WORLD NEUROLOGY

The Newsletter of the World Federation of Neurology

VOLUME 20, NUMBER 3, SEPTEMBER, 2005

PRESIDENT'S COLUMN

This year's Council of Delegates (COD) meeting is scheduled on November 6th in Sydney during the WCN 2005, when we will elect the new Executive team. As I am winding down my work as President, I would like to devote this article to describe how we operate the WFN, in the hope that it will clarify the roles of Officers, Trustees and Committee Chairs. According to the Memorandum and Articles of Association newly adopted in London four years ago, the day-to-day activities are entrusted to the Officers and elected and co-opted Trustees. The Officers comprise, in addition to President, First Vice-President (Dr. Johan Aarli) and Secretary Treasurer General (Dr. Richard Godwin-Austen) who works closely with the Administrator (Mr. Keith Newton) and his assistant (Miss Susan Bilger) based in London. We have three elected Trustees (Drs. Bill Carroll, Julian Bogousslavsky and Marianne de Visser) and one co-opted Trustee (Dr. Ted Munsat).

The Management Committee, consisting of Officers and Trustees, is empowered to act on behalf of the COD between regular meetings of the Council. The Committee's decisions shall subsequently be reported to the COD. The President represents the WFN in all aspects, and presides at a meeting of the COD and Trustees' meetings. The First Vice-President presides at these meetings, if the President is unable to do so. If the Office of the President becomes vacant in the middle of the term, the First Vice-President will assume the responsibilities of the President until the next annual general meeting when a new president will be elected to hold the office. Otherwise, the role of the First Vice-President is undefined. It depends solely on the discretion of the President who selects appropriate assignments in consultation with the First Vice-President. In the current administration, for example, Dr. Johan Aarli chairs the Public Relations Committee, and serves as the WFN liaison to the WHO. This assignment has served the organization well because of his personal interest and savvy in these areas and because of his strategic location (Norway) to visit the WHO headquarters whenever he deems it appropriate. In the previous administration, in which I served as the First Vice-President, I chaired the Constitution Committee, which overhauled the then-obsolete constitution of WFN in preparation for installing entirely new Memorandum and Articles of Association to incorporate the WFN as a charity organization under the British law.

Destination Australia—WCN, 2005

Various committees initially tackle any

Contd. on page 4

Left to Right: Dr. Gerald Stern, Dr. Paul Greengard, Dr. Peter Riederer, Dr Jun Kimura, Dr. Heinz Reichmann, Dr. Karl Max Einhäupl

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ALSO IN THIS ISSUE:

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CONTENTS

EDITORIAL

President Jun Kimura has elaborated on the responsibilities of WFN in his Presidential column. Transparency in the functioning of WFN has been stressed again and again, an essential element in the smooth working of any organisation. All the deliberations are highlighted in minutes of meetings and the annual reports that are published in *World Neurology.* See for example the account of the Trustees' telephone conference call in this issue.

All eyes are now on Sydney which is hosting a major scientific activity of WFN in November this year. Elaborate arrangements have been made by the organizers and it is expected that a record number of delegates will attend this conference. This city is used to host ing big conferences in the past and therefore accommodation should not be a problem provided a last minute rush is avoided.

The neurologists of Iraq deserve our congratulations and encouragement for having been able to continue with a teaching programme in neurology and the care of the sick under their charge in the most difficult of environments. The country has gone through and is still experiencing the greatest stress and strain in daily life, with essential services in disarray, resource crunch and life saving supplies limited. The sick suffer the most under such circumstances but the medical fraternity is standing by the needy. God help them to fulfil their duties for mankind. WFN should also share the burden of training neurologists in this country, when peace prevails.

Reports of the WFN neurocysticercosis task force and those who benefited from the junior fellowships are printed in this issue. We thank Dr. Karen Frei who has submitted a short write up on 'The Genetics of Dystonia', for this issue. She has clarified the subtypes of dystonia based on genetics and made it easy for readers to understand dystonia in the short space allocated to him.

Some of the senior neurologists have expressed their views on the future functioning of WFN and this could serve as their healthy critical suggestions for those office bearers of WFN who will take up its reins in the beginning of the next year. It must be added that the present Officers and Trustees of WFN have done a remarkable job in handling the affairs of WFN in all these years. There has been all round progress, be it education, research or functioning by the officers looking after the WFN headquarters in London.

Everyone agrees that WFN needs to do more for the developing countries for education and training of neurologists. There are many regions in the world with near non-existing medical services, what to talk of the facilities for sick suffering from neurological disorders. WFN needs to co-ordinate with WHO and local Governments more vigorously for expansion of neurological services in these countries. The National Delegates and Vice Presidents should be working as WFN ambassadors to fulfill this major goal of WFN, for proliferation of neurological services in such regions. Resource crunch should be overcome by the professional approach for the organisation, with better administrative indulgence.

This issue also contains the recent activities of the International Stroke Society, an organisation which is young but steady on its feet. It has a close liaison with WFN. I participated in the 14th European Stroke Conference held at Bologna—Italy in May this year at the invitation of the organisers. Can the recommended three hour window for rtpA therapy for acute ischaemic stroke be enlarged is a potent question these days. Uttenboogaart and his colleagues found no difference in mortality and symptomatic haemorrhage rate when the window was prolonged to 3-4.5 hours. If further studies confirm it, then many more lives from acute stroke can be saved and morbidity reduced. This will be considered as a great advancement in the treatment of acute stroke.

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

WINNERS OF THE GLAXOSMITHKLINE JUNIOR TRAVELLING FELLOWSHIPS, 2005

Name	Country	Meeting
Facundo MANES	Argentina	Annual Meeting of the European Federation of Neuropsychiatry, Munich, Germany—16-18 Nov. 2005
Aminur RAHMAN	Bangladesh	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005
Mavis Aime CASAMAJOR CASTILLO	Cuba	26th International Epilepsy Congress, Paris, France—Aug. 28-Sept. 1, 2005
Luis Alberto MOLINA MARTIN	Cuba	"Update in Neuromuscular Disorders", The Wolfson Conference Centre, London, UK—June 27-29, 2005
Akshay ANAND	India	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005
Rajesh RAMACHANDRAN NAIR	India	26th International Epilepsy Congress, Paris, France—Aug. 28-Sept. 1, 2005
Ana DIMOVA	Macedonia	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005
Mohammad WASAY	Pakistan	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005
A T ALIBHOY	Sri Lanka	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005
Ajith SOMINANDA	Sri Lanka	XVIII World Congress of Neurology, Sydney, Australia—Nov. 5-11, 2005

