

# WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 16, NUMBER 3, SEPTEMBER 2001

## XVIIITH WORLD CONGRESS OF NEUROLOGY, LONDON, JUNE 17-22, 2001: OPENING ADDRESS

WCN President McDonald, Congress Organizer Kennard, distinguished Presidents Olesen of the EFNS and Warlow of the Association of British Neurologists, members of the World Federation of Neurology and, particularly, all attendees of what will be a most remarkable 17<sup>th</sup> Congress, both scientifically and fraternally. Our international neurological Congress has been held quadrennially since 1931, and after a hiatus during World War II, it was reconstituted in 1957 by Ludo van Bogaert, Belgium and Macdonald Critchley of the United Kingdom. Successor Presidents have been Sigvald Refsum of Norway; Richard L. Masland of the United States; and Lord John Walton of the United Kingdom, each of whom, with their officers, brought unique leadership to furthering the WFN missions of education and research in all aspects of neurology. Needless to say, all who served have been volunteers, donating untold weeks, money, intellectual power, and management skills, for the betterment of our field. What began

with fewer than 500 members from half a dozen mainly European countries, is now global with 22,000 members from 86 of the world's 221 nations, and now we meet almost yearly with active regional programs. Of particular note is the success of the European Federation of Neurological Societies, barely 10 years old, formed by Franz Gerstenbrand and his colleague/wife Friederike Tschabitscher, and continued with such vigor by Jes Olesen and colleagues. I predict that similar international alliances will follow in other zones of the world. This burgeoning of our discipline is the result of the growing realization that the nervous system, with its brain, is the essential component of the body that creates humanity. This fact, coupled with better methods for global transportation and communication, permits this under served field and our colleagues, on a daily basis, to communicate around the world.

My predecessors this evening initiated

you into the excitement of the week we have ahead of us. I compare our world class speakers to neurologic Olympiads who have trained their brains, sometimes for longer than half their lives, to become the world's best neuroscientists and neurologists. Many have made discoveries by observing or thinking what no one else has thought and proving their hypotheses by using scientific evidenced based methods. I welcome them to this Congress where these very best will perform before our global community. However, in contrast to the laurels of the Athenian Olympics, their ultimate reward is the Nobel Prize. Beginning with Camillo Golgi of Italy and Santiago Ramon y Cajal of Spain, whose banner is hanging in the Institute hall, 47 neuroscience Nobels have been awarded to individuals from Australia, Austria, Canada, Finland, France, Germany, Hungary, Italy, Japan, Netherlands, Poland, Portugal, South Africa, Spain, Sweden, Switzerland, the United Kingdom, and the United States, and there are many more to come because the nervous system that we study is still the least explored domain, except for the universe, itself. Physicians in general, but neurologists in particular, use our senses for listening to the patients explain symptoms, then examining for signs to hypoth-

*(cont. on page 3)*



Dr. Toole delivering the Opening Address at the XVIIth World Congress of Neurology.

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- Council of Delegates Report
- WFN Education Committee Reports
- Research Group Reports
- Stroke Prevention
- Book Reviews & Calendar

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

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## EDITORIAL

The World Federation of Neurology, jointly with the Association of British Neurologists and European Federation of Neurological Societies, put on a great show to open the new millennium – the XVIIth World Congress of Neurology held in June 2001 in London. It was a magnificent congress both academically and socially attended by a record number of 6,700 delegates. The organizers deserve our praise and congratulations. The President's opening address could not have been more appropriate for the occasion as he reminded delegates about the greatest neurologists of the past whose marvelous researches were recognized by the neurologists of those days, culminating for some in the award of a Nobel Prize. Turning to modern day considerations, he also emphasized the joint role of the WFN and WHO for control/eradication of some of the current neurological problems faced by humanity.

The contest for the venue of the next World Congress was conducted in a most democratic and transparent manner during the meeting of the national Delegates. We congratulate the Australian Association of Neurologists for winning the bid to hold the XVIIIth Congress in Sydney in 2005. A great responsibility falls on the shoulders of the organizers who have been given the chance to excel even further. The countdown has in fact already started. Standards of scientific research are ever increasing and we expect to learn of exciting advances at the Sydney Congress.

We would also like to congratulate those who were elected as future Trustees of the WFN, to take over their responsibilities

from 1st January 2002. It is apparent that more countries may be interested in joining the WFN since participants at the World Congress in London were from 111 countries although WFN membership is drawn from only 89 countries at present. This will be one of the major tasks for the newly elected Trustees.

The Seminars in Clinical Neurology will soon be available on the WFN website ([www.wfneurology.org](http://www.wfneurology.org)). One of the most significant ways in which the WFN can make a contribution is to help raise standards of neurological practice in developing countries. Chair of the WFN Education Committee, Dr. Theodore Munsat, along with his colleagues, have expanded the horizons of neurological education for those who work in those parts of the world. The Zambian project is an example. It is a very healthy sign.

In the past two years there has been a new interest amongst the relatively younger neurologists in joining hands by creating the European Association of Young Neurologists and Trainees. They are the future leaders of the WFN and they need our blessing and encouragement to further enhance the ultimate goals of the WFN by remaining within it. It is to be hoped that young neurologists from other continents will follow this example.

Recent discoveries by brain mapping expert Professor Ryuta Kawashima and his colleagues at Tohoku University, Japan, are alarming. By injecting a radioactive pharmaceutical agent through an intravenous drip, he allowed the computer to map a complex picture of the brains of children at work. He discovered that computer games stunted the developing mind in children whose level of brain activity was measured while playing them, com-

pared with another set of children who were asked to do simple, repetitive arithmetical exercises, and concluded that we are in danger of creating a dumbed-down generation of children far more disposed to violence than their parents. He discovered that computer games only stimulated activity in those parts of the brain associated with vision and movement as compared to arithmetic-stimulated brain activity in both the frontal lobes. We know that frontal lobes are associated with learning, memory and emotion and moreover it is known that frontal lobes continue to develop in humans until the age of 20 years. He gave the message that children who played computer games were therefore halting the process of frontal lobe development and affecting their ability to control potentially antisocial elements of their behaviour. He concluded that the implications are very serious for an increasingly violent society. Children ought to be encouraged to learn basic reading and writing but should also be encouraged to play outside with other children, interact and communicate with others as much as possible in order to develop, retain their creativity and become good citizens in adulthood.



*Dr. J.S. Chopra, Editor-in-Chief of World Neurology (right) and Dr. Richard Godwin-Austen, Secretary Treasurer General of WFN (left) at the WCN 2001 in London.*

*(Opening Address – cont. from p. 1)*

esize causation, and to plan and implement proper management. This process requires integrating what the patient, and significant others, tell us, then observing and testing responses, coordinating that knowledge with carefully chosen tests, merging the results with our information stores, to arrive at a diagnosis and a plan of management. This incredibly complex process is, in my opinion, one of the more complicated uses of the human brain.

Now, with the new technologies of the information age, this hard learned skill is being sorely taxed by novel methods of patient data acquisition developed in response to the exponential need for our services and the information necessary

for modern diagnostics and therapeutics. Congresses such as this help to disseminate methods and to disseminate them worldwide.

In my travels with my wife these past 3½ years, we have made many friends and have seen many of the wonders of the world, while participating in regional and national neurological meetings. I have also become aware of many compelling realities.

1. We neurologists are a small number, several hundred in the United Kingdom, few, if any in others, 12,000 in the United States, and 22,000 worldwide. Our best strategy by which to magnify our effect is working through international organiza-

tions and major lay action groups, to magnify neurology's effect. We must work with the WHO and lobby for it to identify the brain and its disorders as one of its primary objectives. We must strive with them to reduce the ravages of such nervous system diseases as stroke, epilepsy, and dementia because, in some countries, their economic burden already threatens to overwhelm health care facilities.

