carmel Ltd., Mrs.

Hanna Lahat, 29 Hamahtarot str.

Atlit 30300, Israel

Tel: 972-4-9541870

(cont. on page 16)

BOOKS FOR DEVELOPING COUNTRIES

The London Office of the WFN Secretariat keeps a stock of neurological text-books that have been received for review in *World Neurology* and can be forwarded to institutional/departmental libraries in developing countries. A list is available on application to the Administrator. If you are interested in any of the books and can either collect them when visiting London or pay for the mailing costs (postage can be expensive) please let us know.

Elsevier Science

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What's New in Neurology...

Special Product Highlight

Sleep and Epilepsy: the Clinical Spectrum

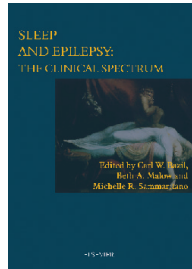
Edited by: Carl W. Bazil, Beth A. Malow and Michele R. Sammaritano

With up-to-date, important and relevant information relevant to the clinical daily practice of both epilepsy and sleep disorders.

It is known that epilepsy influences sleep, and that sleep influences epilepsy. In addition, the treatment of epilepsy can have favourable effects on sleep, and the sleep disorders that occur concomitantly with epilepsy have profound effects on seizure frequency and severity, primarily through the sleep deprivation process. The full impact of the sleep(epilepsy) field, for both clinicians and scientists, is given in this book.

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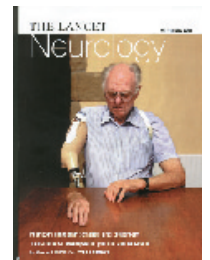
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127th Annual Meeting of the American Neurological Association

October 13–16, 2002

New York, USA

Website: <http://www.aneuroa.org/annual.htm>

6th Congress of the European Federation of Neurological Societies

October 26–29, 2002

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Contact: Mrs. Elisabeth Ribar-Maurer, Wiener Medizinische Akademie, Alserstraße 4, A-1090 Wien, Austria

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7th International Congress of Parkinson's Disease and Movement Disorders

November 10–14, 2002

Miami, USA

Contact: The Movement Disorder Society, 611 East Wells Street, Milwaukee, WI 53202, USA

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2003

2nd International Symposium on Alzheimer's Disease and Related Disorders in the Middle East

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