

# WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

## World Neurology Goes Digital, Silberberg Named Editor

BY VLADIMIR HACHINSKI

**W**orld Neurology is pleased to welcome Dr. Donald H. Silberberg as the incoming editor for 2013. Thanks to efforts of distinguished past editors, particularly the last three — Jagjit S. Chopra, Mark Hallet and Johan Aarli — the publication is geared to deliver digitally with additional helpful features. We are grateful to the Publications Committee under the chairmanship of Christopher Kennard (UK) for identifying such an outstanding successor.

Dr. Silberberg graduated from the University of Michigan's School of Medicine. He did his neurological training at the National Institutes of Health (NIH) in Bethesda, Md., USA, and later at the National Hospital for Nervous Diseases at Queens Square as a Fulbright Scholar. He joined the faculty of Medicine in the Department of Neurology at the University of Pennsylvania where he ascended the



**Christopher Kennard, Publications Committee chair**

ranks and became Chair of the Department of Neurology, and then Senior Associate Dean and Director of International Medical Programs for the University of Pennsylvania. Currently, he is an active Professor Emeritus.

Dr. Silberberg has been recognized by many honors and awards. His most recent recognition is the Vicente Rocafuerte Medal of the National Assembly of Ecuador in June 2012 for services in neurology and health care in that country. His particular areas of interest within neurology have been multiple sclerosis and global neurology. He was editor-in-chief of the leading journal, *Multiple Sclerosis*, from 1996-2006.

His recent grants include an NIH grant on neurodevelopmental disorders in India, the Boundaries of Medical Knowledge in Africa from the Ford Foundation, children's disabilities in Ghana and hyperbilirubinemia in Ghana and Zimbabwe.

Dr. Silberberg has been an invited lecturer or has been a visiting professor in most parts of the world, including Africa, Asia and South America. He has more than 300 publications to his name and has written or edited six books, one of them on organizational delivery of neurological disorders and three on global neurology and health.

It is hard to think of a more qualified



**Donald H. Silberberg**

individual, who will also serve as an Associate Editor of the *Journal of Neurological Sciences*, the official publication of the World Federation of Neurology, beginning July 1, 2013. He will be in a unique position to support the WFN mission by fostering "quality neurology and brain health worldwide," by a creative interaction between *World Neurology*, the WFN website and the *Journal of Neurological Sciences*.

Dr. Silberberg, a very warm welcome! •

Hachinski is president of the World Federation of Neurology.

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Schonbrunn Palace in Vienna, Austria.

## WFN ELECTIONS 2013

### Nominating Committee Recommendations

**T**hree officers and one trustee are to be elected at the Council of Delegates Annual General Meeting (AGM) in September during the World Congress of Neurology in Vienna. The nominating committee of the World Federation of Neurology now recommends to the membership those listed here as candidates in accordance with the Federation's Memorandum and Articles of Association.

#### Recommended candidates

##### President

(to take office WEF, Jan. 1, 2014)

Werner Hacke, Germany

Raad Shakir, UK

##### First Vice President

(to take office WEF, Jan. 1, 2014)

William Carroll, Australia

Ryuji Kaji, Japan

##### Secretary-Treasurer General

(to take office WEF, Jan. 1, 2015)

Wolfgang Grisold, Austria

##### One Elected Trustee

(to take office WEF, September 2013)

Donna Bergen, USA

Amadou Gallo Diop., Senegal

Marco Medina, Honduras  
Ching Piao Tsai, Taiwan

Candidates' biographical details and statements of their goals and objectives for the organization will be published shortly.

If you are interested in nominating another individual:

- Obtain the supporting signatures of five or more authorized WFN delegates.
- Submit the name(s) of the individual(s) in question to the Secretary-Treasurer General, c/o the WFN headquarters office, by Aug. 15, 2013. •

## FROM THE EDITOR-IN-CHIEF

Advances for *World Neurology*

It is both an honor and a challenge to assume the editorial responsibility for *World Neurology* as it is transformed into a truly contemporary publication, available exclusively online. Since 1984, my distinguished predecessors, Jagjit Chopra, Mark Hallett and Johan Aarli, worked hard and effectively to refine the attractive print version that to many has become staple reading.<sup>1</sup> Although the initial motivation for the WFN leadership to make this change was lower publications costs, it soon realized that the advantages of instant access, the ability to embed references and website addresses (URLs), the addition of connecting via social networking sites and the sheer absence of paper are far more important than cost reduction. The ability to access *World Neurology* on your computer, iPad or smartphone brings us into the contemporary communication scene.