2. What was once a universally accepted code concerning death has, in some nations, been redefined as brain death, accepted by many, but not all. Now, there are multiple definitions of brain death with variations nation-by-nation. I perceive the

*(cont. on page 4)*

## PRESIDENT'S COLUMN

I attended my first World Congress of Neurology in New York City, 1969, and subsequently, Barcelona, Spain, 1973; Kyoto, Japan, 1981; Hamburg, Germany, 1985; New Delhi, India, 1989; Vancouver, Canada, 1993; Buenos Aires, Argentina, 1997; and London, United Kingdom, 2001. Each has been spectacularly successful in a unique setting. The trend for increasing numbers of attendees has been steady, quality of educational and satellite courses improving, the content in clinical and basic neurology ever better, and profits robust. However, this was the first to be co-sponsored with one of the WFN regional groups – the European Federation of Neurological Societies – with Dr. Jes Olesen as President. I hope that this will, in the future, become a WFN custom because it is mutually supportive and ensures the success of our global Congress. In London this past June 2001, over 6,700 delegates from 111 different countries attended and it is unanimous that the Association of British Neurologists performed splendidly under the leadership of Professor Ian McDonald; Secretary General Christopher Kennard; David Stevens, Finances; Richard Hughes, Scientific Program; Charles Warlow, Educational Pro-

*(Opening Address – cont. from p. 3)*

gram; Raad Shakir, Local Organization, and all of the more than 50 members of the Association who worked on the project over a period of 4–5 years to ensure its success. Support services included the European Dana Alliance for the Brain, public relations by Ms. Elaine Snell, and the Congress organizers, Concorde Services, with Ms. Kaley Hodge. What could be better after years of preparation and

need for global consideration of this formidable issue, and also that of neuroethics, so we in the WFN, can consider uniform criteria standards and, for this reason, I am pleased to announce the formation of a joint WFN/EFNS Committee on Neuroethics, to consider this, among many other issues. We physicians attempt to reduce suffering and death for individuals and sometimes groups but, as you can see daily on TV, there continues to be mass killing of our fellow human beings, in seemingly never ending warfare. Never forget that war begins in the minds of men. Now, more than ever, we must develop the means to identify those caused by mental aberration. Like all of us, leaders can suffer behavioral disorders caused by brain diseases. Furthermore, mental processes may fail before there is physical evidence, leading to the dichotomy of healthy physique but impaired cognition. Those with failing brains and/or behavioral disorders have, in the past, and continue now, to make faulty judgements, which inflict enormous hardships upon humanity. I am of the opinion that skilled physicians must become part of the appropriate ad-

## WFN REQUEST FOR PROPOSALS (RFP) FOR THE POST OF WFN WEBMASTER

The World Federation of Neurology (WFN) is issuing a RFP from interested parties to assume responsibility for all matters connected with the maintenance and management of its Internet site ([www.wfneurology.org](http://www.wfneurology.org)) with effect from January 1, 2002. The WFN aims to provide a comprehensive site in furtherance of its formal objects and to serve some 22,000 neurologists worldwide within its 89 national member societies. The Webmaster will be expected to respond promptly to queries, to consult as appropriate and to seek financial sponsorship for the site in line with the policies of the Federation. An important component of the duties involved will be the maintenance and provision of statistical information and analysis on the number of visitors to the site.

Applicants should be fully conversant with running a science-based website and be familiar in particular with neurology, the neurosciences and related specialist fields. The Webmaster will operate under the immediate supervision of the Federation's Publications Committee and be responsible through them to the organization's trustees. The position will attract a yearly stipend of US\$5,000. Please e-mail your initial expression of interest and proposals for development of the site to: [WFNLondon@aol.com](mailto:WFNLondon@aol.com) to arrive by 16 November 2001.

ministrative structure, to ensure that leaders brains are in the best working condition. First, however, in cooperation with our colleagues from allied disciplines, we must develop better mechanisms for ascertainment of cognitive disease and behavioral aberrations.

3. We, in neuroscience, must take seriously the admonition of world renowned physicist, Niels Bohr, who, in the 1950, at the advent of the atomic age, said in an open letter to the United Nations: "The modern rapid exploration of the properties and structure of the atom require international cooperation of unprecedented intensity. The exchange of information from all parts of the globe can enable us to work for the progress of civilization, yet no one who has confronted the divergent cultural traditions and social organization could help but be impressed with the enormous difficulties in finding a common approach to human problems." Were we to substitute the words genomic and biologic for the words atomic, the admonition would still apply. We must use all of our means to avoid the mistakes of the beginning of the atomic age.

4. Neurologists have been given a unique privilege, more than that of any other group, unbounded by language or politics, to have access to brains and minds of our fellow human beings. Be proud of your ever-expanding field and increasing role in society. Remember that we are primarily healers and advocates for all who suffer with diseases of the nervous system. We must be socially, medically, and politically responsible and should remember always the traditional but still relevant axiom, *primum non nocere*, because we have consecrated ourselves to advocate for our patients as our first and only consideration.

anxiety about the possible impact of mad cow disease and a down world economy than to have such a wonderful week for both scientific and social enjoyment and, at the end, a huge financial success for the ABN, EFNS, and WFN.

Bidding for the next World Congress was brisk and it was extremely difficult for the  
*(cont. on p. 5)*

In closing, I ask you to join me in recognizing those volunteers here who have worked so diligently to make this Congress and the activities of the WFN such a success. I cannot name each one, so will all past and present WFN and WCN officers please stand for a moment, so that all of us can show our appreciation for your selflessness in serving the World Federation of Neurology by applauding you.

*James F. Toole*  
President, WFN

*(President's Column – cont. from p. 4)*

Delegates to choose one from among the many strong contenders. In the end, Sydney, Australia was chosen and I have no doubt that its success will be as great as those that preceded it. For those locations not yet chosen as venue, I urge the national societies to reapply because the likelihood of being selected increases over time.

As I approach the final months of my Presidency, I pause to look back over the hills and valleys of our WFN development, to its formation in 1957. Then, we were a small and insular specialty group, perhaps an elite, circumscribed by self imposed boundaries of what areas were within and without our discipline (e.g., cerebral vascular diseases were, but muscle was not) and who was and who was not a qualified neurologist, even though there was no unanimity regarding the essential training, what diagnostic procedures should or should not be performed by neurologists, and whether there was a role for neuropsychiatry. In the United States, at that time, there were fewer than 750 neurologists, about 150 in the United Kingdom, while many other parts of the world had none. From then until now, we have had a steady increase in our numbers and now we number about 35,000 in 84 or more national organizations. Today, because of TV and Internet communication, we are all aware of our global interdependence. We hold within our hands the power to control our global environment and to create, as well as extinguish, human life, all products of research and innovations created by the human brain. We, in neurology, are working at the cut-

ting edge of evolution of the human being because brain function and creativity are evolving at an exponential rate, bursting with new ideas stimulated by the global information revolution. Therefore, the WFN must choose its path into the future with great care because we have so many opportunities and options. Very high among them should be our interaction with allied disciplines for achievement of common objectives. By choosing partner organizations, we vastly increase our likelihood for achieving WFN goals and objectives because in numbers, there is strength.

