WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 15, NUMBER 4, DECEMBER 2000

WFN ELECTIONS JUNE 2001

The Nominating Committee of the WFN has done a splendid job, after careful deliberations, in making recommendations for the election of Trustees and Officers to form the future WFN leadership in June 2001 at the London meeting. They have produced a galaxy of names for various posts from the different geographical areas of our globe. Their proposals are published on page 5. Both candidates for the post of President have presented their thoughts on the future direction of the WFN. Their statements are published on page 6.

National Delegates, as representatives of the National Associations, will be entrusted with the most responsible task of casting their votes in accordance with their Association's wishes. In this way, the entire WFN membership is involved in the election process and all WFN members are therefore requested to read this issue of World Neurology very carefully.

Jagjit S. Chopra, MD,
Editor-in-Chief, *World Neurology*

The National Delegates have another, equally important job during the London meeting – to select the country to host the next World Congress in 2005, the premier scientific meeting of the WFN. The *(cont. on page 4)*

Dawn over Tower Bridge in London, the host city for the XVIIth World Congress of Neurology in 2001. (Copyright © 2000 Jeremy Woodhouse.)

OUR WORLD CONGRESS IN LONDON, UK, JUNE 17–22, 2001

There are now just 6 months before we welcome you to our lively, stimulating, and educational Congress. The full programme is available on the Internet at http://www.concorde-uk.com/wcn-2001 and contains the main themes and symposia, along with an extensive educational programme. We hope that you will attend and submit abstracts (deadline November 15, 2000) because we wish the Congress to be of the highest scientific standard.

The Scientific Committee intends that a general neurologist attending the main topics on all five days would have been updated in the most common neurological conditions. The main themes are Multiple Sclerosis, Epilepsy, Stroke, Neuromuscular Diseases, and Dementia. These one-day programmes have been very carefully planned to cover all aspects of each topic from aetiology through clinical presentation and management. In addition to the main themes, there are 30 or so half-day symposia covering most areas of clinical neurology, each with a set of world class speakers who will be joined by delegates giving platform presentations chosen from submitted abstracts.

There will also be an extensive educational programme with half-day teaching sessions on the preceding Saturday and Sunday, as well as workshops and breakfast and lunchtime sessions on topics such as neurological emergencies, useful neurological tips, and many others on *(cont. on page 6)*

ALSO IN THIS ISSUE:

WORLD
NEUROLOGY
THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY
VOLUME 15, NUMBER 4, DECEMBER 2000

CONTENTS

Publishing Information

MANUSCRIPTS
The Editor is happy to receive unsolicited manuscripts or photographs for consideration, but cannot accept responsibility for any loss or damage to such material. Manuscripts should be submitted in English, typed on white paper using double spacing with margins of at least 3 cm. Authors should submit material on computer disk (Microsoft® Word or plain ASCII format) whenever possible. Tables and figures should be separated from the text and should clearly indicate the author's name. Colour photographs and illustrations are encouraged.

EDITORIAL STATEMENT
Although great care is taken to ensure accuracy, the WFN and Elsevier Science BV cannot be held liable for any errors or inaccuracies in this publication. Opinions expressed are those of the authors. Elsevier Science BV, the Editor, the WFN or the Grantor cannot be held responsible for the validity of clinical treatments, dosage regimens or other medical statements made. Any dosage referred to should be checked against the relevant data sheet for the product.

World Neurology, ISSN 0899-9465, is published by Elsevier Science BV, Molenwerf 1, 1014 AG Amsterdam, the Netherlands; phone +31 (20) 485 3358, fax +31 (20) 485 3237; e-mail: p.bakker@elsevier.nl

REPRINTS
Reprint requests and all correspondence regarding the journal should be addressed to the Editor. However, back issues of *World Neurology* can be obtained from the publisher.

CHANGE OF ADDRESS
Notice of change of address should be sent to: *World Neurology*, Editorial Secretariat, 12 Chandos Street, London W1G 9DR, UK. Fax: +44 20 7323 4012; e-mail: WFNLondon@aol.com

Printed by Key Dee Associates at Chandika Press Ltd,, 126 Industrial Area Phase 1, Chandigarh - 160002, India.

PRESIDENT'S COLUMN

WFN: Past, Present, and Future

In 1956, while I was a clerk at the National Hospital in Queen Square, London, I was aware of the formation of the WFN by Ludo Van Bogaert and Macdonald Critchley but I did not become involved with our organization until 1981, when I was appointed Secretary-Treasurer General by then President Richard L. Masland. Since then, I have witnessed its enormous growth, most recently including the formation of a charitable foundation with which to foster clinical research and education.

In 1981, our treasury contained $9,541 from membership dues. Through the hard work of previous administrations, we have accumulated a treasury that now nears a million pounds. This accrued both by increasing national dues and instituting a policy of sharing the risk and the benefits of World Congresses with the Host national organizations, initiating with the Congress in New Delhi, India, continued with the Canadian Congress in Vancouver, Canada and, most recently, in Buenos Aires, Argentina. Each Host group contributed a portion of Congress profits to the WFN and we have expectations that this will also occur with the about-to-take-place London Congress.

However, money is but a means to our ends for better neurological care and prevention for people with nervous system disorders, clinical research, including methods for better prevention, treatment, and education of neurologists and our colleagues in allied disciplines. In order to do this, we have constructed a global communication network, not only with hard copy through the *Journal of the Neurological Sciences* with Editor Lisak and a newsletter edited by Jagjit Chopra but also with a website with B. Todd Troost, which has the potential for rapid distribution of information at a very low cost to enormous numbers of neurologists who are unable to come to the regional and international meetings or to subscribe to journals.

Concomitantly, our responsibilities have changed because we have globalized and developed a communication network, which makes the problems of one part of the world apparent to all others, heightening awareness and imparting a sense of obligation. With this knowledge, we are developing a World Federation of Neurology Research and Education Foundation, the purpose of which is to support programs that have been recommended by peer reviewers to ameliorate these inequities.

I have come to the conclusion that we, in the health professions, who try to preserve humanity, have far less possibility for accomplishing our purpose than those whose mission it is to destroy it by war. Even though, for the thousands of years that we have considered ourselves to be "civilized," we still persist in the savage belief that we must occasionally settle matters by killing one another. Is there anything more inhuman than war itself? It is my belief that we must strengthen our ties to the World Health Organization as the first step toward unified action to influence the United Nations.

A propos, I call your attention to the article by Sen and Bonita (Lancet 2000;356:577-582), who point out that the next public health challenge will be cerebrovascular disorders, particularly stroke and dementia, as we reduce the impact of infectious diseases, such as poliomyelitis and other communicable diseases of the nervous system. In another important contribution, Volume 6, Supplement 2, of the European Journal of Neurology is devoted to the cost-effective value of neurological services, a subject which has not been adequately addressed by any group.

The office of the President of the World Federation of Neurology is evolving and there are a variety of new activities and responsibilities that I did not anticipate when I was elected to the office, which has heretofore been somewhat honorary. For example, in the first six months of this year, I received 34 invitations to travel to important meetings, usually in far distant loca-

Participants of the International Workshop on Stroke Scales in Tokyo, Japan, 27–28 July 2000 (seated second from right Professor James F. Toole).

tions. Of these, I could accept only 12. Because the President has no financial allocation, each must be considered not only on its merit but on the time and personal expense involved. In addition to the ceremonial activities, the scientific program requires presentation of material which is worthy and, in the field of medicine, "new information." This has grown to a daunting task and would require almost constant travel. Oftentimes it is very important for my wife to accompany me, which is always a pleasure but never underwritten by the host society. In my opinion, it is very important for both to be a presence at international meetings.