(President's Column
contd from page 1)

matters that pertain to their provision before making a proposal to the Management Committee for approval or disapproval. We have two types of committees, the first of which deals with housekeeping agenda. These include Constitution and Bye-Laws (Dr. Ashraf Kurdi), Finance (Dr. Alberto Portera-Sanchez), Long Range Planning (Dr. Chris Kennard), Membership (Dr. Marianne de Visser), Nominating (Dr. Thomas Brandt), and Structures and Function (Dr. Julien Bogousslavsky). The second type of committee executes various projects to achieve the mission of WFN, and represent the Federation in the public domain. These include Education (Dr. Ted Munsat), Public Relations and WHO Liaison (Dr. Johan Aarli), Publications and Website (Dr. Piero Antuono), Research (Dr. Roger Rosenberg), Stroke Campaign (Dr. Julien Bogousslavsky) and WCN Liaison (Dr. William Carroll). Because of the nature of the assigned tasks, some committees are more visible than others, even though they all play crucial roles for the well-being of the organization. In addition, two editors take care of the publication needs of the organization, being in charge of the *Journal of the Neurological Sciences* (Dr. Robert Lisak) and *World Neurology* (Dr. Jagjit Chopra).

Each committee operates under general guidelines of the WFN policy manual to execute specific charges formulated by the President. For improved efficiency, all Trustees are asked to serve on one or more committees, usually as the chair. This facilitates our discussion of committee activities during the Trustees' monthly teleconferences, which provides us with our main vehicle of interaction. When the agenda relates to an issue not directly handled by a Trustee, the chair in charge is invited to participate in the telephone conference to brief the Trustees. All committees, except for the Nominating Committee, work very closely with the Management Committee, which approves or disapproves their proposals and recommendations. As an exception, the proceedings and decision-making processes of the Nominating Committee are held in private to avoid real or perceived conflicts of interest. Their discussions are neither published nor reported, even to members of the Management Committee. We do, however, make a conscious effort to keep the selection process as open as possible by publishing a set of criteria and the procedural steps for nomination and for establishing a short list of candidates in each position. In response to frequently asked inquiries and requests to make the WFN activities more transparent, we also circulate the minutes of the Trustees' monthly teleconference to all national delegates and Committee chairs. Other available information includes the budgetary items and fiscal matters, such as the investment policy of our organization. Individual neurologists also have ready access, via our web (www.wfneurology.org), to all of the monthly agenda discussed by the Officers and Trustees.

Left to Right (sitting): Dr. Zin-An Wu, Dr. Ching-Piao Tsai, Dr. john D. Pollard, Dr. Jun Kimura, Dr. Nai-Shin Chu, Dr. Sien-Tsong Chen, Dr. Yang-Shing Shih

Since I wrote the last President's Column article, I attended the 2005 annual meeting of Taiwan Neurological Society held in Taipei on April 23 and 24, 2005. It was my pleasure to represent the WFN in this superb national conference. I also received a firm pledge of donation from Dr. Ching-PiaoTsai, the President of the Society, to support the WFN CME program, for which we are deeply grateful. I was happy to endorse the Taiwan Congress, which added substantially to the education of young colleagues in our field. The Conference reflected the spirit of collaboration of many individuals who contributed to this worthwhile venture. I would like to take this opportunity to congratulate the members of the Organizing Committee for a job well done, and wish the Taiwan Neurological Society well for continued success as a valued member of the WFN.

Next, I went to Berlin to participate in the 16th International Congress which the Research Group on Parkinson's Disease and Related Disorders launched on June 5-9, 2005, under the leadership of Dr. Peter Riederer as President of the Congress, and Dr. Heinz Reichmas as Chair of the Local Organizing Committee. This Research Group (RG) under the direction of Dr. Donald Calne is one of the most active of the 30 RGs composing the Research Committee chaired by Dr. Roger Rosenberg. I was particularly happy to participate in this year's meeting, which provided a welcome opportunity for the reunion of delegates after the unfortunate cancellation of the Beijing Conference last year in the midst of the SARS epidemic. The WFN works closely with all RGs to improve communication between member societies, and to encourage their continued participation and interaction. In a specialized congress of an RG held under the legal umbrella of the WFN, various neurological societies around the world share the common interest of advancing neurosciences, which may be unique to the field. As such, these meetings exemplify the mission of the WFN, which centers on the improved care of patients with neurological disorders through education of clinical neurologists globally.

Last, but not least, I attended the VII Congreso National de Neurologia in Medellin on August 4-6, in which Dr. Abraham Arara served as the Congress President, and Dr. Cris Villa, as the Society President. Although most speakers lectured in Spanish, I enjoyed participating in masterfully organized scientific programs. It was good to see senior neurologists like Jaime Toro and Gustavo Pradilla, who have been active with the work of WFN. In particular, I found it satisfying to learn that our CME programs enjoy a good reception from the local group. It was my joy and satisfaction to learn personally how the WFN project helps improve education of neurologists in this part of the world, where I have many friends. As stated in a short report prepared by Javier Torres, newly elected Society President, for this issue of *World Neurology,* I am convinced that these conferences serve as an effective venue for presenting scientific achievements and interacting with colleagues of varied backgrounds and perspectives.

Jun Kimura
President, WFN

PLATFORM PRESENTATION OF ANOTHER NOMINEE FOR FIRST VICE-PRESIDENTIAL POST

William Carroll, MD

Australia

The WFN has come a long way in the last 4 years under the current Board and skilful leadership of Jun Kimura. But there remain some important issues facing the WFN. I have accepted this (extraordinary) nomination for First Vice-President to be part of the new WFN team to deal with them. Two very important and related areas challenge the WFN. One is external, the other internal.

Facing the Challenges

The greatest external challenge facing the WFN is its role as leader and advocate for the less well developed regions of the world. There is a continuing need to improve the availability and accessibility of neurological care for all peoples of the world. Areas of Africa and parts of Asia and Eastern Europe are especially under-resourced. As the economic divide between rich and poorer regions of the world widens so too does the delivery of neurological care. The WFN must play an increasingly important role in advocacy and support to assist these regions. This is not a new challenge; previous WFN administrations have recognised the problem but have been unable to adequately deal with it strategically and practically.

Within the WFN there is an urgent need to foster a more collaborative and collegiate ethos amongst all the existing members and to expand its membership. Building a sense of common goals and shared commitment is an essential first step in addressing the external challenges mentioned above. Overcoming them will require carefully constructed plans, implemented with commitment, in WFN finances, strategic partnerships and membership and dues.