In barely 5 million years on planet Earth, humanoids evolved from their primitive beginnings in the veldt of Africa to our present state. Nowhere is this better illustrated than by consulting the website, [www.becominghuman.org](http://www.becominghuman.org) (go to Becoming Human: The Documentary from the home page – you may need to download Macromedia Flash 5 from the site to view the documentary), supported by the Institute of Human Origins, Dr. Donald Johanson, discoverer of “Lucy” – *Australopithecus afarensis* and reading the publications of Horst Seidler, Rector, University of Vienna, Austria. Paleoanthropologists, in the past, have concentrated on bone structure and the central debate has been whether they were quadrupeds or bipeds and whether or not they had the mastery of tools. Now, the field is moving to encompass understanding of the brain, with alliances across disciplines, and we should foster interdisciplinary relationships with non-medical fields to enhance both. Furthermore, I predict that ethics will become an extraordinarily important component part of neurology. After all, it was with

the greatest of humanitarian spirit that our predecessor neurologists, as institution based physicians, allowed the retarded and the disabled to die quietly and rapidly “for the good of society.” From that innocent beginning it was but a short stride to accelerating the process and then to enlarging the concept of reducing the “social burden” caused by disability and ethnicity. Had our predecessor neurologists of the 1920’s known what the outcome would be in the 1940’s, they would surely have recoiled and, at a minimum, refused to participate in mass murder and actively opposed such concepts as euthanasia and ethnic cleansing. We neurologists have the capacity to influence society but we are generally silent on political and social issues. It has always been of great interest to me to know that Karl Bonhoeffer, professor of neurology at Tübingen and Berlin, was the father of the eminent theologian, Dietrich Bonhoeffer, who condemned mass Nazi killings and who was executed for his humanitarian stand. I suspect that father neurologist influenced theologian son.

By collective action, neurologists have an opportunity to participate in societal policy making as ethicists. But, herein lies a major dilemma - there are conflicting codes of ethics, and even variations on the theme of brain death throughout the world that need major attempts to reach unanimity. Within medicine in general and neurology in particular, there is, however, only one guiding principle – *primum non nocere* – to the individual and, therefore, to humanity in general. Neurologists, like other leaders, must think ahead about the consequences and implications of earlier ethical decisions. To assume such a role, we must ally ourselves with other disciplines. We dare not forget that we are the temporary custodians of the work of all who preceded us on this Earth, tempered by wars, famine, and disease, disciplined by hard and sometimes bitter lifestyles, to create the societies in which we now live. We cannot allow the dismantling of our world through thoughtless environmental destruction and the slow undoing of human rights. It is my personal belief that our best hope in an age where the instruments of war have outpaced the instruments of peace, that we strengthen the United Nations and our component part, the World Health Organization, so that it is not merely a forum for debate but a shield against disease and man’s inhumanity to man.

James F. Toole  
President, WFN



Delegates at the Presidential Reception during the XVIIth World Congress of Neurology in London, June 2001.

## COUNCIL OF DELEGATES MEETING REPORT

The meeting of the Council of Delegates held in London on 17 June was an historic one for the WFN. It marked the formal dissolution of the 'old' organisation and the transfer of its finances and other assets to the incorporated WFN which has co-existed alongside its namesake for the past three years. The meeting was also important for two other reasons: the election of new Trustees and Officers, and the presentations by countries wishing to host the next World Congress of Neurology. The Trustees hold the main responsibility for managing the Federation and are six in number. There were two candidates for President, 3 for First Vice President and 10 for three "Elected Trustee" posts. The post of Secretary-Treasurer General was not being contested on this occasion. The title of "Officer" applies to 5 Regional Vice President positions – Pan-American, Pan-Arab, Pan-African, European and Asian-Oceanian and the number of candidates varied for each.

The results were:

### Trustees

#### President

Dr Jun Kimura Japan

#### First Vice President

Dr Johan Aarli Norway

#### Elected Trustees

Dr Julien Bogousslavsky Switzerland

Dr Bill Carroll Australia

Dr Roberto Sica Argentina

### Officers (Regional Vice Presidents)

#### Asian-Oceanian

Dr Jin Soo Kim South Korea



Photograph of Council of Delegates taken during their meeting.

#### European

Dr Leontino Battistin Italy

#### Pan-African

Dr Najoua Miladi Tunisia

#### Pan-American

Dr Pedro Chana Chile

and  
Dr Carlos Chouza Uruguay  
received the same number of votes and will serve 2 years each

#### Pan-Arab

Dr S Al Deeb Saudi Arabia

The three Elected Trustees take up their duties with immediate effect: all others begin their terms of office on January 1, 2002.

As far as the XVIIIth World Congress of Neurology in 2005 was concerned, Dele-

gates heard presentations from 6 cities: Sydney (Australia), Prague (Czech Republic), Cairo (Egypt), Madrid (Spain), Bangkok (Thailand), and Tunis/Carthage (Tunisia). Actual votes were deposited at the WFN booth in the exhibition area over the next few days, giving everyone a chance to visit the display stands of countries that had taken space there, and the result was announced at an Open Forum meeting called by President Toole on Thursday luncheon to update all Congress registrants on WFN business. Sydney emerged as the venue favoured by the Delegates by a clear margin.

Also during the course of this Council meeting, three new member countries – Bangladesh, Myanmar and United Arab Emirates – had their applications to join the WFN approved bringing our global coverage now to 89 nations.

## XVIIIth WORLD CONGRESS OF NEUROLOGY, 2001, LONDON – A REPORT

The XVIIIth World Congress of Neurology held in London, co-hosted by the Association of British Neurologists, the World Federation of Neurology and the European Federation of Neurological Societies, was spectacularly successful. All those who participated – delegates, accompanying persons, sponsors and exhibitors – were full of praise for the scientific and social programme, the commercial exhibition, and the skilful organisation of the event. Over 6700 neurologists from 111 countries worldwide registered their attendance at the Congress. London was

looking at its best in Summer sunshine, and the British neurologists were delighted to welcome so many of their overseas friends and colleagues to join them for a week of first class science. Not only were delegates able to benefit from the comprehensive neurology programme presented throughout the week at the Earls Court, but also to participate in the week's social activities, and to enjoy the undoubted attractions that this city offers.

Proceedings were opened on Sunday

evening by Ian McDonald as Congress President, Jim Toole WFN President, Jes Olesen EFNS President and Charles Warlow as President of the Association of British Neurologists. Their welcoming remarks were followed on stage by a spectacular, noisy, and colourful Round-Britain Pageant featuring, from England, Scotland, Ireland and Wales, the Regimental Band of the Coldstream Guards, Balmoral Highlanders and Dancers, the Irish Folk Ballet Company and the God'r'er Aran Male Voice Choir. The Guards then led a procession of presidents and delegates



The Regimental Band of the Coldstream Guards playing during the Opening Ceremony of the 2001 World Congress of Neurology in London.

through to a Reception in the exhibition hall.

The scientific programme, with eight parallel sessions each day, was packed from start to finish with lectures, papers, posters and satellite meetings covering all neurological topics. The five main themes were stroke, dementia, epilepsy, multiple sclerosis and neuromuscular disease. In addition to the many oral presentations presented through the week, the Scientific Advisory Committee had accepted 1600 abstracts for poster presentation.

There were 5 invited lectures. The programme of Educational Courses covering over 40 different neurological topics proved to be extremely popular, and in some cases a sell-out. The educational material supplied for each of these courses will be available to all in due course on

the WFN website. An exciting highlight of the Congress week was the Neurological Tournament. Twenty one countries participated in this knockout competition, culminating on Friday afternoon in a thrilling final between Australia and Thailand. This battle for the championship attracted an audience of over 1000 delegates who saw Australia carry off the prize. We were pleased to work with many pharmaceutical companies through the WCN Industry Advisory Board in planning this meeting to ensure that it would be of benefit both to industry and neurologists alike. The organizers were happy to provide exhibition space to many UK and international professional associations and patient-care charities for the promotion of their activities. We are grateful to the European Dana Alliance for the Brain, a non-profit organisation that promotes brain research, who supported the WCN2001

Press Office.