With globalization and with the establishment of a permanent Secretariat in London, it becomes a requirement that the continuing presence of the leaders of the organization at meetings, to assess the impact of our organization and the needs of its constituents, is vital.

For example, I recently attended a meeting of the International Stroke Society and the Salzburg Conference Group on Cerebrovascular Disorders in Tokyo, Japan, hosted by Professor Fumio Gotoh, Chairman of the Research Group on Cerebrovascular Disorders of the WFN (photograph on previous page). In his tripartite role, Professor Gotoh has evolved and implemented a new stroke scale, which he will present to the World Congress of Stroke in Melbourne, Australia, in November 2000. We, in the WFN, must take steps to resurrect and ensure our continuing presence in the field of stroke and, in my forthcoming role as the President of the International Stroke Society, I look forward to cordial interaction with the World Federation of Neurology in attempting to consolidate our efforts in both of these organizations.

From left to right: Kelley N. Reavis, Svetlana A. Dambinova, James F. Toole, Sh.I. Bibileishvili, E. Bibileishvili, Dee Dee Vernon, Galina A. Izykenova.

Finally, one of the greatest pleasures of being the President is to receive visitors from the far reaches of the globe. Recently, it was a great pleasure to welcome Professor Sh.I. Bibileishvili, from Tbilisi, Georgia, and Drs. Svetlana Dambinova and Galina Izykenova, from St. Petersburg, Russia (see photograph above).

James F. Toole, M.D.
President WFN

WFN Elections – (cont. from page 1)
Secretary-Treasurer General of the WFN, Dr. Richard Godwin-Austen, has summarized elsewhere in these columns all the key tasks that Delegates have to perform in June 2001.

This brings us to the important invitation to all WFN members to come to London from WFN President, Dr. James F. Toole and Secretary-General of the Congress, Professor Christopher Kennard. Please make sure that you register for this Congress and also secure your hotel reservation at the earliest, since June is the most attractive month for tourists to visit London.

The last of the four articles on Epilepsy, published in this issue, is 'Epilepsy Surgery' by Dr. Colin Binnie. Dr. Binnie has given a wonderful account of surgery in intractable epilepsy and his careful recommendations are worthy of serious consideration before deciding upon surgery on an epileptic patient. It is a full team effort and should be undertaken only in centres fully geared to perform such surgery, even though there are millions of epileptics who require this procedure.

As Editor of *World Neurology*, I was invited to participate in the Fifth Mediterranean Society of Myology Congress held in September 2000 in Capri (Italy). Capri, a village since Roman times, perched on a hill and surrounded by the blue Mediterranean, was an ideal venue for this state of the art congress on diseases of the muscle. Attended by more than 300 delegates, the congress, organised by Prof. Giovanni Nigro, was a resounding success. It was preceded by a workshop on 'Strategic Approaches in Spinal Muscular Atrophy' organised by Dr. Ysbrand Poortman and was followed by a satellite symposium at Pisa on 'Perspectives in Molecular Therapy of Muscle Disease', organised by Prof. Gabriele Sicilliano. The star attractions at the Congress and Symposium were internationally renowned researchers on diseases of muscle. The millennium lectures were delivered by Prof. A.G. Engel and Prof. Salvatore DiMauro from the USA. The latest information was given on the rationale of the usefulness of some metabolite intermediates, co-factors and vitamins in mitochondrial diseases and recent advances on congenital myasthenic syndromes. That chronic polymyositis may in fact be inclusion body myositis in its progressive form was the disclosure made by Prof. Mastaglia from Australia. Prof. Doug Turnbull from the UK discussed the most recent molecular strategies: mainly to increase the relative amount of wild type over mutated mitochondrial DNA in diseases of muscle. Dr. Nicholas Keep from London highlighted the molecular chemico-physical characteristics of utrophin, a close homologue of dystrophin and considered to possess therapeutic implications. Prospects and limitations of gene therapy in muscular dystrophies, retroviral vectors for gene therapy of Duchenne muscular dystrophy, myoblast transfer and usefulness of satellite cells in regenerating muscle fibres were other important presentations at these meetings.

J.S. Chopra, MD,
Editor-in-Chief

(cont. from p.1)
various neurological disorders during the week. As an exciting innovation, we will have a neurological tournament and hope that many countries, or groups of countries, will wish to put forward teams to take part in it during the week.

When you feel in need of a break from the high powered clinical science, then you will be less than a mile from some of the major museums in London such as the Victoria and Albert, Natural History and Science museums. London, of course, has a great deal more to offer, much of which will be completely new to you. You will be able to see the restyled centre of the British Museum, the new British Library and of course the truly spectacular new Tate Modern recently opened in a huge converted power station by the Thames. Also enjoy the views of London from the new London Eye.

To relax and meet friends, London offers a wealth of cultural and culinary experiences and in addition to the Opening Ceremony and reception at Earls Court, we will be organising a Gala evening in the heart of the city of London in the grounds of the Honourable Artillery Company. This will be a reflection of the youthfulness of our specialty and a time to enjoy yourselves.

The Congress and London have a huge amount to offer and we very much hope that you will make every effort to join us. If you wish to register or receive further information, you can find us at the following web site: www.concorde-uk.com/wcn-2001 or contact the Congress Organisers: Concorde Services Limited, 42 Canham Road, London W3 7SR, UK. Phone +44 (0)20 8743 3106; Fax: +44 (0)20 8743 1010; e-mail: wcn@concorde-uk.com.

Professor Christopher Kennard
Secretary General, WCN 2001
for the WCN Organizing Committee

Professor James F. Toole,
President, for the WFN

RECOMMENDATIONS FOR WFN ELECTIONS

The Nominating Committee of the World Federation of Neurology recommends to the membership through their representatives on the Council of Delegates those listed below as candidates for election as WFN trustees and officers in accordance with the Federation's Memorandum and Articles of Association.

The trustee post of Secretary-Treasurer General will not be contested in 2001. The Memorandum and Articles of Association as drafted by the Federation's legal advisors and approved within the appropriate committees, including the Council of Delegates, provide for one year's phasing with regard to this post, to allow overlap and continuity. The election for Secretary-Treasurer General will therefore be held at the Annual General Meeting in 2002.

Proposals were invited from a wide range of individuals and organisations including not only the national delegates and member societies of WFN but also committee members past and present, and others familiar with the Federation's work. A formal meeting of the Nominating Committee was held in London on Saturday, 10 June 2000 to review the many suggestions received and to draw up a shortlist for publication.

It is open to anyone to make additional nominations for any post for further review by the Nominating Committee by

- Securing the supporting signatures of five or more authorised delegates
- Submitting the name(s) of the individual(s) in question to the Secretary-Treasurer General, c/o the London Secretariat office, at least thirty days prior to the AGM (the date of which is 17 June 2001), specifying the post(s) for which they are a candidate.