Importantly, the electronic format will permit ready coordination among the three WFN publications, the *Journal of Neurological Sciences*, edited by Robert Lisak; the WFN website, edited by Jerome Engel; and *World Neurology*. Part of the challenge will be to avoid all but essential redundancy among the three. Both Drs. Engel and Lisak will serve on the *World Neurology* Editorial Advisory Board.

The challenge is to motivate neurologists (and others who might be interested) to click on the URL and begin their

DONALD H.  
SILBERBERG

electronic navigation. First, readers must know how to find us. The WFN Executive Office, together with the experienced media company that the WFN has enlisted to facilitate publication — Ascend Integrated Media — are developing a comprehensive email list. However, some email addresses may be missed, so please forward the *World Neurology* URL to any colleagues who might be missing.

We will continue to publish important news from the WFN, reports of WFN activities in the field, reports from WFN's committees and officers and this column. I invite all readers to contribute articles, thoughts, letters to the editor and unique illustrations to *World Neurology*. To do so, simply send material to my attention at [silberbe@mail.med.upenn.edu](mailto:silberbe@mail.med.upenn.edu).

I plan to include titles and brief abstracts of articles that have appeared recently that seem most important to global neurology. Breaking news at this time is the European project to attempt

to recreate brain function via supercomputer simulation, and the U.S. initiative to map the functions of all brain neurons. These projects represent the neuroscience follow-on to the 1990s "Decade of the Brain," celebrated in many countries, that sought to enhance public and legislative awareness of brain science and disorders. As these projects gradually yield practical applications, we must keep in mind the fact that 90 percent of the world's population lives in regions that have few if any neurologists or health workers trained in cognate fields. We must do everything possible to provide the information and leadership that will benefit those with neurological disorders everywhere.

I look forward to working with all of you to take full advantage of our new ways to communicate. •

## References

1. Aarli, J. WFN Newsletter Continues to Evolve. *World Neurology*, June 2012.

Although the initial motivation for the WFN leadership to make this change was lower publications costs, it soon realized that the advantages of instant access, the ability to embed references and website addresses (URLs), the addition of connecting via social networking sites, and the sheer absence of paper are far more important than cost reduction.



## WORLD FEDERATION OF NEUROLOGY

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Dr. Donald H. Silberberg

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**OF THE NEUROLOGICAL SCIENCES**  
Dr. Robert Lisak (USA)

WORLD  
NEUROLOGY

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

**Disclaimer:** The ideas and opinions expressed in *World Neurology* do not necessarily reflect those of the World Federation of Neurology or the publisher. The World Federation of Neurology and Ascend Integrated Media will not assume responsibility for damages, loss or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs or services mentioned herein.

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*World Neurology*, ISSN: 0899-9465, is published bimonthly by Ascend Integrated Media, 7015 College Blvd., Suite 600, Overland Park, KS, 66211. Phone +1-913-344-1300; Fax: +1-913-344-1497.

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## Mark Your Calendars

## 2013

Recent Clinical and Research  
Advances in Childhood Epilepsy

May 16, 2013

London

<http://www.medicines.org/products/30-recent-clinical-and-research-advances-in-childhood-epilepsy.aspx>

23rd Meeting of the European  
Neurological Society

June 8-11, 2013

Barcelona, Spain

<http://www.ensinfo.org>

30th International Epilepsy Congress  
Montreal 2013

June 23-27, 2013

Montreal

<http://www.epilepsymontreal2013.org>

5th Asian-Oceania Congress  
of Clinical Neurophysiology (5-AOCCN)