Tuesday evening's social programme offered a fascinating chamber opera "The man who mistook his wife for a hat" based upon a case written by Oliver Sacks. This special performance, put on by Opera Vest (Norway) for WCN2001, was introduced in person by Oliver Sacks. Sir Roger Bannister, a distinguished British neurologist who in 1954 became the first man to run a mile in under 4 minutes, fired the starting pistol for Wednesday's fun run round the Serpentine Lake. The Gala Evening was held in the grounds of the Honourable Artillery Company in the heart of the City of London. 2000 guests were entertained on this Midsummer's evening by fire eaters, sword swallowers, Shakespearean characters, flying acrobatics, music and dancing, and a complete fairground, concluding with a spectacular laser show on a wall of water.

Over the past five or six years, many individuals have worked to ensure its success. Thanks are due to many members of the Association of British Neurologists, in particular to Ian McDonald (WCN-2001 President), David Stevens (finance), Richard Hughes (scientific programme), Charles Warlow (educational programme), Raad Shakir (local organisation), Michael Donaghy (editorial, press, PR), Angus Kennedy (entertainments), Michael O'Brien (neurological tournament), and Richard Godwin-Austen (WFN Secretary-Treasurer General). Our Conference Organisers, Concorde Services, must be congratulated for their very professional work in putting our plans for this important event into action.

Susan Tann, Administrator, ABN  
Christopher Kennard, Secretary-General,  
WCN2001

## WFN EDUCATION COMMITTEE REPORTS

### A. WFN Awards First Certificates for CME Participation

Although only recently begun, the WFN CME program is gaining increasing participation amongst member societies. At the present time 32 national neurologic societies are participating in this growing program. Each participating Neurologic Society appoints an Education Coordinator who is responsible for receiving and distributing the educational material. In addition, the Coordinator arranges for discussion groups and returns course eval-

uations for credit. Educational material is mailed to recipient societies twice yearly and consists of current copies of the AAN publication Continuum, hard copies of the WFN publication "Seminars in Clinical Neurology" (see elsewhere in this issue), as well as other relevant educational material. Upon completion of the courses and their evaluations, participants are awarded a certificate. The first certificates have just recently been awarded to neurologists in Russia (Alla Guekht, Coordinator), Cyprus (Marios Pantziaris, Coordinator) and Bolivia (Ivan Carrasco, Coordinator). Initial evaluations have been positive with many praising the concept; particu-

larly the use of discussion groups to reinforce the learning experience.

Additional information can be obtained from the WFN office. The program is without charge to participants.

### B. WFN Supported Project in Zambia Begins to Show Results

Gretchen Birbeck, M.D. Chair of the Subcommittee on Education of the Non-Neurologist of the WFN Education Committee reports that her labors in Zambia



CME certificates to Russian neurologists given by Dr. Theodore Munsat at the recent All-Russian Congress of Neurology held in Kazan, Tatarstan, Russian Republic. Professor Eugene Gusev of Moscow, President of the Congress.

are beginning to show signs of effectiveness. With partial grant support from the WFN, Dr. Birbeck and her collaborators and advisors have produced a remarkable manual titled "Where There Is No Neurologist. A manual for Paramedical Professionals in Developing Countries". Dr. Birbeck is a member of the Neurology Department at Michigan State University in the US. The manual, which went through several revisions, was extensively field tested. It is a problem based educational instrument which is filled with useful diagrams, tables and decision trees targeted for the non-physician. In Zambia these practitioners are known as "Clinical Officers" and they perform most of the severely limited neurologic care in this country which has no neurologists. Calling on her extensive experience with evidence-based education, use of the manual is accompanied by periodic workshops/seminars which she directs. Dr. Birbeck reports that these Neurologic Training Seminars have been remarkably successful. She notes the striking difference between teaching medical students and the Clinical Officers, the latter of whom have had extensive exposure to neurologic problems but never knew what to make of them. She also notes that they are quick to learn and positively motivated. The Birbeck trained Clinical Officers, which represent all corners of Zambia, are now going out to their villages and spreading the information. They will maintain contact through a newsletter and will periodically update their skills with future workshops. Not surprisingly, adjacent African countries have expressed great interest in expanding the program to their own regions. Neu-

rologists who have an interest in assisting in this work should contact the London office or Dr. Birbeck directly (birbeck@mail.station12.com).

### C. WFN Initiates Publication of "Seminars in Clinical Neurology"

The mission of the World Federation of Neurology is to develop international programs for the improvement of neurologic health with an emphasis on developing countries. A major strategic aim is to develop and promote affordable and effective continuing neurologic education for neurologists and related health care providers. With this goal in mind the WFN has launched a new series of educational courses which will appear primarily in an electronic format on its website ([www.wfneurology.org](http://www.wfneurology.org)). The Seminars utilize an instructional format which has proven to be successful in previous publications. Proven pedagogical techniques are used to enhance the effectiveness of the courses. These include case oriented information (problem-based learning), key points, multiple choice questions, annotated references and abundant use of graphic material.

In addition, the course content has a special goal and direction. We live in an economic environment in which even the wealthiest nations have to restrict health care in one form or another. Especially hard pressed are countries where, of ne-

cessity, neurologic care is often reduced to the barest essentials or less. A significant part of this problem is a result of increasing emphasis on technology and the use of expensive drugs which provide marginal benefit. With this in mind, the authors of each course have been asked to present the instructional material and patient care guidelines using the least amount of expensive technology. Technology of unproven usefulness is not recommended. Only drugs with proven efficacy are supported. However, at the same time, advice on patient management is given without compromising the goal of achieving the very best available care for the patient with neurologic disease. On occasion, details about certain questionably useful investigative techniques are pulled out of the main text and presented separately for those interested. This approach should be of particular benefit to health care systems that are attempting to provide the best in neurologic care but with limited resources.

Current plans are to publish the Seminars as an electronic publication, available to all without charge. Theodore L. Munsat, M.D., Chair, WFN Education Committee will serve as the Series Editor. An editorial board has recently been selected consisting of Alberto Portera (Spain), Jock Murray (Canada), Marco Medina (Honduras), Noshir Wadia (India), Jun Kimura (Japan), Alla Guekht (Russia), Todd Troost (USA) and Anwar el Tribi (Egypt). The first course in this series, which is currently on our website, addresses the very much neglected field of neurouology and neurologic bowel dysfunction, a subject which neurologists have avoided despite its importance to patients with neurologic disease. The Chairperson of this course is Prof. Clare J. Fowler of Queen Square U.K., a recognized international authority on the subject. She was assisted by an outstanding faculty consisting of Ryuji Sakakibara (Japan), Elliot Frohman (USA), Ciaran Brady (U.K.) and John Stewart (Canada). Three additional courses are currently underway on epilepsy (Chair, Jerome Engel), multiple sclerosis (Chair, Donald Paty) and dystonia (Chair, Joseph Jankovic).

It is hoped that this series will further the mission of the WFN to bring affordable and meaningful CME to its member societies and affordable and meaningful neurologic care to patients in need.

Theodore L. Munsat,  
Chair,  
WFN Education Committee

## WFN RESEARCH GROUP REPORTS

### Neuroepidemiology

On May 5, 2000, the WFN-RGNE met in San Diego, CA at Forum Hall for its annual meeting. A total of 22 scientific papers on a wide range of neuroepidemiologic topics were presented. An international group of neurologists and epidemiologists participated in representing many different countries. Dr. Friedland of San Diego delivered the keynote address. The meeting was organized and hosted by Douglas Galasko, M.D. of the San Diego VA Medical Center.

The Board meeting of the editors of the journal *Neuroepidemiology* took place prior to the WFN-RGNE meeting. Gustavo Roman, M.D. of the University of Texas Health Center in San Antonio was appointed as the new Editor-in-Chief replacing Dr. Philip Gorelick of Rush Presbyterian St. Luke's Medical Center. Dr. Alter will continue to serve as Editor Emeritus. At the business meeting of the WFN-RGNE, it was decided to hold the next annual meeting again in conjunction with the AAN on Tuesday or Wednesday, May 8 or 9 in 2001 in Philadelphia. The membership roster of the WFN-RGNE now includes approximately 400 names. The group elected to continue a policy of not charging dues because the international character of the roster of members poses difficulty in fixing standard dues and dealing with delinquent payments. A nominating committee was appointed to elect the next President of the RGNE as the term of the current President, Dr. Milton Alter, will end in June, 2001, at the next quadrennial meeting of the WFN in London, England. Dr. Walter Rocca and Dr. Gustavo Roman will serve on that committee.