President

Kimura, Jun	Japan
Paty, Donald	Canada

First Vice President

Aarli, Johan	Norway
Sica, Roberto	Argentina

Elected Trustee (three vacancies)

Bogousslavsky, Julien	Switzerland
Caldas, A. Castro	Portugal
Carroll, William	Australia
Eraksoy, Mefkure	Turkey
Lana-Peixoto, Marco	Brazil
Madkour, Obsis	Egypt
Nitrini, Ricardo	Brazil
Sica, Roberto	Argentina
Silberberg, Donald	USA
Wadia, Noshir	India

Officers – Regional Vice Presidents

European

Aarli, Johan	Norway
Bogousslavsky, Julien	Switzerland
Heiss, Wolf-Dieter	Germany

Pan-American

Chaná C., Pedro	Chile
Chouza, Carlos	Uruguay

Pan-Arab

Al Deeb, Saleh M	Saudi Arabia
Ibrahim, Mohamed Montasser	Egypt
Madkour, Obsis	Egypt

Pan-African

Fadli, Emad	Egypt
Fritz, Vivien	South Africa
Miladi, Najoua	Tunisia

Asian-Oceanian

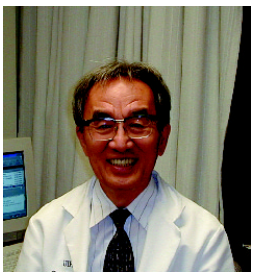
Kim, Jin-Soo	South Korea
San Luis, Amado	Philippines
Wadia, Noshir	India

NEW POSTCODE LONDON OFFICE

Changes have been introduced to central London postcodes which affect the address of the WFN Secretariat. The first part of the address remains the same – 12 Chandos Street, London – but there is now a new code of W1G 9DR. Please use this in all future correspondence sent to the London Office.

PLATFORM PROGRAMMES FOR PRESIDENTIAL NOMINEES

Jun Kimura, MD, Kyoto, Japan



It has been my privilege and pleasure to serve as the First Vice-President of the WFN during the past three years. In the interim, the organization revised its Constitution, initiated major steps forward in redefining its purpose and aim, and initiated some of its priority programs under the leadership of James F. Toole as President, Theodore Munsat as Chair of the Research Committee, and Richard Godwin-Austen as Secretary-Treasurer General. We are at a turning point not only in modernizing the structure, but also in reorienting our philosophy as an incorporated charity organization for the cause of neurology. I am proud to be nominated as a candidate for the office of President of the Federation at this important juncture.

If elected president, I would like to move forward on several initiatives. We must seek to achieve greater worldwide recognition of our discipline, and make the prevention and treatment of neurological conditions the number one priority of governmental medical policies. Specifically, we should endeavor to encourage and assist the education of young neurologists in developing countries. I would also continue to promote the areas of the nervous system, stroke and brain function within the WHO framework. The WFN should play a key role in coordinating plans among the various local neurological societies and non-governmental groups who share the common interest in advancing neuroscience and its related fields.

While most national and regional groups can address their own educational and research needs with considerable sophistication, the WFN should not compete with such efforts. Rather, we should focus our attention on more global concerns and advocate to implement programs of international consequence. The quadrennial meetings of the World Congresses of Neurology serve as the most effective venue for presenting scientific achievements and interacting with delegates of varied backgrounds and perspectives. I believe it is equally important to develop regional neurological organizations which work closely with the Federation. We should seek to improve communication between member societies and encourage their continued participation. To improve interaction, we must exploit the means already available to us, namely, *Journal of the Neurological Sciences, World Neurology*, and the WFN web site, to facilitate the networking of information. I consider the role of Secretariat of paramount importance in the successful pursuit of our mission in this regard.

Because these initiatives would take a great amount of work to prepare and prosecute, we will need to generate an outpouring of interest and energy from member societies worldwide. In order to achieve these objectives, we would also need to explore a number of options for more active fund raising. In the United States, President Toole has founded the World Neurology Foundation for this very purpose. Following his lead, I would look into the possibility of forming a similar Foundation in Japan to attract charitable donations in support of neurological research and education worldwide.

I would pursue these goals with increased vigor in order to achieve the Federation's overall purpose. I have learned a great deal from other members of the Management Committee whom I have worked very closely with over the years, including the proper balance of assertion and compromise. I firmly believe that it will take a team effort to successfully run an international organization, and I would not hesitate to ask for advice from those of you more knowledgeable than I in this endeavor. It is my sincere hope that together we can further improve the value and prestige of the WFN and achieve the missions and objectives of our newly incorporated Federation.

Donald W. Paty, MD, Vancouver, BC, Canada

I will make an effective President of the World Federation of Neurology because of the following:

1. World-wide experience: Having lived as an adult in the USA, Malaysia, the UK, and Canada.
2. Roots in Asia: Born in China of medical missionary parents; my father's China hospital is today a going concern. I have been there twice and I am working to improve communication between the West and that institution.
3. Secretary General 1993 World Congress of Neurology in Vancouver: This WCN was a very successful one and that experience provided me with a great deal of information concerning the scientific and practice aspects of the WFN.
4. World Health Organization: Member of the WHO Working Group on Multiple Sclerosis; being involved with both the WFN and the WHO will bring contacts that will help in the realization of the goals of the WFN.
5. Canadian Representative to the WFN Council of Delegates for the last seven years.

If elected I will pledge to do the following things:

1. Increase the involvement of developing countries in the workings of the WFN.
2. Increase the cooperation of the WFN, the WHO, and non-government organizations, especially in the area of dissemination of information about neurology, neurologists, and neurological disease.
3. Work towards a method of information exchange in relationship to the following issues:

   a) The impact of neurological disease on various populations for both health care professionals and the public

   b) The implementation of guidelines for the diagnosis and management of common neurological problems applicable to both developed and developing countries.
4. Work through the various standing committees and ad hoc committees of the WFN to implement the policies of the WFN and work to raise the public awareness of the workings of the WFN and its members.
5. Help to develop a preventative strategy that can be implemented on a worldwide scale that will impact neurological disease by better understanding of world patterns of epidemiology, genetics, and exposure to the environment.

EPILEPSY SURGERY

Introduction

Epilepsy surgery became available in a few specialised centres in the early 1950s, but has expanded world-wide only recently. At symposia in 1986 and 1991, Engel [1,2] reviewing the practices of major centres found the operations in 5 years covered by the second survey equalled the total in the previous four decades.

The incidence of epilepsy is some 50/100,000 and medication achieves control in 70–80% [3]. Thus, the annual incidence of intractable epilepsy is some 10/100,000. Between 1/8 and 1/4 of these are surgical candidates, 1.25–2.5/100,000 per annum [4]. Current provision, even in prosperous economies, falls short of demand due largely to the complexity of preoperative assessment, which requires a multidisciplinary team, with expertise in neurological epileptology, neurosurgery, neurophysiology, neuroimaging, neuropsychology, paediatric neurology, neuropathology, and neuropsychiatry. The pioneering developments of the 1940s and 1950s were achieved by such teams. Attempts to emulate them without adequate resources led to ill-fated programs with poor results, and scepticism concerning epilepsy surgery. The recent expansion of surgery resulted from the recognition of the importance of a multidisciplinary approach and advances in imaging. Equally, the perception that considerable resources are required may discourage new programs, particularly in developing countries.

Minimum Standards

To address this problem, the International League Against Epilepsy commissioned a report on minimum standards for epilepsy surgery [5]. There was concern that minimum standards would be regarded by cost-carriers as sufficient and funding would be refused for any resources above the minimum, but a solution was found in the recognition that surgical candidates comprise a varied case mix, requiring different resources. The Commission advised that surgical programs with limited resources were acceptable, provided they undertook treatment only of those patients who did not require more complex preoperative assessment.

Surgical Strategies

Surgical treatment of epilepsy follows alternative strategies with differing requirements for preoperative assessment: 1) localised resection or radiosurgical ablation of a discrete zone from which partial seizures arise (e.g. anterior temporal resection), 2) global resection or disconnection of extensive dysfunctional tissue (e.g. hemispherectomy, hemispherotomy), 3) division of pathways of seizure propagation (e.g. callosotomy), 4) activation of inhibitory systems (e.g. by stimulation of the vagus nerve or of the subthalamic nucleus), 5) transection of hyperexcitable cortex into blocks too small to be capable of epileptogenesis (multiple subpial transection).