Overcoming the Challenges

Firstly, it is imperative to broaden the financial base of the WFN. Being part of the Organising Committee and President of the Sydney WCN at the same time serving as a WFN Trustee has provided me with a unique insight into the almost complete financial dependence of the WFN on the quadrennial WCN. While the WFN derives some additional income from interest on investments and the dues of its members the financial base must be broadened. To begin this process the Fundraising Committee requires enhanced resourcing to enable it to pursue additional funding from novel sources. For example, the WFN can profit by offering international Pharmaceutical companies the opportunity to promote their financial support for the WFN and its programmes. The trend in the commercial and pharmaceutical world nowadays is to be a good corporate citizen making a valuable contribution to the community as well as to the shareholders. The WFN needs to access this trend while ensuring that the process is transparent and ethical.

Secondly, the WFN can leverage support for its programmes by establishing strategic alliances and partnerships with more financially robust organisations such as the EFNS and the AAN (American Academy of Neurology) who share similar goals. In the same way the WFN must enhance its recently improved status with the WHO and its global initiatives.

Thirdly, the WFN must foster participation and contribution by the global neurological fraternity. The profile of the WFN and world neurology in general needs to be elevated to promote more active participation by member societies. The lead shown by the Netherlands and the Japanese Neurological Societies can be expanded with the development of appropriate programmes. In this regard the contribution of member organisations to the WFN should be seen as part of a shared commitment to the WFN mission for the provision of neurological care throughout the world rather than as an obligation to earn the right to vote. One area where this can be immediately addressed is the annual financial contributions presently labouring under the onerous term of “dues”. A major impediment in many countries is in the definition of a “neurologist”. To overcome this and therefore make annual contributions more equitable may require the development of a formula to “standardise” the number of equivalent western neurologists per capita in each organisation rather than to count actual numbers. A sense of collegiate fraternity and equal partnership must remain the essence of the WFN to encourage participation by all members. The entry to full membership of the WFN of all those organizations who qualify is paramount.

Personal Advantages

Being relatively youthful in the WFN and an Australian is advantageous. In addition to enthusiasm and energy I also have a unique perspective of the WFN. Not only am I able to view North American and European axis from the rapidly developing Asia Pacific region, I also have a disturbing insight into the potentially precarious dependence of the WFN on the quadrennial WCN. Furthermore, after four years as a WFN Trustee and six years in the organization of the upcoming WCN together with the usual grounding in medical and academic politics and not being overcommitted allows me the confidence to ask to be considered seriously for this important office.

Positions Held or Currently Occupied: ● President and Councillor of the Australian Association of Neurologists 1991-2000. ● Chair Australian Association of Neurologists Training Committee 1993- 1997. ● Chair World Congress of Neurology Bid Committee 1999-200. ● Elected Trustee of the WFN 2001-2006. ● Chair Multiple Sclerosis Australia Review Management Committee 1998-. ● Chair Multiple Sclerosis Australia Research Review Board 2005-. ● Board Member Multiple Sclerosis Australia and Multiple Sclerosis Research Australia 2000. ● Head, Department of Neurology, Sir Charles Gairdner Hospital 1988-1996. ● Head, Department of Neurology, Sir Charles Gairdner Hospital 2001. ● Neurology Editor – Journal of Internal Medicine 1996-2004. ● Co-Editor for Asia and the Pacific (Journal of Multiple Sclerosis) 2003-.

THE ESTABLISHMENT OF THE WFN CME PROGRAM IN IRAQ

Since the conflict with a neighbour country in 1990, the Iraqi people have had a very difficult time due to financial, economic and political sanctions. From the medical point of view, the scientific sanction has been the worst of all. We have had great difficulty in obtaining medical appliances, books and journals. We have also been unable to obtain visas to some of the countries even to some

Arabian countries so attendance at medical conferences has been extremely difficult and our scholarship has suffered or actually no scholarship has been granted. These, and many other problems, have forced many Iraqi intellectuals, including doctors and teachers, to seek greater security and a better standard of living in other countries.

However, we as doctors and teachers in the university, decided to stay and using our limited resources continue our humanitarian mission to help our people and teach our medical and postgraduate students.

In April 2003, the regime of dictator collapsed. In the summer of 2003, a former Iraqi doctor from America, visited the Medical City Teaching Hospital in Baghdad and attended one of the meetings we regularly hold on Mondays. She was very impressed by the way we managed to teach under very difficult circumstances. She decided to help and sent us several boxes of medical books, journals, atlases, CDs and videos. All were helpful. She also directed us to contact Monica Brough, the manager of the WFN's CME and Book Programs, who was very helpful and kind, and answered our emails quickly. She advised us on how to begin the CME program and also made a tremendous effort to send us donations of books and journals, through the WFN's Book Program.

It is even more difficult to run the CME program now in view of the disturbances in Iraq. There is a lack of electricity and water. Within a year more consultants, neurologists, neurophysiologists, neuroradiologists, and neuroanatomists left the country. However, in spite of this we have managed to continue the program. We hold weekly meetings in addition to a meeting on the last Thursday of every month. There is good attendance from members of the Iraqi Neurosciences Society and candidates of the Neurology Board. We discuss various Continuum topics and have case presentations in the conference room of the Medical City Teaching Hospital. We feel the CME program is very useful to upgrade our knowledge, familiarise ourselves with serious and difficult medical problems and the best way to manage them. In addition, the MCQs at the back of each Continuum are very useful for assessing one's knowledge.

Finally, on behalf of all my colleagues, I would like to express my indebtedness and sincere gratitude to Monica Brough, Theodore Munsat, the publisher Elsevier for the huge number of excellent books in neurology they have donated, and everyone who has helped to establish and run the CME program. We hope that the critical situation in Iraq will be over soon. May we pray to God that peace may come to all people throughout the world.

Khalil Shaikhly
CME Coordinator in Iraq
Professor of Neurology and Chairman of Neurology Board
Iraqi Board for Medical Specializations

WFN TRUSTEES' CONFERENCE CALL

Minutes
29th June 2005

Present: Dr. J Kimura, Dr. J A Aarli, Dr. R Godwin-Austen, Dr. J Bogousslavsky, Dr. W Carroll, Dr. M de Visser, Dr. T Munsat, Dr. F Boller, Mr K Newton

1. Minutes
The Minutes of the telephone conference call held on 11 May were approved as a correct record.

2. Circulation of May 11 minutes to Delegates and others
With the removal of two confidential references, the Minutes were approved for distribution to Delegates and others, and for posting on the WFN website.

3. Progress Report
a. Fund-raising Contract: Mr Newton had told Dr Bogousslavsky that Carrie Becker had recently visited the London office. She had said that she was in the midst of preparing a Development Plan for discussion with Dr Bogousslavsky. The formulation of a detailed job description was therefore currently 'on hold'.
b. WCN Contract and Guidelines: This has been circulated to all countries bidding for WCN 2009 but no replies had yet been received.
c. London Office Lease: There was nothing to report to date.
d. WHO: There were two aspects to the relationship with WHO (i) the Report on Neurological Disorders; and (ii) Advice to NIH re sponsorship of a position within WHO. Re (i) Dr Aarli had recently reported on developments via e-mail. Re (ii), the WFN had made its own views clear, but NIH was now consulting WFN on the position it should take. There was general approval of Dr Dua as a suitable person; she had done an excellent job on the Atlas. An 11 month period was envisaged for the appointment initially.