The RGNE convened on May 9, 2001 at Alumni Hall, Thomas Jefferson University for its Annual Scientific Meeting. The Meeting was attended by an international group of neuroepidemiologists number-

ing about 60 individuals. The program opened with the presentation of a Doctorate Honoris Causa to Professor John Kurtzke MD from the University of Ferrara, Italy for his outstanding and internationally recognized contributions to the epidemiology of Multiple Sclerosis. Following presentation of the Doctorate, 15 oral scientific presentations and 5 poster presentations were made on a wide variety of neuroepidemiologic topics. An election was held at this Meeting to select the next President. Dr. Will Longstreth Jr., MD, MPH, was elected and will assume office at the London Meeting of the WFN in June 2001. Dr. Longstreth is Professor of Neurology, University of Washington in Seattle, WA. The next Meeting of the RGNE will be held in Denver, CO, in April 2002.



Milton Alter  
President WFN-RGNE

### The Organization and Delivery of Neurological Services, especially Related to Public Health

A Symposium "Neurology in developing countries" was initiated within a program of the XIVth WCN (New Delhi 1989). This Symposium was organized on the initiative of the neurologists of two countries of very different size and population, but with similar problems and experience: the then Yugoslavia and India. A number of con-

sequent meetings followed, like "European Neurology in the Activities of the Decade of the Brain" during the Pan-European Congress of Neurology (Vienna 1991), Marrakech PAANS Congress 1992, as well as the important sessions on ethical problems in neurology, initiated by M. Cohen, taking place at the Vancouver WCN (1993). However, most important were two "Conferences on Organization and Delivery of Neurological Services" (New Delhi, organized by J.S. Chopra, 1994; and Athens, organized by H. Lechner, 1996), especially the Athens Conference, which formulated the actual problems in the delivery of neurological services worldwide. Both Conferences were published as body as *Progress in Neurology* (B.I. Churchill Livingstone).

Stimulated by the initiatives in the WFN the WHO Division of Mental Health launched in 1993 its global program "Neurology and Public Health" in co-operation with neurologists worldwide, aimed at increasing public and professional awareness of the importance of neurologic diseases. The Executive Committee of the RG ODNS organized three Symposia: 1) Neurology and Public Health: Economic Consequences of the Cost of Treatment and Diagnostic Tests (Barac, Prilipko), 2) Prevention of neurological diseases (Silberberg, Ben Hamida), 3) Neuroepidemiology (Somoza, Kondo) in cooperation with the World Health Organization during the XVth World Congress of Neurology in Buenos Aires, Argentina (1997). It was for the first time that the World Health Organization cooperated in the World Congress of Neurology in such a way. The XVth World Congress of Neurology in Buenos Aires was a turning point in understanding the importance of neurology in public health.

Bosko Barac  
Chairman RG-ODNS

## REGIONAL NEWS

### Neurological Patient Organisations throughout Europe join Hands:

#### European Federation of Neurological Associations (EFNA)

Improving the quality of life of those living with neurological disorders can only be achieved through a better dialogue between science and society. EFNA, of which I am privileged to be President, is an initiative unique in its kind as it addresses issues and problems common to all patient organisations. An example of this is EFNA's involvement in the European Brain Council (EBC) and its lobbying activities at the EC in order to have brain research included in the upcoming Framework Programmes. We are very well

aware that without collaboration with the scientific world, only very little can be achieved. EFNA has special bonds of partnership with the European Federation of Neurological Societies thanks to Jes Olesen's firm belief in the strength of such an alliance. It is only by concerted actions that changes can be effected. Therefore, in its campaigning activities, EFNA works together with Members of the European Parliament, with European pharmaceutical companies and other industries such as Ford Europe, with health insurers and

the media. EFNA wants to become the common voice for this very large sector of the "neurological community" in Europe, the voice that until now was missing in the dialogue. It is our firm intention to find positive ways of using this 'voice' in partnership with our colleagues in the scientific and other sectors to find ways of improving the lives of people living with neurological disorders. Our work with Prof. Jim Toole and WFN has already proved very worthwhile and we look forward to expanding our collaboration with that organisation, implementing this collaboration.



Mary G. Baker, MBE  
President EFNA  
E-mail:  
efns.branch@server1.pharm.unifi.it

## First International Symposium on Alzheimer's Disease in the Middle East, Limassol, Cyprus, April 17-19, 2001

Alzheimer's disease (AD) and related illnesses have received relatively little attention in the region of the Middle East, an area with a population of over 225 million people. Recent work has demonstrated important geographical variations in the occurrence of AD, with studies showing low incidence and prevalence of the disease in Ballarbgarh, India and Ibadan, Nigeria, with high prevalence and incidence in African Americans and Hispanics in the USA. A recent report has found high AD prevalence, despite low apolipoprotein E e4 allele frequency, in Palestinian Arabs residing in Wadi Ara, in northern Israel. The progressive aging of Middle Eastern populations supports the importance of dementia studies in the region. In April 2001 a meeting endorsed by the World Federation of Neurology, Alzheimer's Disease International and the Pancyprian Association of Alzheimer's Disease was held in Cyprus to bring together workers concerned with the medical and social aspects of AD. Participants were from

Cyprus, Egypt, Greece, Israel, Jordan, Lebanon, the Palestinian Authority, Switzerland, the United Kingdom, the United States of America, and Yugoslavia. Dr. Nori Graham, the President of Alzheimer's Disease International, ran a well-attended workshop on caregiver issues in dementia. Presentations covered all aspects of AD, mild cognitive impairment and related illnesses, including diagnosis, treatment, pathophysiology, pathology, genetics, epidemiology and health economics. Discussions also centered around relevant issues of diet, coronary heart disease, hypertension, and homocysteine metabolism in Arab and Jewish populations in the region. Ethical issues in late life and approaches based on the Koran and Torah were also discussed. Recent results from clinical trials in AD were presented, and plans for new studies of amyloid beta protein immunization and secretase therapy reviewed, with consideration of the possibilities for extending availability of clinical trials to Middle East populations. The Second International Symposium on Alzheimer's Disease in the Middle East is planned for October 3-6, 2002, in Antalya, Turkey.

Murat Emre  
Local Organizer  
E-mail: muratemre@superonline.com

## THE EUROPEAN ASSOCIATION OF YOUNG NEUROLOGISTS AND TRAINEES

YNT was founded in 1999 as an independent organization to represent all neurology trainees and neurologists aged under 35. The objectives of the YNT are:

- To promote clinical exchange
- To improve education and access to research
- To provide an information service
- To encourage contacts between young neurologists
- To represent young neurologists on an

international level and articulate their interests.

The YNT organizes special sessions during the neurological conferences with the aim to give young neurologists a chance to meet, present and discuss their interests with peers. The YNT session during the XVII World Congress of Neurology in London, UK was a great success. Many young neurologists from countries extending the European borders attended. The YNT—Schering fellowship for clinical training has officially been announced. The YNT would like to further establish fruitful co-operations with young neurologists and trainees from other parts of the world and continue creating an inter-continental network. For more detailed information, free on-line application and information on the fellowship for clinical training visit the YNT web site at [www.ynt-europe.com](http://www.ynt-europe.com). The YNT Office: Konrad Rejdak (Poland), David Brassat (France), Robert Hadden (UK), Axel Petzold (Germany/UK)



From left: Dr. Rob Hadden (Treasurer), Dr. Konrad Rejdak (President), Dr. Axel Petzold (Secretary).