Convergence of Evidence from Multidisciplinary Investigation

The first of these approaches is that most widely adopted and, together with subpial transection, depends on the identification of an 'epileptogenic zone'. Satisfactory outcome depends on removing tissue that is both structurally and functionally abnormal. Resecting a focus of interictal discharges rarely relieves epilepsy if the tissue is normal. Conversely, removal of a structural abnormality that is not associated with epileptiform activity is usually unsuccessful.

Various identifiable regions contribute to the determination of the epileptogenic zone [6]. The 'lesional zone' is the area of pathology underlying the epilepsy and usually detectable by neuroimaging. The 'irritative zone' is the region of interictal epileptiform activity demonstrable by scalp EEG, and/or by intracranial recording. This is usually more extensive than the 'ictal onset zone', where electrophysiological changes appear at seizure onset and which is rarely detectable without intracranial ictal recordings. A 'hypofunctional-zone' may be manifest by neurological or

COUNCIL OF DELEGATES MEETING 17 JUNE 2001

The Council of Delegates Meeting on 17th June 2001 is the meeting where the major decisions for the next four years will be made. At this meeting the Officers and Trustees of the WFN 2002–2006 will be elected and the decision for the venue of World Congress 2005 will be made. This is therefore a most important meeting and it is hoped that all eligible National Delegates will be present.

ELECTION OF TRUSTEES AND OFFICERS

At the start of the meeting, the Secretary-Treasurer General will make an announcement to clarify who is permitted to vote in the election of new Trustees and Officers: only Delegates of countries whose dues are fully paid up. He will read out a list of their names mentioning any proxies they might hold. It may be helpful to emphasize that voting rights do not extend, for instance, to members of the Management Committee, unlike arrangements under the old Constitution & Bye-Laws.

As provided for in the Memorandum & Articles of Association, no Delegate will be allowed to cast more than two proxy votes. Notification of proxies will need to be received at the London Secretariat Office 3 working days before the meeting i.e. by the end of Tuesday, 12th June 2001.

Voting will be in accordance with the recommendations of the Steering Committee: a simple ballot with a requirement of 50% of the votes cast for an outright victory, or else a second round contested by the top two candidates.

PRESENTATIONS BY COUNTRIES BIDDING TO HOST WCN 2005

At present, the following countries have entered the bidding:

Australia, Czech Republic, Egypt, Spain, Thailand, Tunisia.

Countries will have 15 minutes to make their presentation. Video films and slides may be used and information regarding hotel accommodation, projected budget, congress venue, transportation and organizing committee must be presented.

At the end of each presentation, 5 minutes will be allowed for questions to be put to the presenting country. A straight vote will then be taken and all Delegates present will vote. No proxies are allowed. The country receiving the largest number of votes will be allocated the Congress in 2005.

Richard Godwin-Austen
Secretary-Treasurer General

neuropsychological deficits, abnormalities of ongoing EEG or ECoG activity, or hypometabolism detected by PET or SPECT. Clinical ictal events reflect disturbed function in a particular region, the 'symptomatogenic zone' which is not always close to the onset zone.

The site and extent of the epileptogenic zone may be inferred from i) clinical observation, history and examination (hypofunctional and symptomatogenic zones. interictal EEG (irritative and hypofunctional zones)**;** ii) CT and structural MRI (lesional zone); iii) ictal video-EEG (indirect evidence of ictal onset zone, symptomatogenic zone) neuropsychological assessment (hypofunctional zone); iv) carotid amytal test (hypofunctional zone-also evidence concerning possible cognitive deficits following proposed surgery); v) PET (hypofunctional zone); vi) ictal SPECT (ictal onset zone?), vii) sub-acute intracranial recording (irritative, hypofunctional and ictal onset zones); viii) acute ECoG (irritative and hypofunctional zones).

The greatest variation between different preoperative assessment programmes lies in their use of electrophysiology: conventional EEG, long-term monitoring and invasive intracranial recording. It is possible to identify patients who may be successfully treated without ictal recording, from either intracranial or scalp electrodes but ictal recording may be considered mandatory to exclude non-epileptic seizures.

Patients requiring minimal electrophysiology generally exhibit a discrete lesion on imaging concordant with the seizure pattern and interictal EEG. Indeed, until the 1970s, patients were routinely treated without ictal or invasive recording, even in the absence of structural abnormality demonstrable by the current radiological techniques, with results comparable to those now obtained. To offer surgery only to those patients who do not require complex electrophysiological investigation is a sensible approach to setting up and developing an epilepsy surgery program.

Concordant evidence of structural and functional abnormality is required. Where the findings disagree, it is necessary either to explain the non-convergence or abandon surgery.

Sperling et al. [7] described a non-invasive protocol based either on convergent MRI, and interictal and ictal EEG localisation, or on more rigorous EEG and psychological criteria. On this basis, 50% of patients underwent surgery, with good outcome in 94% of tumoural and 74% of non-tumoural cases. The patients who failed these criteria were either withdrawn or underwent operation only after invasive studies, with a lower success rate of 62%. It is clear that many patients do not need complex investigations, and those that do are less likely to benefit.

The use of invasive neurophysiology has been changed by advances in neuroimaging, but not as expected. Improved structural imaging, supported by PET has increased the number of patients who can be prepared for temporal resections without invasive neurophysiology. However, non-concordance of evidence from these and other sources leads to identification of patients with extra-temporal complex partial seizures, with a consequent need for depth recording. Moreover, improved imaging reveals previously undetectable, operable pathology, as cortical dysplasia, commonly extra-temporal.

In our centre, invasive recording is used for assessment of almost all non-lesional extra-temporal epilepsies, combined depth and subdural recording mainly in mesiobasal frontal cases, subdural electrodes alone in extra-temporal epilepsies arising from the convexity. The use of depth recording has declined to below 10%, not so much as a consequence of developments in imaging, but rather because of unfavourable experience of resecting well localised extratemporal foci in radiologically negative subjects. This decline in invasive electrophysiology is offset by an increased demand for subdural recording to help locate seizure onset in patients in whom MRI demonstrated extra-temporal lesions but failed to provide enough evidence to determine the epileptogenic zone.

Conclusion

A key comment in the report of the Neurosurgery Commission may also serve as a summary of this brief over-view:

"… differing preoperative work-up and operative procedures may be appropriate for different patients. It is entirely acceptable that a new epilepsy surgery program should be set up initially with limited facilities, provided treatment is limited to those patients whose preoperative and operative needs can be met within the resources available... Where such a limited service is to be provided, it is essential that the experience of the medical staff should be of wider breadth and sufficient to ensure that they are competent to distinguish patients who can be treated with limited local resources from those who require more complex facilities".

In short, as in most areas of practice, it is clinical expertise which is the best guarantor of standards.

References

Engel J. Outcome with respect to epileptic seizures. In: Engel J. (Ed). Surgical Treatment of the Epilepsies. Raven Press, New York. 1987;pp 553-371.

Engel J, Van Ness PC, Rasmussen TB, Ojemann LM. Outcome with respect to epileptic seizures. In: Engel J. (Ed). Surgical Treatment of the Epilepsies, Second Edition. Raven Press, New York. 1993; pp 609-621.

Elwes RDC, Johnson AL, Shorvon SD et al. The prognosis for seizure control in newly diagnosed epilepsy. New Engl J Med, 1984; 311: 944-947.