4. Publications & Website Committee
Dr Boller reported that he had been offered a position with NIH and would not therefore be allowed to chair the P & W Committee any longer. He must there-

fore tender his resignation with immediate effect, though he could continue as an ordinary committee member. He suggested the name of another committee member as his successor as Chairman and would approach him if wished. He felt confident he would accept.

a. Website revision: Dr Boller had not yet heard from Carrie Becker re her promised proposals on revisions for the site. Meantime, some other changes had been made and it was looking better. There was some discussion about evaluation of the site and it was agreed that Francis Walker should be asked to sort out the problems. The President believed he would readily do so.
b. Elsevier Awards & Travel Grants: There would need to be a ceremony in Sydney where the presentations to Drs Toole and Hallett are to be made.
c. ADAD journal: The new arrangement regarding the Alzheimer's Disease journal was noted. The contract papers had been sent to the President for signing.

5. WCN 2005

The most recent Organising Committee meeting had been held on Thursday/Friday of the previous week. More than 2000 abstracts (excluding faculty abstracts) had now been received. Australians would be used as Chairs for the Frontiers of Neuroscience Lectures. Mr Newton was asked to send documentation to Dr Carroll and Shonna Peasley regarding the Soriano Lectures (size of plaques etc). The number of registrations so far suggested a final attendance comparable to London's i.e. c. 7,000. But the Organising Committee was still working on an assumption of 5,000 eventual registrants for now with break-even at 2,900. The extension of the Abstract deadline date had brought in another 300 submissions. Dr Carroll had promoted the Congress at the recent ENS meeting in Vienna, though the attendance had been disappointing. Bursaries in the form of a reduced registration fee would be made available to those from developing countries who made a case.

a. President's Reception: A guest list of 4-500 should be catered for. Dr Carroll was concerned that 500 would be too many. The numbers in London had been nearer 400. The President and Mr Newton would prepare a draft list for discussion at the August teleconference.
b. COD Agenda: Item 7 (Annual Reports) was relatively inessential and could be moved to later in the agenda. None of the candidates for the Elected Trustee vacancy would be required to address the Delegates. There was discussion of whether or not to throw open the COD and committees to observers as proposed by Dr Toole in his letter to the President. The Trustees acknowledged the need for transparency but did not wish to take up the suggestion of establishing a Council of Advisers. Regarding the publication of Minutes in the Journal of the Neurological Sciences, it had been during Dr Toole's presidency that the decision had been taken to discontinue the practice because of the journal's relatively small circulation. .
c. Mr Newton confirmed that there were 6 candidate countries to host WCN 2009—Czech Republic; France; Spain; Italy; Mexico; and Thailand.

6. Finances

It was agreed that the audited accounts and statements of investments should be published on the website and be circulated to Delegates and the Finance Committee.

7. World Neurology Foundation

Everything was dormant at the moment. Dr Godwin-Austen drew attention to the minutes of the Foundation Board meeting that had been held during the AAN meeting in Miami. Dr. Munsat considered this needed to be finally resolved before the new administration took office.

8. Education Committee

a. Dr Munsat summarized the AAN's exciting plans for putting *Continuum* on-line.
b. It was agreed that despite no budgetary provision having been made this year, CME Coordinators' expenses could in fact be paid.
c. CME Programme Evaluation Project: Abi Sriharan would attend the 2006 AAN meeting in San Diego and hold her focus groups there.

9. WFN Certificate for Retiring Officers and Trustees

The question of certificates for those departing office at the end of the current administration had been raised by Dr Jin-Soo Kim, Regional Vice President for the Asian-Oceanian region. It was agreed to do this for those Officers, Trustees and Committee Chairs listed by the President and it would be important not to omit Dr Roberto Sica who had left office during the course of the past 4 years.

ACTION: Mr Newton.

10. Regional Directors

These were to be nominated by the region and, subject to the approval of the COD, would serve for 4 years. It would be left to each region how they nominated their person. There would be no elections. This should be conveyed to each of them. It was hoped that this would represent a foot in the door in Africa, the Pan African Association of the Neurological Sciences being the appropriate association on that continent. The President should write to Avode as the Regional Director and Mr Newton was asked to prepare a first draft for him (and the relevant individuals in the other regions). The letters should point out that this represented a change of WFN policy.

Meeting of the Neurotoxicology Research Group (NRG) of WFN

A meeting of the Neurotoxicology Research Group (NRG) of the World Federation of Neurology (WFN) will be held starting at 1 PM, November 6, 2005. This NRG meeting will be held as part of the events of the World Congress of Neurology (WCN). Details concerning the meeting location at the WCN site can be obtained at the WCN Registration Desk or by contacting the NRG Chair, Leon D. Prockop, MD at lprockop@hsc.usf.edu.

Agenda items will include: 1. Reorganization of the NRG structure, including Officers and Board of Directors; 2. Discussion of proposed By-laws; 3. Formulation of proposals for international programs in education and clinical research in neurotoxicology.

All interested WFN members and WCN attendees are cordially invited to attend. It is anticipated that the meeting will begin with a Buffet Luncheon

NEUROCYSTICERCOSIS TASK FORCE

A Report

There follows a report to the WFN membership on the activities of the WFN Neurcysticercosis Task Force during the last six months:

1. In February 2005 we had a planning meeting in Honduras with members of the WFN/NCC Task Force, with the support of the Spanish Neurological Society. During that meeting we promoted a Collaboration on Cysticercosis between the Peruvian and Honduran Health ministers (Dr Pila Mazzetti and Dr Merlin Fernandez); we had an Educational Course including subjects about Neurocysticercosis; and we established the main subjects for educational materials for the WFN (i.e. educational book).

2. With the support of the Los Angeles Epilepsy Foundation (Susan Pietsch-Escueta) and UCLA (Dr Christopher DeGiorgio and Prof Antonio Delgado-Escueta) we are planning to have an Educational Symposium on Neurocysticercosis next year in San Diego, right before the American Epilepsy Society Meeting in December 2006 (Initially we were planning to have this Symposium in Toledo, but for financial reasons this was not possible).

3. Prof Johan Aarli and the officials from the WHO asked us to write a document on Neuroparasitosis. Dr Reyna Duron, Dr Hector Garcia and myself agreed to collaborate in this project and we are working on this material.

4. Members of the WFN/NTF supported the Cysticercosis Peruvian Working group and NIH on a Cysticercosis Treatment Consensus symposium, organized by Dr Hector Hugo Garcia and Dr T. Nash in Lima, Peru last June 2005.