## 2001 WFN JUNIOR TRAVELLING FELLOWSHIPS – REPORTS

I am extremely grateful to the WFN and Glaxo Wellcome for awarding me this travelling fellowship that enabled me to attend the 17<sup>th</sup> World Congress of Neurology in London, June 17–22, 2001. This was undoubtedly a conference of very high standards. The scientific programme was meticulously planned as there was something for every one. The contents of the main themes (stroke, dementia, epilepsy, multiple sclerosis and neuromuscular diseases) were exceptionally good. My abstract was entitled “Single small enhancing CT lesions in Indian patients with new-onset seizures: a prospective follow-up”; it was a thrilling experience to speak in front of an international audience. My only disappointment with this conference was the rather small coverage of infections and tropical diseases, like neurocysticercosis and cerebral malaria (there were only two papers), as these diseases affect a vast population of the world especially from poor and developing countries and numerous potentially preventable deaths occur each year. I hope that these diseases will be given due emphasis, in future, in such conferences.

*Ravinder Kumar Garg*  
King George's Medical College  
Lucknow, India

I wish to express my deepest gratitude to the WFN for awarding me a Glaxo Wellcome Junior Travelling Fellowship 2001. It gave me the chance to attend the 17<sup>th</sup> World Congress of Neurology in London between June 17 and 22, 2001. The scientific programmes were very useful to me to update my knowledge in Neurology. This congress gave me an excellent opportunity to meet many world famous colleagues from all over the world and obtain first hand information and knowledge in Neurological Science. I presented 2 posters on seizure-related injuries and iatrogenic seizures, which, I believe, aroused certain interest among participants. I would like to emphasize the importance of the above fellowship for my state since I was the only participant at the conference from Tamil Nadu in India.

*M.A. Aleem*, Consultant Neurologist  
Tamil Nadu, India

I would like to express my thanks to the WFN Management Committee for awarding me a bursary, which gave me a chance to participate in the XVII World Congress of Neurology in London 17–22 June 2001. It was one of the most important awards

in my career, since I learned much about new achievements in neurological science during the Congress. I have got acquainted with new methods of treatment of epilepsy. Besides, I had a chance to find some recent issues of medical journals which are not available in Georgia. The Congress was excellently organized. I had a chance to meet many famous colleagues and learnt much about new methods of treatment of neurological diseases. The knowledge which I gained during the Congress will also be very useful for my colleagues in Georgia, when I acquaint them after my return. Again, I express my deepest gratitude to all persons concerned for such a generous award.

*David Chkhartishvili*  
Paediatric Neurologist  
Tbilisi State Medical University  
Tbilisi, Georgia

This is my report of the World Congress of Neurology held in London from 17 to 22 June, 2001, which I was able to attend thanks to a junior travelling fellowship from Glaxo Wellcome. The Congress was an excellent opportunity to be updated on the many advances made in the various fields of neurology; I especially liked the way a single topic was highlighted for each of the 5 days of the Congress, allowing us to focus on that topic alone, with presentations ranging from basic pathophysiology to advances in therapeutics. I also appreciated the efforts made by the organizers to include topics that would be relevant to neurologists from developing countries, such as tropical neurology and epidemiology. I was also able to present my poster entitled “Atypical presentation of X-linked dystonia-parkinsonism,” a disease entity unique to our country. Finally, the Congress was a wonderful chance to be updated on the results of several important trials, even before these were made widely available. I was in fact among the audience that witnessed the lively exchange between two researchers involved in therapeutic trials for multiple sclerosis. I wish to thank the World Federation of Neurology and the Glaxo-Wellcome Foundation for giving me the chance to attend the World Congress of Neurology and thus participate in the vital exchange of ideas that took place.

*Paul Matthew Pasco*  
Manila, Philippines

I would like to take this opportunity to thank the World Federation of Neurology

for awarding me the Junior Travelling Fellowship 2001 to attend the XVII World Congress of Neurology in London. Participation in the conference provided me with an opportunity to update my knowledge on the most recent developments in various fields of Neurology. It was an excellent opportunity for me to exchange knowledge about the peculiarities of Neurological disease as seen in India and their differences with those in the West, e.g. the disappearing CT lesion following an epileptic seizure which is seen with an alarmingly large frequency in developing countries; the high incidence of intracranial vascular disease in strokes as compared to West where extracranial carotid disease is more frequent. It was a great opportunity for me to meet in person world famous Neurologists whose books and papers I have studied during my Neurology training. This being my first trip to London, it was also an opportunity for me to enjoy Programmes of open-air concerts, fantastic festivals, thrilling theatres and sensational art exhibitions in London.

*Atul Prasad*  
Institute of Human Behavior and Allied Sciences, New Delhi, India

I wish to offer my sincere thanks to the World Federation of Neurology for the award of a 2001 Junior Travelling Fellowship, which enabled me to attend the XVII World Congress of Neurology held in London on June 17–22, 2001. The scientific programmes and symposia were very interesting and a broad spectrum of neurological topics were included. The symposia on the main themes such as stroke, dementia, multiple sclerosis and neuromuscular disorders were extensively covered, with great emphasis on the therapeutic aspects. Recent advances in neuromuscular disorders and dementia were very educative. Platform presentations on neuroinfections and AIDS had a lot of information from diverse nations. I was able to have personal discussions with renowned speakers particularly in neuromuscular disorders, as this is my area of interest. Finally, I would like to thank the WFN once more for this opportunity extended to me, which allowed me to have a platform presentation on Neuro-AIDS. These financial awards are very important particularly for doctors coming from developing countries.

*A. Nalini*  
National Institute of Mental Health & Neuro-Sciences  
Bangalore, India

I thank the WFN Management Committee for offering me the Junior Travel Fellowship of £1,000 towards attending the XVII World Congress of Neurology, held in London on 17–22 June 2001. Apart from the platform and poster sessions, the congress included well-organized symposiums on emerging and controversial issues in Neurology. Concurrent sessions were held in 8 different halls and the participants could attend the sessions of their choice and interact with several renowned experts in the respective fields. Apart from the main themes of the Con-

gress – stroke, dementia, epilepsy, multiple sclerosis, and neuromuscular disorders – there were sessions dedicated to headache and pain management, critical care, movement disorders – in particular Parkinson's disease, therapy with botulinum toxin A and B, hereditary ataxias, motor neuron disease, electrophysiology, neurogenetics, neuroinfection, sleep disorders, neuroradiology, etc. Finally, the Congress had organized the Neurological Tournament (neurology quiz) which provided an opportunity for neurologists from different countries to engage in healthy

competition. The organizers had done a great job in the efficient management of the entire conference. The welcome ceremony, cultural programme, daily newsletter of the Conference highlights, lunch, coffee & tea, and complimentary services extended by the different pharmaceutical companies such as cyber café and electronic messaging system, were greatly appreciated by the participants.

*Pramod Kumar Pal*

National Institute of Mental Health and Neurosciences, Bangalore, India

## STROKE PREVENTION

Stroke is the commonest brain disorder causing death and disability among adults in the world, and while the specific causes of strokes in nations vary, epidemiological, preventive, public health, educational, and treatment strategies learned from various parts of the world can be successfully applied globally to prevent stroke to reduce suffering and disability and optimize productive lives.

### A. Epidemiology

Epidemiological data on the incidence and prevalence of strokes in differing regions of the world have generally agreed upon stroke risk factors, such as hypertension, smoking, diabetes mellitus, and probably elevated serum cholesterol. Accurate diagnostic tools may not be available in all world regions, such as blood/coagulation and neuroimaging studies (magnetic resonance imaging (MRI) of brain, computerized tomography (CT) of brain, cerebral angiography, magnetic resonance angiography (MRA), Duplex scanning of extracranial arteries, transcranial Doppler (TCD) and echocardiography), and for this reason, reasonable clinical criteria must be developed for the probable diagnosis of stroke type, which would guide therapeutic approaches and preventive measures.