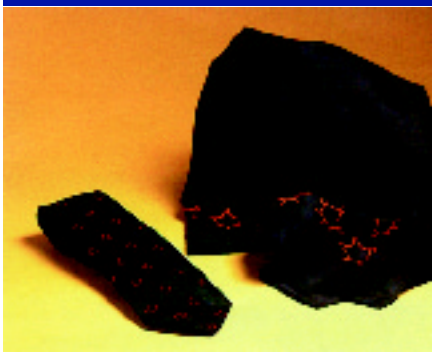
National Institutes of Health Consensus Conference. Surgery of epilepsy. J Am Med Assoc, 1990; 264:729-733.

Binnie CD, Polkey CE. Report of Neurosurgery Commission: Minimum standards for epilepsy surgery. Epilepsia, in press.

Luders H, Awad I. Conceptual considerations. In: Luders H. (Ed) Epilepsy Surgery. Raven Press, New York, 1991; pp. 57-62.

Sperling MR, O'Connor MJ, Saykin AJ, Philips CA, Morrell MJ, Bridgemann PA, French JA, Gonatas N. Noninvasive protocol for anterior temporal lobectomy. Neurology, 1992; 42:416-422.

Dr. Colin D. Binnie
Institute of Epileptology
King's College, London, UK



INCLUSION BODY MYOSITIS

Inclusion body myositis (IBM) is a distinctive form of inflammatory myopathy and an important cause of progressive muscle wasting and weakness in later life. It is the most common acquired myopathy in patients over the age of 50 years and accounts for about 25% of patients with inflammatory myopathy referred to a neuromuscular clinic. Its prevalence in the population is ~10/million rising to ~35/million over the age of 50 years (Phillips et al 2000). It is now recognised that most patients previously diagnosed as chronic polymyositis are suffering from IBM. Although most cases of IBM are sporadic, the condition may rarely be familial. In contrast to IBM are a number of other forms of hereditary inclusion body myopathy with a variable clinical phenotype and similar pathological changes but without the inflammatory component (Askanas and Engel 1998). Inclusion body myositis is not associated with malignancy but may be associated with other autoimmune or connective tissue diseases and may also occur in HIV-1 and HTLV-1 infected patients.

Clinical features

Sporadic inclusion body myositis (s-IBM) is characterised by very slowly progressive muscular weakness and wasting, usually commencing in the quadriceps femoris muscles in the lower limbs and in the forearm muscles in the upper limbs. Often the patient does not present until the weakness of the quadriceps muscles has advanced to a degree where the patient starts to have falls. Dysphagia is a common symptom, particularly later in the course of the disease. Careful examination will demonstrate a selective pattern of muscle involvement in both the upper and lower limbs, contrasting with other forms of inflammatory myopathy such as polymyositis and dermatomyositis in which the muscle involvement is non-selective. In the upper limbs the forearm flexor muscles are usually affected earliest, in particular the flexor digitorum profundus. As the disease progresses the finger and wrist extensors are also affected and weakness of more proximal upper limb and more distal lower limb muscles also develops. Asymmetric involvement on the two sides is common. Atypical patterns of weakness occur in some patients who may have a proximal pattern of muscle involvement in upper and lower limbs, or only upper limb involvement, or a gluteal-hamstring pattern of muscle involvement in the lower limbs (Mastaglia et al 2000). The condition is usually slowly progressive, in spite of treatment, leading to a severe degree of physical incapacity with loss of independence and the ability to walk in most cases (Oldfors and Lindberg 1999).

Diagnosis

The diagnosis should initially by suspected clinically on the basis of the pattern of muscle involvement, but is often delayed (Phillips et al 2000). The serum creatine kinase level may be normal or moderately elevated. The EMG findings may be confusing as there is often a combination of myopathic and neuropathic features, including long duration motor unit potentials and spontaneous discharges. Moreover, nerve conduction studies may show evidence of a mild peripheral neuropathy in some cases. These findings have led to the suggestion that there may be a neurogenic component in s-IBM. However, quantitative EMG and macro-EMG studies have not supported this contention. Muscle CT or MRI scanning may be helpful diagnostically by demonstrating the selective pattern of muscle involvement.

Muscle biopsy remains the definitive diagnostic investigation. The most appropriate muscle to biopsy, provided that it is not too severely affected clinically, is the vastus lateralis muscle. To observe the full spectrum of histopathological changes it is important to obtain tissue samples for cryostat sectioning and for electron microscopy. At the light microscope level, the diagnostic changes are best seen in sections stained by the modified Gomori technique, or with haematoxylin and eosin and comprise: an interstitial and perivascular T cell (CD8+) infiltrate with invasion of muscle fibres by T cells and macrophages; HLA class 1 expression on muscle fibres in areas with inflammatory infiltrates; muscle fibre necrosis and regeneration; 'rimmed' vacuoles in non-necrotic muscle fibres and the presence of cytoplasmic and intranuclear eosinophilic inclusions although these may be inconspicuous; variable numbers of 'ragged-red' fibres which lack cytochrome oxidase activity (COX-negative fibres); and atrophic muscle fibres which may contain 'rimmed' vacuoles. Focal amyloid deposits may be demonstrated in the vacuolated muscle fibres with special stains. Electron microscopy is necessary to demonstrate the 15-20 nm filamentous intranuclear and cytoplasmic inclusions, which are characteristic of the inclusion body myopathies, and which have been shown to be made up of paired-helical filaments containing phosphorylated tau as found in the brain in Alzheimer's disease (Askanas and Engel 1998).

Treatment

The majority of patients with s-IBM fail to respond to treatment with conventional forms of immunotherapy such as corticosteroids or immunosuppressive agents. However, in a minority of cases such treatment may temporarily arrest the progression of the disease. It is therefore our practice to offer patients a 3 to 6 month trial of treatment with prednisolone (~0.5-0.75 mg/kg/day, tapering to a low maintenance dose after a period of 3 to 6 weeks) combined with methotrexate (7.5 to 10 mg once weekly) after taking into account the patient's age, general medical condition and weighing up the risk of inducing adverse drug effects. It is important to monitor progress with quantitative assessment of muscle function in selected upper and lower limb muscle groups as well as functional assessments. If there is improvement or stabilisation maintenance therapy is then continued with ongoing precautions to avoid steroid side effects. On the other hand, if muscle weakness continues to progress or side effects

2000 WFN JUNIOR TRAVELLING FELLOWSHIP - REPORT

I would like to express my gratitude for the 2000 WFN Junior Travelling Fellowship that enabled me to attend the 6th International Congress of Parkinson's Disease and Movement Disorders, which was held in Barcelona on June 11–16, 2000. The high level scientific program covered a very broad spectrum of topics related to Parkinson's disease and other movement disorders on both clinical and basic aspects. The poster sessions were numerous and of no less interest than the lectures. It was an opportunity to present (with co-authors) my poster "Smoking and other environmental factors for Parkinson's disease in Lithuania". The informative and innovative pharmaceutical exhibitions were also of interest. It was a pleasure to meet colleagues from other countries to share opinions and knowledge.

I would like to thank the WFN for giving me the opportunity to participate in this excellent congress held in beautiful Barcelona.