Aug. 28-31, 2013

Bali, Indonesia

<http://aoccnbali2013.com/>

## XXI World Congress of Neurology

Sept. 21-26, 2013

Vienna, Austria

<http://www2.kenes.com/wcn/Pages/Home.aspx>

## XVI World Neurosonology Meeting

Oct. 17-20, 2013

Sofia, Bulgaria

<http://www.nsrq2013.net/>

## 2014

8th World Congress  
for NeuroRehabilitation

April 8-12, 2014

Istanbul

8th Symposium on Neuroprotection  
and Neurorepair — 2014

April 9-12, 2014

Magdeburg, Germany

<http://www.neurorepair-2014.de/>

## 9th World Stroke Congress

Oct. 22-25, 2014

Istanbul



## FROM THE PRESIDENT

# Fulfilling Our Mission

Our mission is “to foster quality neurology and brain health worldwide.” That is a broad and challenging mandate. We are addressing it by involving individuals, organizations and alliances. The individual initiatives come through the Grants-in-Aid competition, open to all members of the World Federation of Neurology (WFN) and its member societies. The organizational approach is accomplished through the enhanced and expanded Committees and Initiatives. In addition, the WFN has successfully pursued alliances, which magnify the impact of our initiatives and that of our colleagues.



VLADIMIR  
HACHINSKI

## Grants

We held a second competition this year. The difference from last year was that we asked the participation of the leaders of other brain-related organizations, as I reported in my June 2012 column. We are happy to announce the following winners:

### Dr. Aisha Umar

Proposal for training grant for neuroimaging training for neurology trainees and neurologists in West Africa, \$23,000

### Dr. Chongtin Tan

Visiting professor in Africa, \$5,000

### Dr. Godwin Mamutse

Neurology teaching in Zimbabwe, \$14,450

### Dr. Marco Medina

WFN Pan American regional proposal, \$2,000

### Dr. Juraan Peters

BlazeEEG: A web-based EEG platform, \$12,000

### Dr. Lionel Carmant

Development of mobile clinic for neurological care in Haiti, \$17,000

### Dr. Richard Walker

Parkinson's disease nurse specialist (jointly funded with the Movement Disorders Society), \$22,080

### Professor Werner Poewe

Movement Disorder Society Europe section and WFN fellowship program for unserved countries in Africa (jointly funded with the Movement Disorder Society), \$11,107

### Dr. Roberto Cilia

Neurology training for non-neurologists in Ghana (jointly funded with the Movement Disorder Society), \$20,000

### Dr. Cheryl Bushnell and Gabrielle DeVeber

International maternal newborn stroke

registry (jointly funded with the World Stroke Organization), \$20,000

A new competition will take place in 2013, probably with enhanced funding and again in alliance with our partners. The amount that will be available will depend in part on how much money will be devoted to the priorities of the WFN Committees and Initiatives. We expect to also invest in the infrastructure to support the function of our Committees and Initiatives. We want to also invest in increasing our profile, which has been considerably enhanced in the recent past.

We are aware that most of the individuals applying for grants are not used to the process so we are pleased to offer for the 2013 competition the help of the chairs of the Continental Initiatives to assign someone to make the grants more competitive. The chairs of the Initiatives are:

- Vladimir Hachinski, Africa Initiative
- Ryuji Kaji, Asia Initiative
- Gustavo Roman, Latin-America Initiative

You may contact these chairs through Rebecca Clarke at [rebecca.clarke@lhsc.on.ca](mailto:rebecca.clarke@lhsc.on.ca).

## Committees and Initiatives

At the moment, the Committees and Initiatives have access to organizing conference calls to communicate with its members. We are trying to make this easier and more efficient. The central office of the WFN will arrange for a minimum of meetings twice annually of all the Committees and Initiatives. This will be arranged by the central office so that the logistics of getting in touch with the participants will be conducted by the staff and not as in the past by the chair of the committee.

We will strive to have a standard method of recording minutes so this can be the basis of ongoing reports of the different Committees and Initiatives and available to the members of the respective committees and also to all the trustees. The idea is that the basis of this Committee and Initiatives report will provide the president for his newly planned communication with the trustees that will have a dedicated site on our website so that documents can be placed and be available for perusal at any time.