### B. Background on the Clinical Presentation of Strokes

The term "stroke" is a generic one for the sudden or subacute onset of focal neurological deficit, such as hemiplegia, aphasia or blindness in one eye, which can be attributed to a vascular disorder with either thrombosis or rupture. Although the majority of strokes occur in the elderly, 25% or more occur in subjects less than

65 years of age. In diagnosing strokes, clinicians need to pursue a differential diagnosis since a correct diagnosis will guide primary and secondary prevention strategies.

Transient ischemic attacks (TIAs), such as temporary monocular blindness, aphasia or hemiparesis, require an evaluation for causation, which depends on a complete history, neurological examination and various diagnostic studies, if available, such as neuroimaging (CT and/or MRI) of brain, noninvasive tests of arteries including carotid bifurcation (as with Duplex scanning and MRA), plus blood studies and cardiac evaluation. If the diagnostic tests are not available, the clinical history and associated conditions will help make the diagnosis. In three studies from North America and Europe, carotid endarterectomy was shown to be definitively beneficial in averting strokes in patients with TIAs and >70% diameter stenosis at the carotid bifurcation on cerebral angiography. In the absence of these diagnostic studies and surgical intervention, practical treatment would be the use of aspirin (and/or other antiplatelet drugs) which can prevent subsequent strokes. Similarly, for cardioembolic strokes, most commonly due to atrial fibrillation (AF), the antiplatelet drug aspirin can be effective in preventing further episodes of strokes, although anticoagulation with coumadin (dicoumarol) is more effective but requires regular testing for prothrombin times/international normalize ratios (INRs). Since no agreed upon therapy is universally available for acute ischemic strokes in the world, it is practical to prevent strokes, primarily and secondarily, with antiplatelet drugs such as aspirin (in doses of 80 to 325 mg daily). In suspected hyperviscosity due to elevated hematocrit, fibrinogen or other causes, dipyridamole (Trental) may improve hemorheology, although anticoagulation is the primary choice for prothrom-

botic states such as antiphospholipid syndrome. Although thrombolytic agents, such as tissue plasminogen activator (tPA), is an effective treatment of acute ischemic strokes, absence of neuroimaging of brain before drug administration is hazardous.

## C. Classification of Strokes

### I. Ischemic Strokes

#### 1. Atherothrombotic Brain Infarction (ABI) or Thrombotic Strokes

Atherothrombotic brain infarction (ABI) is due to an atheromatous plaque intracerebrally or extracranially, such as the carotid bifurcation, to cause an artery-to-artery emboli. This entity presents clinically as a continuum; at one end are transient ischemic attacks (TIAs) and the other with completed or fixed neurological deficits.

The differential diagnosis of TIAs and stroke symptoms involve (1) brain pathologies such as tumor, subdural hematomas, and seizures; (2) blood vessel disorders, such as atherosclerosis, migraine, dissection, arteritis, moyamoya syndrome, venous occlusive disorders, etc; and (3) blood elements, including cardiac emboli, polycythemia vera, sickle cell anemia, antiphospholipid syndrome, and other hypercoagulable states such as Protein C, Protein S and ATIII deficiencies and resistance to Protein C activation, etc.

#### 2. Cardioembolic

The most common cause of cardioembolic strokes, which account for up to 25% of all strokes, are arrhythmias, particularly atrial fibrillation. Cardioembolic strokes can be divided into the following categories:

1) Arrhythmias, esp. atrial fibrillation but also sick sinus syndrome (tachycardia-bradycardia syndrome);

2) Valvular pathologies, including mitral valve prolapse, prosthetic valves, bacterial endocarditis, nonbacterial thrombotic endocarditis due to occult cancer, mitral annulus calcification, aortic stenosis, and subaortic stenosis;

3) Cardiomyopathies, such as post-myocardial infarction states including ventricular aneurysms, and cardiomyopathies secondary to alcohol or viruses.

4) Anatomic or Neoplastic: these include patent foramen ovale (PFO), a concern in young subjects with no known cause for, and atrial myxoma.

### 3. Lacunar Syndromes

The so-called lacunar syndromes, reflecting small cystic areas of brain infarction corresponding to arteriole occlusion, frequently due to longstanding hypertension, with symptoms such as pure motor or sensory hemiplegias without cortical impairment such as aphasia. Lacunar syndromes due to hypertension with minimal symptoms, the prognosis is good if hypertension is controlled.

### 4. Miscellaneous Causes

A few of these are noted above; others include sickle cell anemia, thrombocytosis, esp. for counts  $>10^6$ , and homocystinuria.

## II. Hemorrhagic Strokes

### A. Subarachnoid Hemorrhage (SAH)

1) Congenital aneurysms: typical symp-

toms include sudden severe headache ("worst in my life"), nausea, vomiting, lethargy to stupor, and stiff neck. Identification of the aneurysm requires angiography. Complications SAH include rebleeding, which is associated with a high mortality rate, vasospasm and hydrocephalus. Surgical obliteration is the definitive treatment although interventional neuroradiological techniques have a role.

2) Intracerebral hemorrhages (ICH): The major sites of ICH are putamen (the majority), cortical white matter (or polar hemorrhages), thalamus, pons and cerebellum. Each of the sites of ICH has characteristic neurological findings to suggest the location, but CT or MRI are diagnostic. Surgical intervention must be considered for cerebellar ICH because it can be life saving, especially with symptoms of increased intracranial pressure or brainstem compression. Typical symptoms are those of sudden headache, nausea, vomiting, vertigo, ataxia and gaze palsy without focal neurological findings. Amyloid angiopathy is a cause of multiple ICHs, usually occurring in older individuals; no treatment is available.

## D. Stroke Risk-factors

Since the most common cause for stroke syndromes in both the developing and developed nations is atherosclerosis, its risk-factors are noted below.

- a) Hypertension: requires rigorous control, i.e.,  $<150/90$  mm Hg
- b) Diabetes (needs good of control)
- c) Smoking (must quit)

d) Lipids (elevation of total cholesterol  $>200$  mg/dl should be treated; consider statin drugs, especially with a LDL  $>130$  mg/dl)

e) Other potential risks include: stress, lack of exercise, homocystinuria and obesity

## E. Stroke Prevention

The best treatment of strokes is its prevention. Aside from reducing or correcting stroke risk-factors, of which hypertension control is the most important, carotid endarterectomy in appropriate patients and drugs, particularly antiplatelet ones, can prevent strokes in subjects at increased risk.

## Reference

General Textbook on Stroke: by Barnett HJM, Mohr JP, Stein BM, Yatsu FM: Stroke: Pathophysiology, Diagnosis & Management, 1998, Churchill-Livingstone, Inc.