5. Also with Dr Hector H. Garcia we are promoting an educational/research network in Latin America for Cysticercosis and Hidatidosis, so we would like to apply for a CYTED Grant (Programa Iberoamericano de Ciencia y Tecnología para el Desarrollo) from Spain.

Regarding this last project, the WFN was requested to write a letter or e-mail of support and Dr Garcia was asked to supply more details.

Dr Marco T Medina
Chairman, WFN Neurocysticercosis Task Force

THE GENETICS OF DYSTONIA—2004

Dystonia is a neurological condition which produces prolonged involuntary muscle contractions resulting in repetitive movements and abnormal postures. Dystonia is known as focal when it affects a single area of the body, segmental when it affects adjacent body areas, and generalized when it affects the entire body. Focal dystonias of the face include blepharospasm, in which the eyes blink excessively and close involuntarily, and oromandibular dystonia, which involves the buccal and facial musculature. Torticollis is focal dystonia of the neck musculature.

Hereditary forms of dystonia are becoming increasingly recognized as an important subgroup of dystonia. To date fifteen subtypes of hereditary dystonia have been allocated the DYT classification (Table 1). A brief description of the fifteen DYT disorders will follow. With the exception of DYT 2 and DYT 3 all are inherited in an autosomal dominant manner.

DYT 1 is seen in a higher frequency in the Ashkenazi Jewish population and is inherited in an autosomal dominant manner with approximately 30% penetrance. Symptoms due to the DYT 1 mutation typically begin in childhood and affect the limbs, with gradual progression to generalized dystonia. However, age of onset, presentation, regions of involvement, and degree of severities vary among family members. Both segmental and multifocal forms of dystonia have been seen. DYT 1 has a gene locus at chromosome 9q34 and codes for a protein named Torsin A. Torsin A is structurally homologous to heat shock proteins and is thought to protect neurons against cellular insults (1).

DYT 2 involves the autosomal recessive transmission of torsion dystonia described in a Spanish gypsy family with consanguineous parents. It has a similar presentation to DYT 1 and may have actually represented a variant of DYT 1.

DYT 3, also referred to as Lubag dystonia, is an X linked recessive or codominant disorder with the gene locus identified as Xq13.1. Age of onset is roughly 35 yrs and the disorder is seen mainly in Filipino males with maternal roots from the Panay Island. Blepharospasm was described as the predominant presenting symptom and the dystonia progressed to generalize within seven years of onset. Parkinsonian symptoms may accompany or precede the dystonia. A wide spectrum of additional movement disorders including tremor, myoclonus, chorea and myorhythmia have also been reported in these patients (2).

Hereditary whispering dysphonia (DYT 4)

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC)

Tobacco use is the second leading cause of death globally, and is responsible for almost five million deaths per year. Tobacco is also the only legalized and taxed product that causes death in its regular users. It is estimated that ten million of people will die during next ten years if the tobacco use is not limited. On February 24th 2005 at the WHO headquarters the WHO FCTC was announced to enter into force on February 27th 2005. This is a historical moment as this Treaty provides tools for Contracting Parties allowing for control of tobacco use. Before November 30th 2004 40 countries were bound to this project, and since then another 17 countries have joined this initiative representing 2.3 billion people in total. As Dr. KEE Joong-wook, the WHO Director General, said that all countries that become Party to this Treaty will have measure to make tobacco use less and less attractive to people, and this will allow for saving millions of lives. Now the countries entering the WHO FCTC will have three years to ensure that tobacco packing has health warnings, and five years to establish bans on tobacco producers on advertising, promotion, and sponsorship.

B. Piechowski-Jozwiak, MD
Julien Bogousslavsky, MD

has been described in Australia. Dysphonia may be an isolated feature or as part of generalized dystonia.

DYT 5 and DYT 14 refer to dopamine responsive dystonia. Dopamine responsive dystonia usually has a childhood onset with diurnal fluctuations in symptom severity. Treatment with levodopa has a dramatic effect and the effects are long lasting without long term complications from levodopa. The dystonia usually begins in the leg and progresses to become generalized. However, the degree of severity of the dystonia is variable. The gene locus for DYT 5 has been localized to 14q22.1-q22.2 and codes for the enzyme GTP cyclohydrolase 1 and (3). DYT 14 has a gene locus at chromosome 14q13.

DYT 6 refers to cranial-cervical dystonia reported involving two Mennonite families. The predominant symptoms involve the face and neck in some form. Those with limb dystonia at presentation develop cranial or cervical symptoms later in life. The gene locus for this disorder is on chromosome 8p21-q22.

DYT 7 has been described in the northwestern German population as familial torticollis and has a gene locus at chromosome 18p. The age of onset is reported to range from 28 to 70 years. The torticollis has a variable degree of severity within family members; however, dysphonia and writer's cramp are also seen.

DYT 8, DYT 9 and DYT 10 refer to paroxysmal disorders which are thought to be disorders of sodium or potassium channels. DYT 8 is paroxysmal nonkinesigenic dyskinesia and has episodes of generalized dystonia and choreoathetosis involving the face and extremities beginning in early childhood. The episodes may last hours and may occur several times in a week. They are precipitated by fatigue, emotional stress, alcohol or certain foods. This disorder has a gene locus at chromosome 2q.

Paroxysmal choreoathetosis with episodic ataxia (CSE) (DYT 9) has linkage to chromosome 1p. Episodes of involuntary movements, dystonic posturing of extremities, imbalance, dysarthria, paresthesias and diplopia occur. Headache sometimes accompanies or follows the episodes. The episodes last approximately 20 minutes and may occur as frequently as twice daily. Physical exercise, emotional stress, lack of sleep and alcohol are precipitating factors. Symptoms can be alleviated by acetazolamide or phenytoin.

DYT 10 refers to paroxysmal kinesigenic dyskinesia with episodic dystonia, chorea, athetosis, ballismus or a combination of these movement disorders. Activity is a precipitating factor. The episodes generally last seconds and may occur daily. The disorder tends to respond to treatment with anticonvulsants and may remit spontaneously. DYT 10 is linked to chromosome 16 with potential loci at 16q 11.2-q12.1 and 16q13-q22.1.