Additional issues will be posed to the delegates asking for their comments and opinions, and at times, a vote in principle. This is again something that will be organized by the central office. We are also exploring the viability of having virtual meetings in between the annual face-to-face meetings to make sure that all 114 representatives of our member societies can participate and have more involvement by the delegates.

**Please let me know if you think that we should have electronic voting on issues as required, e.g. every six months, once virtually and once face-to-face.**

**Please contact [rebecca.clarke@lhsc.on.ca](mailto:rebecca.clarke@lhsc.on.ca) with your comments.**

## Alliances

One of the greatest satisfactions of this

articles contributed by U.S. President Barack Obama, German Chancellor Angela Merkel, U.K. Prime Minister David Cameron, policymakers and academics. If you are interested, write to me at [rebecca.clarke@lhsc.on.ca](mailto:rebecca.clarke@lhsc.on.ca), and I will send you a copy of the article.

Vice President Werner Hacke has been working on the implementation of a network of brain neurospecialty organizations, and Donna Bergen, co-chair of the Applied Research Committee with

**We will continue to work assiduously to put the brain on the world agenda. I was asked to contribute an article for the G8 meeting in Chicago. There were also articles contributed by U.S. President Barack Obama, German Chancellor Angela Merkel, U.K. Prime Minister David Cameron, policymakers and academics.**

administration has been the willingness of other international and specialty organizations to work with us. We led the formation of the World Brain Alliance as reported in my June 2011 President's column. The Brain Alliance involves all of the major brain-related organizations, including the International Brain Research Organization, the WFN and eight others.

The World Brain Alliance agenda includes advocacy. I represented the World Brain Alliance at a high-level ministerial meeting in April 2012 in Moscow and at two United Nations meetings, including the one that adopted the non-communicable diseases resolution in September 2011.

We will continue to work assiduously to put the brain on the world agenda. I was asked to contribute an article for the G8 meeting in Chicago. There were also

Werner Poewe (Austria) and co-chair of the Scientific Program committee of the World Congress of Neurology to be held Sept. 21-26, 2013, in Vienna, has organized several sessions to be co-sponsored by our partners, including the World Psychiatry Association, the International League Against Epilepsy, the International Child Neurology Association, the Movement Disorder Society, the World Federation of Neurosurgical Societies and the World Stroke Organization.

From the individual initiatives to the Committees and Initiatives, societies and the larger brain organizations, we strive to accomplish our mission at every level, so that ultimately we can make a big difference to our patients, and more importantly, to prevent many more individuals from ever becoming neurological patients at all. •

## WFN Council of Delegates 2012

The annual general meeting of the World Federation of Neurology (WFN) Council of Delegates was held Sept. 9, 2012, in Stockholm, during the 16th Congress of the European Federation of Neurological Societies (EFNS).

According to the constitution, WFN shall have at least one annual general meeting, the annual council of delegates, in the year between the world congresses. In 2010, it took place in Geneva, and in 2012, in Stockholm, both held at the annual EFNS meetings.

By tradition, the EFNS congresses

are always in September. There were approximately 3,200 delegates who were welcomed to Stockholm.

Vladimir Hachinski, president of the World Federation of Neurology, greeted the delegates and introduced the main topics of the meeting — continuity and change. He also thanked the congress organizers and the president of the successful World Congress in November 2011 in Marrakesh, Morocco, El Mostafa El Alaoui Faris. This was the first World Congress of Neurology held in Africa.

see DELEGATES, page 9

# The Education Committee of the WFN

BY STEVE SERGAY AND WOLFGANG GRISOLD,  
CO-CHAIRS, EDUCATION COMMITTEE

More than 50 years ago, the World Federation of Neurology (WFN) was established to facilitate dialogue in neuroscience research. With the advent of enhanced travel, communication and, in particular, the Internet, neuroscience research has come to exist independently on the world stage and is self-sustaining. Neurology education, on the other hand, though to some extent supported by the same phenomena, is not globally self-sustaining.