Valmantas Budrys, MD, PhD
Lithuania

WINNERS OF THE GLAXO WELLCOME JUNIOR TRAVELLING FELLOWSHIPS 2000

Dr. Kakhaber Akhvlediani	Georgia	5th EFNS Congress, Copenhagen, October 14–18, 2000
Dr. Ravindra Kumar Garg	India	XVIIth World Congress of Neurology, London, June 17–22, 2001
Dr. Inta Macane	Latvia	XVIIth World Congress of Neurology, London, June 17–22, 2001
Dr. Valmantas Budrys	Lithuania	6th International Congress of Parkinson's Disease, Barcelona, June 11–15, 2000
Dr. Alberto Diaz Vasquez	Peru	54th Meeting of the American Epilepsy Society, Los Angeles, December 1–6, 2000
Dr. Miriam Velez Rojas	Peru	3rd Latin American Congress of Movement Disorders, Guadalajara, Mexico, March 22–24, 2001
Dr. Rosa Velasco	Peru	XVIIth World Congress of Neurology, London, June 17–22, 2001
Dr. Myles Connor	South Africa	XVIIth World Congress of Neurology, London, June 17–22, 2001
Dr. Udaya Ranawaka	Sri Lanka	4th World Stroke Congress, Melbourne, November 25–29, 2000
Dr. Ibtissem Ben Hamouda	Tunisia	125th Annual Congress of ANA, Boston, October 15–18, 2000

develop the treatment is discontinued.

There have been several short-term controlled and uncontrolled trials of intravenous immunoglobulin therapy, some of which have shown slight functional improvement in some cases. However, it remains unclear whether this form of treatment has any influence on the natural history of the condition and longer-term trials are required (Mastaglia 2000). The use of interferon beta 1a is currently being evaluated in North American and British trials. Other empirical forms of treatment include carnitine, coenzyme Q10, vitamin E, the anabolic agent clenbuterol, and an isometric exercise programme.

Pathogenesis

There are still a number of aspects of the pathogenesis of s-IBM which remain unclear. Although there is considerable evidence in favour of an autoimmune pathogenesis, such as the invasion of muscle fibres by auto-aggressive T-cells; the association with other autoimmune diseases and with HLA DR3/B8; and evidence for restricted T cell receptor V gene usage in the muscle lesions, the lack of response to corticosteroid and immunosuppressive therapy remains a stumbling block and suggests that there may be some additional ongoing process, perhaps genetically determined, which is responsible for the vacuolofilamentous degeneration and accumulation of amyloid and other proteins in muscle fibres. Oxidative stress and age-related accumulation of mtDNA mutations may also be contributory factors. The pathogenesis of s-IBM is likely to be multi-factorial and we have hypothesised that multiple genetic factors including DR3, apolipoprotein (4, mtDNA variants and other as yet undetermined factors interact to confer susceptibility to the disease (Garlepp et al 1998).

References

Askanas V, Engel WK. Sporadic inclusion body myositis and hereditary inclusion body myopathies. Archives of Neurology 1998;55:915–920

Garlepp MJ, Blechynden L, Tabarias H, Lawson C, Van Bockxmeer F, Mastaglia FL. Genetic factors in sporadic inclusion body myositis. In: Inclusion Body Myositis and Myopathies. Askanas V, Serratrice G, Engel WK (eds). Cambridge University Press 1998, p177

Mastaglia FL. Treatment of autoimmune inflammatory myopathies. Current Opinion in Neurology 2000;13:507–509

Oldfors A, Lindberg C. Inclusion body myositis. Current Opinion in Neurology 1999;12:527–533

Phillips BA, Zilko PJ, Mastaglia FL. Prevalence of sporadic inclusion body myositis in Western Australia. Muscle & Nerve 2000;23:970–972

Prof. F.L. Mastaglia, MD, FRACP, FRCP
Centre for Neuromuscular and Neurological Disorders,
University of Western Australia

WHO MEETING – A REPORT

The 53rd session of the WHO Regional Committee for South-East Asia was held in New Delhi from September 4–7, 2000. The WFN was represented by Dr. J.S. Chopra. The chief guest at the meeting was the Director-General of the WHO, Dr. Gro Harlem Brundtland.

This session was attended by representatives of all the ten Member States of the Region, of the UN and other agencies, and of non-governmental organizations having official relations with WHO, as well as by observers. The Member States of this Region are Bangladesh, India, Indonesia, Myanmar, Sri Lanka, Thailand, Nepal, Bhutan, Maldives, and DPR Korea.

Dr. Brundtland mentioned in her address the achievement of polio eradication and the elimination of leprosy in the very near future. She said that 12 countries in the world were carrying 90% of the global leprosy disease burden. She remarked that tobacco control has now almost become a movement in some countries of the region, with Thailand standing out as a role model. HIV/AIDS in this region was low but countries needed to guard against

complacency in order to prevent the future spread of HIV and thereby avoid a devastating economic, social and human disaster. She mentioned that the regional structure of WHO facilitated the establishment of regional priorities, such as elimination of leishmaniasis and control of Japanese encephalitis, as well as focusing on regional aspects of global problems such as tuberculosis, food safety and safe water supply. She also said that the G8 nations agreed on specific targets to reduce the death toll from malaria, HIV/AIDS, TB and children's diseases by 2010.

The Director-General reassured the delegates that WHO will be working closely with Member States in an initiative to enhance the performance of Health System to apply the new WHO assessment framework at national as well as sub-national levels; to use this analysis as an aid to national policy formulation, and to work together to facilitate positive change. Four SEAR countries are already participating in this initiative.

Dr. Brundtland visualized the rapid shift of the burden of disease from infectious to non-communicable diseases, which would seriously challenge the health care system in the near future and necessitate hard decisions. Global tobacco control was a key priority area and WHO would also look at a vastly neglected area of public health - mental health. Mental health will be the focus of World Health Day, the World Health Assembly and the World Health Report in 2001.

Dr. Gro Harlem Brundtland, Director General WHO (3rd from left) and Dr. C.P. Thakur, Union Minister of Health and Family Welfare, Government of India (3rd from right).

Dr. Jagjit S. Chopra (World Federation of Neurology) stated that the mission of the World Federation of Neurology (WFN) was to improve human health globally through promoting the care of persons with disorders of the nervous system, by fostering the best standards of neurological education, and in promoting research. He highlighted areas of WFN's significant collaboration with WHO as well as with national and regional bodies. He underscored the importance of giving adequate attention to diseases of the whole nervous system, and urged WHO to enhance its collaboration with countries in the prevention of neurological disorders.

Dr. Chopra met the WHO Director separately and emphasized to her the importance of diseases of the nervous system which should be given a separate status in WHO and not be linked under the umbrella of Mental Health. She gave the impression that although our demand has merit and is under consideration, it may take sometime before it can be accepted in toto.

BOOK REVIEWS

Lecture Notes on Neurology

Editor:	L. Ginsberg
ISBN:	0 632 04827 1
No. of pages:	208
Price:	£14.95
Publication Date:	1999
Publisher:	Blackwell Science, Oxford, UK

The 7th edition of "Lecture Notes on Neurology" comes in a completely new user-friendly format, more than a decade since the sixth edition, having been rewritten by Lionel Ginsberg. Much has happened in clinical neurology over the past decade not only in the diagnosis of neurological diseases and their management, but also in the way we teach it to medical students, and these Notes are primarily aimed at them. We are in the age of teaching core knowledge, sufficient to enable the newly qualified doctor to safely practise, rather than in the past when our students were drowned in a torrent of factual knowledge, much of which was immediately dumped on passing finals. I found this little volume an excellent distillation of what medical students need to know in our subject, written in a lucid and highly readable style. The book is divided into two parts, the first section describing the neurological approach including history taking, examination and neurological investigation. In the second section the common neurological diseases and symptoms are described. This edition moves away from the occasionally excessive lists of previous editions, and includes helpful diagrams, scans, just a few lists, the odd algorithm, and helpful key points ending each chapter. There is also an extremely useful pair of chapters on neurological emergencies and on neurology in general medical. The latter will certainly enable students to appreciate how wide the neurologist's net is cast outside the neurological ward and clinic. A short chapter on neurorehabilitation is also a useful addition. I would suggest to all neurological teachers of medical students that they recommend this as one of the best undergraduate texts currently available for core teaching.