DYT 11 and DYT 15 are forms of myoclonic dystonia. Myoclonic dystonia has dystonia as the core feature but myoclonic-like movements may also be present. DYT 11 refers to the condition in which the epsilon sarcoglycan gene located on chromosome 7q21 is involved (4) and DYT 15 has a gene map locus at chromosome 18p11. The age of onset is generally in childhood and the motor expression is variable with myoclonus, dystonia or both in varying

Table 1 The DYT Foms of Inherited Dystonia

DYT	Description of Dystonia	Mode of Inheritance	Gene Map Locus
DYT 1	Generalized with variable presentation	Autosomal Dominant with reduced penetrance	9q34 (TorsinA)
DYT 2	Generalized with variable presentation	Autosomal Recessive	Unknown
DYT 3	Blepharospasm with generalized dystonia and Parkinsonism, variable presentation	X linked Recessive with codominance	Xq13.1
DYT 4	Whispering dysphonia with variable degrees of dystonia	Autosomal Dominant	Unknown
DYT 5	Dopamine responsive dystonia with generalized dystonia and variable presentation	Autosomal Dominant	14q22.1-q22.2 (GTP cyclohydrolase 1)
DYT 6	Cranial-cervical dystonia	Autosomal Dominant	8p21-q22
DYT 7	Focal dystonia predominantly cervical	Autosomal Dominant with reduced penetrance	18p
DYT 8	Paroxysmal nonkinesigenic dyskineisa with generalized dystonia and choreoathetosis, variable presentation	Autosomal Dominant	2q (possibly a sodium channel gene)
DYT 9	Paroxysmal choreoathetosis with episodic ataxia with dystonia of toes, legs and arms, variable presentation	Autosomal Dominant	1p (possibly a potassium channel gene)
DYT 10	Paroxysmal kinesigenic dyskinesia with generalized dystonia, chorea, athetosis, and/or ballismus, variable presentation	Autosomal Dominant	16q11.2-q12/1 and 16q13-q22/1
DYT 11	Myoclonic dystonia with variable dystonia	Autosomal Dominant	7q21 (epsilon sarcoglycan)
DYT 12	Rapid onset dystonia-parkinsonism with variable dystonia	Autosomal Dominant	19q13
DYT 13	Generalized with variable presentation	Autosomal Dominant	1p36.32-p36.13
DYT 14	Dopamine responsive dystonia with generalized dystonia and variable presentation	Autosomal Dominant	14q13
DYT 15	Myoclonic dystonia with variable dystonia	Autosomal Dominant	18p11

degrees. It is alcohol responsive. The disorder frequently responds to treatment with clonazepam and usually has a benign course.

DYT 12 is also known as rapid-onset dystonia-Parkinsonism. The gene locus has been identified as chromosome 19q13 and it has a variable phenotype. The age of onset is usually in adulthood. The disorder is characterized by rapid development (over hours up to a few weeks) of dystonia and Parkinsonism. The dystonia may be episodic or constant and has primarily bulbar and upper limb involvement. The symptoms remain stable or progress slowly after onset. Levodopa provides slight benefit and dopamine agonists are ineffective. Missense mutations in the gene for Na+/K+ATPase alpha 3 subunit have been found in these patients and are thought to be causative of this disorder (5).

DYT 13 has a gene map locus at 1p36.32-p36.13. Symptoms begin around 15 years of age in the cervical or craniocervical region or upper limbs and have a slow progression to other body regions.

Dystonia can be part of other inherited disorders. Mitochondrial disorders, Hallervorden-Spatz syndrome and neuroferritinopathy are a few examples. As many more families with dystonia are recognized, more genes responsible for dystonia will be identified. Hopefully, this will provide more information into the pathology and etiology of dystonia.

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Karen Frei, M.D.
USA

WFN FUTURE DIRECTIONS

Neurology in Western Europe is using most modern technology and is highly developed as a result of advanced research in biochemistry and molecular genetics. Structural and functional disturbances can be discovered because of great advances in treatment of stroke, dementia, epilepsy and degenerative diseases of the nervous system. The Neuro-Rehabilitation is beginning to spread in the western countries; specialized centers are being built, reducing disability and chronic/acute damage to the brain and spinal cord. Inspite of progress, the diagnosis and treatment has remained very expensive.

All the advances and the extraordinary results are reaching only a small part of the world. There is no neurology in most of the black Africa and Central Asia regions. Only partly equipped neurological centers are existing in South East Asia, some regions of East Europe, Middle East countries and Latin America. Most neurological patients are treated poorly by physicians having little knowledge of the nervous system. Sufficient health systems, providing well organized or long lasting treatment programmes are not available. Even the privileged patients in North America, Japan and some regions in Europe and Latin America cannot fully participate.

Every patient with a disease of the nervous system has the basic human right to be diagnosed and treated in a specialized neurological department. However, due to cost constraints, many patients are forced to get treatment and care in less organized hospitals. This situation is faced by patients in western countries, too. Then, there are cases of refusal of treatment to aged people and those in chronic neurological condition in some European countries. This is highly unethical and needs to be condemned.

The World Federation of Neurology needs to concentrate and adapt its programmes in black Africa, South East Asia and in other parts of the world, with the aim to assist building of national institutions and societies for Neurology. Support is necessary to provide information on neurology, for the local health care system, and to help enthusiastic young medical doctors to become specialists in neurology. One way out is to organize teaching courses during the national medical congresses. Bedside teaching could be organized by visiting professors. Another important step can be to arrange for books and specialized literature. The above steps can, however, not substitute arranging for better diagnostic programmes and successful treatment. A cooperation with the WHO and NGOs will also be helpful. It is important to identify local needs and resolve them.

The World Federation of Neurology, as a responsible institution, should plan an action plan to improve neurological care worldwide. The incoming President must concentrate on the problems listed above on priority.

F .Gerstenbrand, J.Toole, A.Korczyn

CONCERN FOR WFN

As the time approaches for the Delegates meeting and election of new officers for the WFN, the membership must have financial reports from the trustees. This must be published well before the delegates arrive in Sydney to allow the global membership to discuss and recommend future directions.

The WFN has become such a huge body with a very large bank account and annual budget that it is difficult to know its agenda and policies. Because it is a charitable corporation, the WFN must be made public telling how our contributions are being used. In particular, I personally feel that the WFN pays too little attention to developing countries and makes only token attempts to influence neurological care.

Among the questions to be answered:
1. Is the mix of annual expenses appropriate for maintaining the central office and outreach funds for other activities vis-a-vis, particularly promoting

neurological education in developing countries?

2. Is enough being done to allow practicing neurologists in developing countries access to educational material? For example, can the main scientific publication of the WFN, the Journal of Neurological Sciences, be made available to them over the web? I, myself, find it disappointing that organizations like the EFNS have more educational programs in developing countries than the WFN.

Only through a wide and open discussion will we know which candidates to favor.

Amos D. Korczyn, MD, MSc
Sieratzki Chair of Neurology
Tel-Aviv University, Israel
Member, Finance Committee and
Education Committee of the WFN

REGIONAL NEWS

Report on the Congress in Medellin for the WFN

Left to Right: Dr Luis A. Villa, Dr. Carlos S. Uribe, Dr. Jun Kimura, and Dr Abraham Arana

The VII National Congress of Neurology—the main event of the Colombian Association of Neurology—was held in Medellin on 4-6 August. It was organized by Dr. Abraham Arana and Dr. Luis Alfredo Villa. The Congress was held during the Flower Fair, a very colorful festivity where the most beautiful flowers of Colombia are exhibited.