Education methodology is constantly under review and differs substantially throughout the world. Though partly a function of those delivering education and of those being educated, there is, of course, much more to education than those variables alone. We believe that there is no better crucible to test neurology education than the world stage with all of its diversity.

The WFN Education Committee attempts to meet many of these diverse needs. Our strength is a function of the breadth of ideas defining our infrastructure, and the coalitions we form, to facilitate development and spreading of our activities.

Three years ago when we assumed the leadership of this committee, we recognized the need for enhanced staff support, and the WFN trustees responded to our request. We understood that our reputation for fairness, transparency and quality was essential, and therefore set about defining standard operating procedures (SOPs). We recognized, of course, that substantial variability in their application would be necessary, given the lack of homogeneity in our membership. For example, accrediting a teaching center in a remote region of Peru would be vastly different from endorsing a subspecialty training program in Melbourne, Australia. Both have been accomplished recently.

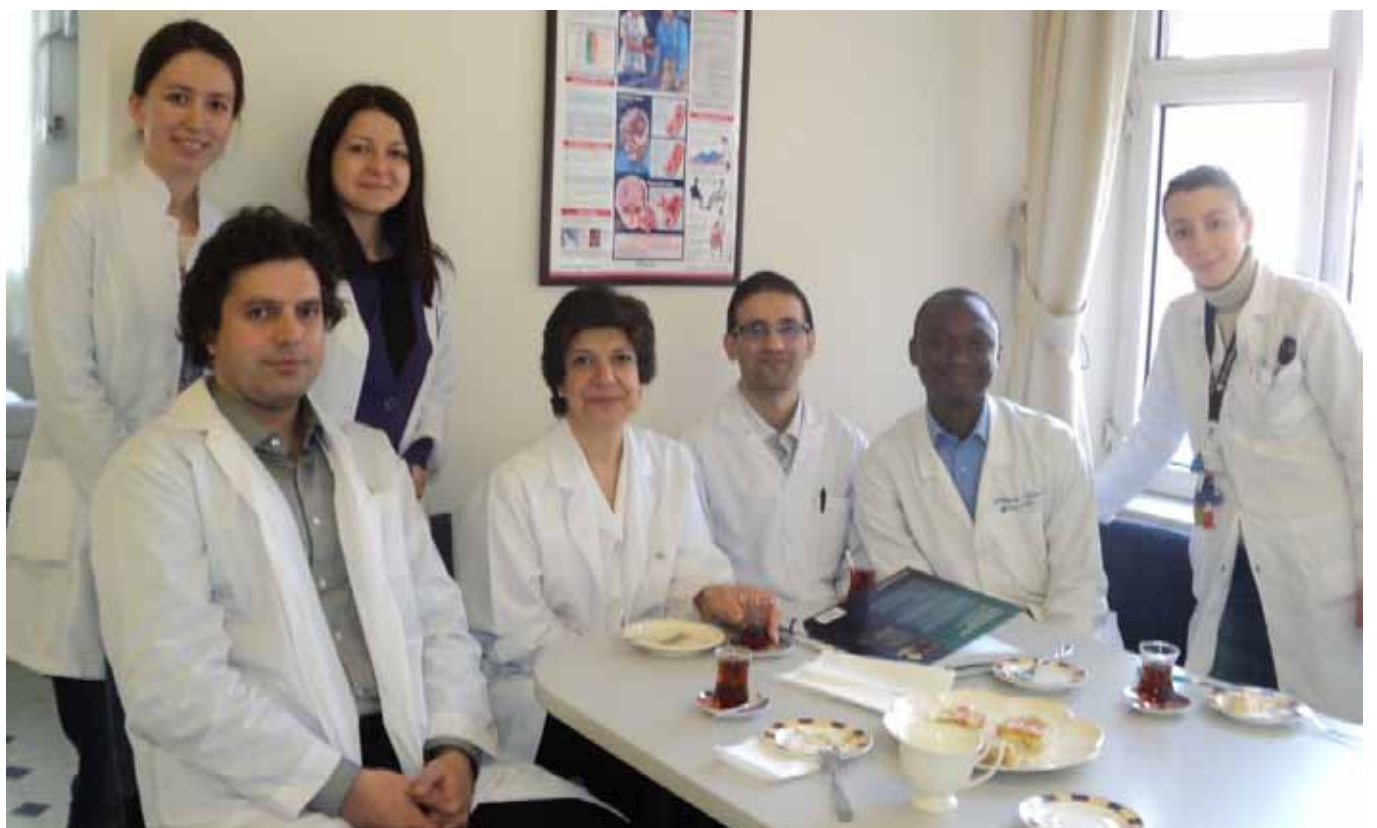
Our infrastructure is all but in place. The last vital element, the breadth and depth of the ideas we work with, remains to be built. There are 25 members of the WFN Education Committee and to date there has been minimal opportunity for exchange of ideas. The expansion of the WFN website and in particular the restricted area for committee members, to allow rapid exchange of ideas, is now in place.