Professor Christopher Kennard
London, UK

Progress in Human African Trypanosomiasis Sleeping Sickness

Editors:	Michel Dumas, Bernard Bouteille, Alain Buguel
ISBN:	2-287-59655-0
No of pages:	344
Price:	£86.00 or US$159.00
Publication Date:	1999
Publisher:	Springer

Sleeping disease, known since the 15th century as a disease of the African continent south of the Sahara, became a high priority on the international agenda only

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.

after the European colonialisation due to a major epidemic caused over a million deaths in 10 years. At the start of the 20th century the first drug was applied; at its end the disease still threatens to spread across the intertropical continent. This book comes to elucidate in detail the whole subject from animal experiments and epidemiology to morphology, molecular biology, antigenic variation, carbohydrate and polyamine metabolism of trypanosomes; from pathogenesis and immunology to clinical study, investigations and management of the disease. The thirty-five contributors in nineteen chapters cover the topic of sleeping sickness giving current and scientific views focusing on a serious disease concerning a huge population of the world which does not happen to live in developed countries. The book is informative and is recommended for medical libraries and for those who are involved or interested in this disease.

P. Davaki,
Athens, Greece

Viral Infections of the Nervous System

2nd Edition

Editor:	Richard Johnson
ISBN:	0 7817 1440 0
No. of Pages:	527
Price:	$105.00
Publication Date:	1998
Publisher:	Lippincott-Raven Publishers

This is the long overdue second edition of the standard textbook on viral infections of the nervous system authored by Richard Johnson. It is divided into 4 sections - a general section, which contains chapters on viruses, pathogenesis of virus infections and the immune responses, which they induce. I feel every reader should make the effort to familiarise themselves with these fundamental concepts of neurovirology. The section on acute and chronic neurological disease contains considerable information, which has been thoughtfully analysed and could be particularly useful for the general clinical neurologist whether from a developed country or an economically developing country. The new chapter on human immunodeficiency virus is particularly interesting. The last section contains valuable information on prevention and treatment. I would highly recommend this book for everyone connected with the neurosciences and feel it will stand the test of time as well, as the previous edition did.

Nadir E. Bharucha,
Bombay, India

Central Nervous System Diseases

(Innovative Animal Models from Lab to Clinic)

Editors:	Dwaine F. Emerich, Reginald L. Dean, Paul R. Sanberg
ISBN:	0-89603-724-X
No. of Pages:	512
Price:	US $145
Publication Date:	1999
Publisher:	Humana Press

Appropriate animal models are necessary for understanding the pathophysiology of some of the neurological diseases of humans. Developing animal models is a time-consuming task but can be rewarding many times over, especially for therapeutic experimentation. This book illustrates the direction of research work in the neurosciences. It is divided into five sections. The first section deals with Developments in Aging and Alzheimer's Disease and is described in seven chapters. Animal Models of Parkinson's Disease are illustrated in six chapters in the second section and the third section of five chapters discusses Developments in Animal Models of Huntington's Disease. The remaining two sections are devoted to Acute Neurological Problems such as stroke, head injury and innovative therapeutic agents. It is a useful book for those interested in animal models and their application for the mitigation of human sufferings from some of the most intricate neuro-disorders.

J.S. Chopra,
Editor-in-Chief

Health, Law and Policy

A Survival Guide to Medicolegal Issues for Practitioners

Editor:	Bryan A. Liang
ISBN:	0-7506-7107-6
No. of pages:	309
Price:	US $39.95
Publication Date:	October 1999
Publisher:	Butterworth-Heinemann

Chapter 1-5: Traditional Legal Medicine, 6-9: Health Care Insurance Structure, 10-14: Modern Delivery Considerations. 15-16: End of Life Considerations.

Pleasant to peruse. In Matters of Law, the structure of a Civil Lawsuit is explored; Malpractice is defined, differentiating it from Informed Consent as cause of action. One learns that in court, contract-limiting liability is in disfavour, or that Practice Guidelines provide little protection! Confidentiality is revised in HIV status, with regard to disclosure to spouses. Establishment of Provider-Patient relationship ends this part, explaining Tort if injury occurs to the patient on account of its severance. Physicians are instructed how to plan Independent Contracts as Employee, to protect their Licensures, and to avoid Fraud/Abuse. End of Life Advisory Directives and Definition of Death end this sur-

GLAXO WELLCOME JUNIOR TRAVELLING FELLOWSHIPS - 2001

Glaxo Wellcome are again generously providing funding for up to 10 Junior Travelling Fellowships – each worth up to £1,000 – for young neurologists from developing countries to attend WFN sponsored congresses in 2001. Applicants should hold a post not above that of Associate Professor and should not be over the age of 42 years. Applications (one clear copy of CV, a letter of recommendation from Head of Department, a covering letter giving name and date of congress for which travel funds are sought and whether the applicant is presenting a paper or poster, plus an estimate of expenses) must be sent to the WFN London Office to arrive by 12 February 2001.

vival guide, which includes 20 legally dissected cases. Part II concerns matters of private and public health insurance in the US. Overview of Traditional Indemnity Insurance, compared with solutions in public insurance, such as Medicare, Medicaid, Managed Care and HMO, are well examined in this excellent book. Medical leaders in countries where Social Medicine is contemplated should study it.

Dr. Juan R. Santoni,
Santo Domingo (UASD), Dominican Republic

Advances in Neurology

Volume 81 Plasticity in Epilepsy: Dynamic Aspects of Brain Functions

Editors:	Hermann Stefan, Frederick Andermann, Patrick Cahvuel, Simon D. Shorvon
ISBN:	0-7817-1446-X
No. of Pages:	396
Price:	U.S.$149.00
Publication Date:	1999
Publisher:	Lippincott, Williams & Wilkins

This volume is based on the symposium, Plasticity and Epilepsy: Dynamic Aspects of Brain Functions. The dynamic aspects of brain function, development and propagation of epileptic process and functional changes related to brain maturation as well as epilepsy treatment are discussed in 42 chapters contributed by more than 100 experts. Based on animal models and clinical research, it gives a comprehensive coverage to findings in signal processing, reorganization, maturation, neurochemistry and neuropharmacology as related to epilepsy and brain damage. The experts from a wide variety of disciplines of epileptology, neurophysiology, neuropsychology, neuroimaging and neurosurgery have joined hands to address the key issues related to plasticity, brain functions and epilepsy. The important topics include seizures and cerebral damage, epileptic activity and cognitive impairment, febrile convulsions and temporal lobe epilepsy as well as the mechanisms of plasticity involved in progressive dynamic changes and "running down" phenomenon. I am sure that all those interested in epilepsy will find it stimulating. This excellent book deserves a place in the institutional libraries as a reference book.

Dr I.M.S. Sawhney,
Assistant Editor

Practicing Neurology

Editor:	Rahman Pourmand
ISBN:	0 7506 9970 1
No. of Pages:	367
Price:	£19.99
Publication Date:	June 1999
Publisher:	Butterworth-Heinemann

"Practicing Neurology" is easily understandable for medical practitioners not specialized in this area. The book gives a concise, accurate and complete understanding of a wide range of neurological diseases and emergencies. It is an extremely important tool for students and practitioners who want to reinforce and clarify their theoretical and practical knowledge in the area. The therapeutic approach is updated and complete. It also helps to make a better and more accurate diagnosis that will be useful in deciding either to treat the patient or to send him/her to a specialist.