Dr. Jun Kimura, President of the World Federation of Neurology, and fifteen international speakers participated, ensuring a very high scientific level for this meeting. This Congress helped strengthen the leadership of our country in the Andean and Bolivarian areas.

Practically all the Colombian neurologists and colleagues from the Andean countries, especially from Venezuela, and Colombian neurologists who work in the United States, like Dr. Gustavo Román from the University of Texas, Dr. Javier Romero from the Harvard School of Medicine and Dr. Manuel Yepes from Atlanta, participated.

A very successful event for patients with Parkinson's disease, multiple sclerosis, vascular brain disease and epilepsy was also held. The Colombian Association of Neurology is the leader in the creation of groups of patients who are seeking to defend their rights in Colombia.

Likewise, and with a great participation, we held courses on neuro-oftalmology, neuro-otology, neuropsychiatry and pediatric neurology, addressing both neurologists and other branches of medicine. Dr. Jun Kimura directed the workshop on neurophysiology.

The VII National Congress of Neurology evidenced the scientific level of Colombian neurologists to the world and our association's vocation for peace.

Javier Torres
President, Colombian Neurological Association

WFN JUNIOR FELLOWSHIP REPORTS

As a winner of the WFN Junior Travelling Fellowship, 2003, I attended the 56th AAN meeting in San Francisco, held on April 24-May 1, 2004. I had a fantastic opportunity to hear and meet world's leading experts in all fields of neurology and update my knowledge. New acquaintances and contacts I made will surely help me in my future work. The dinner seminar, *"The neurology of the famous composers and musicians"*, moderated by Prof. R. Pascuzzi, was exceptional. It showed unique ways to combine neurology, history and art.

Tomislav Breitenfeld
Sestre Milosrdnice University Hospital,
Neurology Department, Zagreb, Croatia

Attending the 26th International Epilepsy Congress in Paris (August 28-September 1, 2005) was an exciting experience. I had a great opportunity to present my poster on "Intermittent oral prophylaxis in preventing febrile seizures; Diazepam versus Clobazam: A randomized study in South Indian rural children." Very good discussion took place on the relevance of this study in developing countries. I could also meet many international experts on specific aspects of epilepsy. The session on epilepsy care in countries with limited resources was particularly useful. Sessions on functional MRI in epilepsy were of great use to my current training in paediatric epilepsy. Paris is a beautiful city and I enjoyed my stay there. I thank GlaxoSmithKline and the WFN for giving me the opportunity for attending the congress.

Rajesh Ramchandran Nair
India

I attended the 16th International Bethel-Cleveland Clinic Epilepsy Symposium held in Germany from June 20-June 22, 2005. I sincerely thank WFN for awarding me the WFN Junior Traveling Fellowship to attend this conference. I attended the following workshops at the symposium: **1.** The pseudotemporal epilepsies—an avoidable cause of surgical failure and **2.** Genetics of epilepsies—an overview. In addition, I had the opportunity to attend two breakfast seminars on Video EEG and Vagal nerve stimulation. The main sessions on the natural history of epilepsy, from first seizure to drug resistant epilepsy, Functional and structural relationships of the epileptogenic zone with special focus on fMRI, and the Phamaco-Update on New antiepileptic drugs were very informative. I also had the opportunity to meet and interact with experts in the field of epilepsy.

S. Sita Jayalakshmi
India

International Stroke Society—Recent Activities

In the recent months, International Stroke Society has implemented public relation activities on stroke through the submission of ISS statement to World Health Assembly by WHO during May 16-25 in Geneva and also through the event of "Stroke Awareness Day" during the European Stroke Conference, Bologna, Italy. The reports for these activities are as follows.

ISS Statement at World Health Assembly: By an ISS representative to the World Health Assembly, it was reported that among a great number of resolutions adopted, the one most pertinent to stroke was about rehabilitation. It emphasized the needs and rights of people with disability and it called upon member states to provide rehabilitation services needed. The statement ISS submitted is as follows:

ISS Statement at World Health Assembly (2005): Stroke contributes substantially to the global burden of disability. Among the 15 million people worldwide who suffer a stroke each year, at least 5 million suffer long lasting disability. ISS is deeply concerned by the rising burden of stroke which is a consequence of evolving trends in demography and lifestyles.

For the prevention, management and rehabilitation of disability due to stroke, the ISS would like to prioritize the following five issues:

First—Prevention of stroke: At least two thirds of all strokes are attributable to a limited number of risk factors, which are shared by other cardiovascular diseases. These risk factors in turn are closely linked to life-style factors which are amenable to modification. Stroke is preventable. The ISS will actively join the ongoing work of WHO in the commitment to encouraging healthy lifestyles from youth into old age. Preventing strokes from occuring is the overall most efficient way to reduce disability. ISS already has ongoing collaboration with WHO in scaling up primary and secondary prevention of stroke through integrated and cost-effective approaches.

Second—Early recognition of stroke signs: A major advance in the treatment of ischemic stroke is the development of new therapies that can dissolve the blood clot, restore the blood flow, and reduce disability. It is of concern that today the majority of all strokes present at hospital too late to be considered for such treatment, which should be given as early as possible after stroke onset. There are also several other good reasons for early admission to hospital. The awareness of stroke in the population needs to be increased through educational efforts, should opportunities for treatment and prevention of disability not be missed.
Joint WHO/ISS efforts are ongoing to increase the awareness of stroke among those at high risk and among public at large.

Third—Access to organized stroke care: Available scientific evidence shows that organized stroke care (stroke units) has the overall largest impact of all available therapies in the acute phase in reducing disability after a stroke. Benefit of stroke unit care extends to virtually all patients with stroke. Despite compelling arguments, stroke unit care remains much underused world-wide. Stroke unit care should be possible to implement broadly, though it may need to be adapted to the local situation.

Fourth—Access to Rehabilitation services: Available scientific evidence also shows that rehabilitation in many different settings (in-hospital, early supported discharge, community based) is very effective in reducing disability after stroke. Cognitive and other mental effects of stroke should receive as much attention as physical disabilities, and the needs of caregivers should be recognized. Rehabilitation services are underdeveloped and unequally distributed in almost all areas world-wide.

Fifth—Surveillance of disabilities from stroke: ISS has an ongoing collaboration with the WHO and the World Federation of Neurology in the Global Stroke Initiative, which includes development of technical tools and promotion of surveillance of stroke. Monitoring of indicators such as risk factors, management, and residual effects of the stroke, permits evaluation of needs and of actions taken. However, accurate and contemporary data on stroke are still scanty for most regions of the world.