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University of Texas Houston Medical  
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Houston, Texas, USA

## BOOK REVIEWS

### John Patten: Neurological Differential Diagnosis (2nd Edition)

Editor: John Philip Patten  
ISBN: 3-540-19937-3  
No. of pages: 449  
Price: DM135 (Reprint for India, Pakistan, Bangladesh, Sri Lanka and Nepal DM 20)  
Publication Date: 1998  
Publisher: Springer-Verlag

This possibly is the only book exclusively dealing with neurological differential diagnosis. It is the contribution of a single author who is also the editor of this mag-

nificent work. Neuroanatomical illustrations are unique in this book which indeed are updated from the First Edition published in 1975. Although imaging techniques and advances in neurobiology and neurophysiological parameters have changed the outlook in arriving at a diagnosis of neurological diseases, those who believe in clinical skills and a thorough neurological examination of a patient would find this book a great aid in arriving at a firm clinical diagnosis. There are 24 chapters in this book starting with "History taking and physical examination", and the last chapter on "Neurological Complications of systemic Disorders" is an excellent contribution. This book is a must for the Institutional Libraries, medical students and postgraduates and can be an asset for the personal library

Editor-in-Chief

(cont. on p. 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

#### Molecular Mechanism and Therapeutics of Amyotrophic Lateral Sclerosis

Proceedings of the International Symposium on Molecular Mechanism and Therapeutics of Amyotrophic Lateral Sclerosis, Japan, 22–24 September 2000

Edited by

K. Abe, Dept of Neurology, Okayama University Medical School, Okayama, Japan

International Congress Series, volume 1221

#### Description

- This volume covers the latest findings on the molecular mechanism and therapeutics of amyotrophic lateral sclerosis (ALS), including important research on 1) pathological characteristics and epidemiology of ALS, 2) selective vulnerability of spinal motor neurons, 3) genetic abnormality of ALS and neurotrophin, 4) mechanism of motor neuron death and glutamate toxicity, 5) motor axon, axonal transport, neurofilament, and glycation, 6) basic therapeutic approach, and 7) clinical therapeutic approach.
- The surprising discovery of Cu/Zn superoxide dismutase (SOD1) gene mutations in a part of familial ALS in 1993 has had a strong impact on all neuroscientists and clinicians dealing with this disease. This volume aims to help them to progress their future basic and clinical investigations, and to enhance strong scientific collaboration in elucidating the molecular mechanism and discovering the essential therapeutics of the disease.

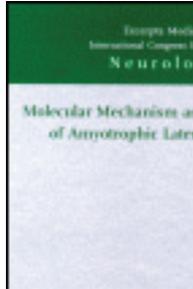
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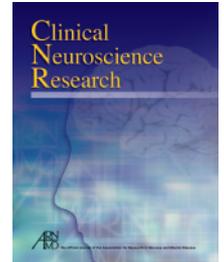


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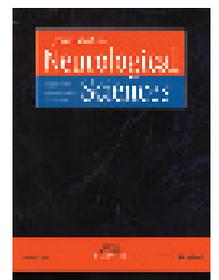
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## Neuro-ophthalmology (3rd Edition)

Editor: Joel S Glaser  
 ISBN: 0-7817-1729-9  
 No. of pages: 667  
 Price: not known  
 Publication Date: 1999  
 Publisher: Lippincott, Williams & Wilkins

This book is now the authoritative work on clinical neuro-ophthalmology and is into its third edition, the first being in 1977. The first three chapters are concerned with the neuro-ophthalmologic aspects of history taking, clinical examination and special investigations. These are followed by a review of the anatomy of the visual sensory system. The succeeding three chapters deal with topical diagnosis viz retina and optic nerve chiasmal and retrochiasmal lesions. After a chapter on facial nerve disorders, the next four chapters deal with eye movements, namely recording techniques, supranuclear disorders, nystagmus and intranuclear disorders. There is a very helpful chapter on paediatric aspects followed by essays on orbital disease, pupils, migraine and vascular disorders. The final chapter on "The Dizzy Patient" is particularly helpful in a common problem. This book is highly recommended for the practising neurologist.

*F. Clifford Rose*  
 London, U.K.

## Advances in Neurology: Volume 82: Corticobasal Degeneration and Related Disorders

Editors: Irene Litvan, Christopher G Goetz and Anthony E Lang  
 ISBN: 07817 2124 5  
 No. of pages: 255  
 Price: \$139.00  
 Publication Date: 2000  
 Publisher: Lippincott, Williams & Wilkins

This is an excellent monograph of atypical Parkinson syndromes that is probably under-recognised albeit relatively rare. The first chapter by Christopher Goetz is a model of how this concept developed. Part I on Diagnostic and Epidemiologic Issues includes a chapter by Riley and Lang on the clinical diagnostic criteria. These include basal ganglia signs of akinetic rigidity and postural instability, as well as cortical signs of sensory loss, dysphasia and alien limb. This section also includes a chapter on the pathological changes and the distinction from progres-

sive supranuclear palsy and Pick's disease. Part II on Clinical features is an evaluation of the possible individual symptoms and signs, making up the syndrome. Whereas Part III deals with the Prognosis, Part IV on Neuroradiology and Management and part V on Diagnostic Controversies. An excellent final chapter on conclusions by Yves Agid points out all the essentials of this volume which is a thorough evaluation of a fascinating condition.

*F. Clifford Rose*  
 London, U.K.

## CALENDAR

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

### 2001

#### European Charcot Foundation Symposium on the Progressive Phase of MS; its Pathology and Treatment

(including the 7th European Charcot Foundation Lecture by Professor P. Soelberg Sørensen on The Role of IVIG in the Treatment of Secondary Progressive MS)

18–21 October 2001

Venice, Italy  
 Contact: European Charcot Foundation,  
 Heiweg 97, 6533 PA Nijmegen, the  
 Netherlands  
 Tel: +31-24-3561954  
 Fax: +31-24-3540920  
 E-mail: info@charcot-ms.org

#### Aging of the Brain and Dementia: Early Identification of Alzheimer's Disease and Preventive Strategies

23–24 November 2001

Florence, Italy  
 Contact: Oliver S.r.l., Organizing Secretariat, Via Panciatichi 40/11. 50127  
 Florence, Italy  
 E-mail: oliver@dada.it

### 2002

#### 54th Annual Meeting of the American Academy of Neurology

13–20 April 2002

Denver, CO, USA

Contact: c/o American Academy of Neurology, Mrs. Judy Larson  
 Tel +1 612 623 8115  
 Fax +1 612 623 3504  
<http://www.aan.com>

#### \* 1st Mediterranean Congress of Neurology

26–28 April 2002

Limassol, Cyprus  
 Contact: Congresswise Ltd., PO Box

57468, 3022 Limassol, Cyprus  
 Tel: +357 5 749919  
 Fax: +357 5 749744  
[www.medneuro2002.com](http://www.medneuro2002.com)  
 E-mail: congress@congresswise.com

#### 6th Congress of the European Society for Clinical Neuropharmacology

14–18 May 2002

Budapest, Hungary  
 Contact: Prof. Dr. László Vécsei, Department of Neurology, Szent-Györgyi University Medical School, P.O. Box 397,  
 H-6701 Szeged, Hungary  
 Tel.: +36 62 455 597  
 Fax: +36 62 455 597  
 E-mail: vecsei@nepsy.szote.u-szeged.hu

#### Annual Meeting of the American Association of Neuropathologists

19–24 June 2002

Denver, CO, USA  
 Contact: Dr. Joseph Parisi  
 Tel: +1 507-284-3394  
 Fax: +1 507-284-1599  
 E-Mail: aanp@mayo.edu

#### 6th European Headache Congress

26–30 June 2002

Istanbul, Turkey  
 Contact: Flaptour, Cinnah Caddesi No:  
 42, 06690 Çankaya, Ankara, Turkey  
 Tel: 90- 312 442 07 00  
 Fax: 90 - 312 440 77 99  
 E-mail: flaptour@6thehf.org

#### 8th International Conference on Alzheimer's Disease and Related Disorders

July 20–25, 2002

Stockholm, Sweden  
 Contact: Alzheimer Research Conference  
 Postfach 1000, 27884 Hamburg, Germany  
 URL: [www.alz.org/internationalconference](http://www.alz.org/internationalconference)

## Policy Statement

Although World Neurology is the only medium to go to every neurologist in the world (approximately 22,000 in 84 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 is made. Contact Mr. Keith Newton at the WFN Secretariat, 12 Chandos Street, London W1G 9DR, UK. E-mail: [WFNLondon@aol.com](mailto:WFNLondon@aol.com) for further information.