Dr. Juan Carlos Duran,

La Paz, Bolivia

Neurology in Clinical Practice

Vol. I - Principles of Diagnosis and Management
Vol. II - The Neurological Disorders

Ed.:	Walter G. Bradley, Robert B. Daroff, Gerald M. Fenichel and C. David Marsden
ISBN:	0-7506-9973-6
No. of Pages:	Vol. I & II 2296 (Index pages additional)
Price:	£295
Publication Date:	2000
Publisher:	Butterworth-Heinemann

The two volumes of the Third Edition of this hard bound "Neurology in Clinical Practice" provides a bonanza for readers. The Editors are of international repute and contributions from 152 authors make it an exceptional book in neurology. The chapters have been updated from the previous Edition with considerable new input. Its Internet companion www.nicp.com gives readers a unique opportunity to gain access to the most comprehensive neurological references in the world. Readers can really benefit from substantive enhancements. The website offers sophisticated searching, links from references directly to Medline abstracts, etc. Every neurological problem is discussed in the 86 chapters of this most comprehensive book. The excellent flow of the book makes for enjoyable reading. With its plethora of references, it is a must for every institutional library to make available to neuroscientists, general practitioners, postgraduate and medical students.

Editor-in-Chief

CALENDAR

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

2001

International Symposium on the West Syndrome and Related Infantile Epileptic Encephalopathies (ISWS)
10–11 February 2001
The Yayoi Memorial Hall, Tokyo Women's Medical University, Shinjuku-ku, Tokyo, Japan
Contact: Dr. Yukio Fukuyama, MD, Secretariat, ISWS, C/o Child Neurology Institute, Samban-cho TY Plaza, 5Fl, 24 Samban-cho, Chiyoda-ku, Tokyo, 102-0075, Japan
Tel: +81-3-3238-1580
Fax: +81-3-3238-1502
E-mail: yfukuyam@sc4.so-net.ne.jp

Méditerranée III - Neuroepidemiology in the Mediterranean area
8–10 April 2001
Palermo, Sicily
Contact: Professor Giovanni Savettieri
Organizing Secretariat: SERONO SYMPOSIA, Via Casilina, 125, 00176 Rome, Italy
Tel: +39 06 70384 513 / 506
Fax: +39 06 70384 677
E-mail: roberta.cenci@serono.com

*** First International Conference on Alzheimer's Disease and Related Disorders**
18–19 April 2001
Limassol, Cyprus
Contact: Rob P. Friedland, Amir H. Soas, Department of Neurology, Case Western Reserve University, Cleveland, Ohio 44106,
(cont. on p. 16)

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 for further information.

(cont. from p. 13)

USA
Phone: 1-216 368 1912
Fax: 1-216 368 1989
E-mail: rpf@po.cwru.edu
URL: http://www.raphael.com.cy/hotel.html

*** Symposium on Neurobiology of Dementia in Developing Countries: Animal Models, Epidemiology, Genetics and Clinical Perspectives**
24–25 April 2001
UNEP Conference Site Girgiri, Nairobi, Kenya
Contacts: Professor R N Kalaria / Dr Piero Antuono
E-mails: r.n.kalaria@ncl.ac.uk antuono@mcw.edu

American Academy of Neurology Annual Meeting and Exhibition
5–12 May 2001
Philadelphia Convention Center, PA, USA
Contact: Judy Larson, 2221 University Avenue, SE.S. 336, Minneapolis, MN 55414, USA
Tel: +1 612 623 8115
Fax: +1 612 623 3504

6th Meeting of the European Society of Neurosonology and Cerebral Hemodynamics and 9th Meeting of WFN Neurosonology Research Group
(preceding the 10th European Stroke Conference)
13–15 May 2001
Lisbon, Portugal
Contact: Dr. Victor Oliveira, Hospital St. Maria, Department of Neurology, P-1699 Lisbon, Portugal
Secretariat: EuroCongressos, R. Francisco Andrade, 4, P - 1700-198 Lisbon, Portugal
Tel: +351 218 472 577
Fax: +351 218 473 746
E-mail: eurocongressos@mail.telepac.pt

XVII World Congress of Neurology
17–22 June 2001
London, UK
Venue: Earls Court 2, Earls Court Olympia, Warwick Road, London SW5, UK
Contact: WCN 2001, Concorde Services Ltd, 42 Canham Road, London W3 7SR, UK
Tel: +44 (0) 20 8743 3106
Fax: +44 (0) 20 8743 1010
E-mail: wcn@concorde-uk.com
http://www.concorde-uk.com/wcn-2001

XIV International Congress on Parkinson's Disease
28–31 July 2001
Finlandia Hall, Helsinki, Finland
Contact: CongCreator CC Ltd, PO Box 762, FIN-00101 Helsinki, Finland
Tel: +358 9 4542 190
Fax: +358 9 4542 1930
E-mail: secretariat@congcreator.com
http://www.congcreator.com/icpd-2001

4th Congress of the European Paediatric Neurology Society
13–16 September 2001
Baden-Baden, Germany
Contact: AKM Congress Service GmbH, Obere Schanzstraße 18, D-79576 Weil am Rhein, Germany
Tel: +49 7621 98330
Fax: +49 7621 78714
E-mail: akmweil@akmcongress.com

126th Annual Meeting of the American Neurological Association
30 September – 3 October 2001
Hyatt Regency Hotel, Chicago, Illinois, USA
Contact: American Neurological Association, 5841 Cedar Lake Road, Suite #204, Minneapolis, MN 55416, USA
Tel: +1 612 545 6284
Fax: +1 612 545 6073
E-mail: lwilkerson@compuserve.com

European Charcot Foundation Symposium on The Progressive Phase of MS; its Pathology and Treatment
(including the 7th European Charcot Foundation Lecture by Prof. 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

The Annemarie Opprecht Foundation Award of the Swiss Parkinson's Disease Association

The Annemarie Opprecht Foundation was established in 1998 with the specific aim to promote medical research in the field of Parkinson's disease. Therefore the Foundation presents for the second time after 1999 in the year 2002 the Annemarie Opprecht Foundation Award in the amount of 100'000 Swiss franks.

AIM: To promote medical research in the field of Parkinson's disease on an international level. Considered are papers presenting significant results or findings in all areas of research in the field of Parkinson's disease (e.g. Basic Sciences, Epidemiology, Treatment).

DEMANDS: Completed works of researchers or research teams from all over the world are considered. Researchers from University as well as commercial research teams may be candidates for the award. The work submitted must have been published or accepted for publication in an international scientific Journal of excellent reputation with in the year preceding the deadline for submission. The paper must be written in English language and should be submitted in five-fold presentation. It must not have been submitted or considered for another award. A single person or a research team may be the award-winner. In the later case the first author will receive the award. The winner will have to report his results at the presentation of the award in spring 2002.

The **Application** should include the following documents:
- Curriculum vitae and list of publication of all authors
- Address for correspondence including Phone, FAX and E-mail
- Declaration of already received financial support or award for the work submitted
- Five copies of the entire manuscript.

➢ **Deadline for application:** August 31, 2001
➢ **Send manuscripts to:** PD Dr M Sturzenegger, MD, Secretary of the prize committee
(Further information) Department of Neurology, University of Bern
Inselspital, CH- 3010 Bern, Switzerland
Fax: +41 31 632 48 37 E- mail: mathias.sturzenegger@insel.ch