The ISS asks that these issues should be given high priority among measures to reduce disability. Current knowledge warrants urgent actions. The ISS will be pleased to cooperate with the WHO and other international organizations and bodies in this major effort.

This statement is scheduled to be distributed in WHO Regional Committee for South-East Asia to be held in Colombo, Sri Lanka during September 6-10, 2005 and also in WHO Regional Committee for Europe to be held in Bucharest, Romania during September 12-15, 2005.

Stroke Awareness Day
As the very first activity ISS has ever had as the public education program, ISS announced May 25th as Stroke Awareness Day, with the purpose of helping people to reduce their risks of stroke and better recognize the early warning symptoms and signs of the disease. Stroke remains an under-recognized and underestimated threat, despite claiming thousands of lives and leaving many of its victims severely disabled every year. In recognition of Stroke Awareness Day, members of the ISS presented global epidemiologic statistics on stroke and outlined who is at risk for stroke and the early warning signs of the disease at a media briefing entitled "STROKES ACT FAST, COULD YOU?" during the ESC meeting in Bologna.

The objective of the ISS through Stroke Awareness Day is to reduce the disease burden worldwide. The current initiative is focused on disease awareness and simple preventive measures and is part of a longer-term plan with clear objective and calls for action. "Stroke is the second most common cause of deaths in developed countries, exceeded only by coronary artery disease", said Julien Bogousslavsky, M.D., president of ISS and a leading neurologist based at Lausanne University in Lausanne, Switzerland. "Stroke is in many cases a preventable or manageable disease. We must continue to better educate people on stroke and increase public awareness of the early signs of the disease." As for the further information, please visit our website: http://www.internationalstroke.org/

BOOK REVIEWS

The Treatment of Epilepsy

Editors:	Simon Shorvon, Emilio Perucca, David Fish and Edwin Dodson
ISBN:	0-632-06046-8
No. of pages:	913
Price:	£150
Publication date:	2004
Publishers:	Blackwell Science

Epilepsy is a common neurological disorder and there has been a significant advancement in its treatment in the recent past. The first edition of this book, published in 1996, has become a standard text in the field of epileptology, as it contained all the information for devising treatment of epilepsy on the basis of sound scientific rationale. The second edition incorporates the rapid advances in epilepsy therapeutics since the inception of the book. It has 108 contributors from 19 countries and 28 new chapters have been added. There has been a change in the editorship and two of the old editors have been replaced by new ones. All the editors are world leaders in epilepsy and deserve appreciation in revision of the book. The primary focus of the book remains the same. It provides a systematic review of the whole field of contemporary treatment. Medical therapies and principles of treatment in different clinical contexts have been dealt in depth. It has all the latest information regarding newer anticonvulsants in use. Presurgical evaluation of epilepsy and its surgical treatment has been discussed in detail. The international focus of clinical epilepsy is the central plank of the book. It is an excellent source of reference for neurologists, neurosurgeons, all the clinicians and trainees who treat epilepsy.

IMS Sawhney
Assistant Editor

Fundamentals of Neurological Disease

Editors:	Larry E. Davis, Molly K. King, Jessica L. Schultz
ISBN:	1-888799-84-6
No. of pages:	248
Price:	$29.95
Publication date:	2005
Publishers:	Demos Medical Publishing

This unique textbook is intended for students in neurology and a variety of related disciplines who wish to learn the basic principles of neurology and to understand common neurologic diseases. It is designed to be read from cover to cover in a 3-4 week neurology rotation or in a classroom situation, giving the reader a thorough understanding of the fundamentals of neurology. It can also be used for quick and easy reference by any and everyone interested in neurology. The earlier chapters discuss such topics as encountering a patient with a neurologic problem, an overview of neurologic testing, and establishing a diagnosis. Later chapters highlight common neurological diseases chosen specifically for their high clinical utility. Emphasis is placed on pathophysiology, major clinical features, laboratory findings, and disease management. Adult and pediatric diseases are discussed, as well as some neurosurgical diseases. For more information on this title, please visit: http://www.demosmedpub.com/book167.html

Jagjit S. Chopra
Editor-in-Chief

Stroke-Pathophysiology, Diagnosis and Management (Fourth Edition)

Editors:	J.P. Mohr, Dennis W. Choi, James C. Grotta, Bryce Weir and Philip A. Wolf
ISBN:	0443066000
No. of Pages:	1591
Price:	£170.00
Publication date:	2004
Publishers:	Churchill Livingstone

Here is another edition of this most comprehensive multi-author book on stroke with six sections on epidemiology; clinical manifestations; diagnostic studies; specific medical diseases and stroke; pathophysiology; and therapy, divided into seventy-nine chapters. There have been great advances in stroke therapy since the first edition was published 20 years ago. Upgrades of interventional and neurosurgical therapy are incorporated in this volume. Stroke is a worldwide killer disease with variable morbidity. This work specifically deals with prevention and the latest techniques in management of all types of stroke. This is an essential book for institutional libraries and is a must for stroke centres. Readers will get first-hand knowledge and practical remedies for stroke treatment.

Jagjit S. Chopra
Editor-in-Chief

CALENDAR

2005

University Classes in Multiple Sclerosis II: an educational programme on Multiple Sclerosis, and European Charcot Foundation Symposium 2005 "Treatment Strategies in Multiple Sclerosis: from pathophysiology to clinical practice."
16-17 November, 2005, Lisbon, Portugal
Contact: Ms. Friedrichs Bosmans,
European Charcot Foundation,
Heiweg 97, 6533 PA,
Nijmegen,
The Netherlands
E-mail: info@charcot-ms.org
Website: www.charcot-ms.org

2nd International Congress on Brain and Behaviour
17 – 20 November, 2005, Thessaloniki, Greece
Website:
www.psychiatry.gr/main_brain2_eng.html

Info 2005—International Neurology Forum
4-8 December, 2005, Sunrise Beach Resort, Nha Trang City, Vietnam
Conatact: Mrs Hanna Lahat
E-mail: hannal@netvision.net.il
Website: www.info2005.org/home.htm

2006

Regional Asian Stroke Congress and First Indian Stroke Association Congress
5-8 January, 2006, Chennai, India
Fax: +91-44-24320605
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marundeshwara_tours@vsnl.com

XVIIIth World Congress of Neurology
5-11 November, 2005, Sydney, Australia
Contact: WCN2005 Congress Secretariat, GPO Box 2609, Sydney NSW 2001, Australia
Tel: +61 2 9241 1478,
Fax: +61 2 9251 3552,
E-mail: wcn2005@icmsaust.com.au
Web:www.wcn2005.com