We are attempting to encourage our committee and neurologists in all of our member countries to come together for education, by making available on the website our SOPs and pictures of the success of some of our programs. We will grow in our ability and our reach by your input. We look forward to your feedback. We hope that the WFN Education Committee efforts during the American Academy of Neurology meeting on March 17 at the Marriott Marquis and Marina in San Diego offered a springboard for development of even more ideas.

We welcome the roll-out of this new electronic version of *World Neurology*,



Reviewing scans at Trujillo University, Peru.



Dr. Adebayo, Nigeria, and the teaching staff of Cerrahpasa Medical Faculty, Istanbul University, Turkey.

its new editor Don Silberberg and his editorial board. We look forward to the renewed growth of *World Neurology* and

this method of revealing the education opportunities available for all members of the WFN. •

**We encourage our committee and neurologists in all of our member countries to come together for education.**



Dr. Wolfgang Grisold, Professor Ferdusi, Dr. Steve Sergay and Dr. Federico Pelli-Noble at Trujillo University, Peru.



## Education Committee Standard Operating Procedures

The following documents produced by the Education Committee are under constant review to best represent the needs of the WFN and its member countries.

### Training Centers

The Training Centers initiative provides a uniform method for accreditation of training centers around the world to ensure quality training opportunities for neurologists. Application for WFN accreditation by local training centers must be in conjunction with the WFN country delegate. Completed applications are reviewed by the Education Committee co-chairs and others as necessary.

The latest Training Center accredited by the WFN was the neurology department of Trujillo University, Peru, in August 2012.

### Department Visits

The WFN and the Turkish Neurological Society (TNS) have been working together for two years on a series of department visits, where African neurologists in training spend one month visiting a Turkish university hospital to experience different neurology training.

The WFN provides secretarial support through advertising and promotion of the visits to WFN delegates and assists in the choice of trainees. The funding for the visit itself (including all accommodations and subsistence expenses) and the program for the trainee is arranged by the TNS.

Details of this year's visit, which will take place in November 2013, have just been announced. The deadline for applications will be July 1, 2013; full details are available at [www.wfneurology.org](http://www.wfneurology.org).

## DIRECT TEACHING

### Global Teaching Courses

Global Teaching Courses will provide a

learning experience as a blend of local and international neurological and specialty societies work together to deliver courses and events. These courses are specifically focused on countries that may benefit from them.

This is a fairly new area for the Education Committee, and we anticipate that the WFN and the international societies will work together to develop and tailor existing courses during 2013.

### WCN Teaching Courses

Education Committee Co-Chair Wolfgang Grisold is also chair of the WCN Teaching Course Committee. Dr. Grisold has developed a document that outlines the teaching course format for the WCN. This structured approach will be available to all WCN teaching course committees in the future to facilitate WCN teaching course development.

### Continuum

Two hundred copies of the publication *Continuum, Lifelong Learning in Neurology* have been donated by the American Academy of Neurology to the WFN for dissemination. This donation is matched by the WFN. All 400 copies are sent to neurologic societies in 45 low-income countries free of charge by the WFN, which also provides these neurologists free Internet access. The completed CME program is scored by the WFN and certificates of completion are returned to respective delegates. This program has been well received and the number of responses continues to climb.

### Subspecialty Accreditation

Over the past decade, paralleling the expansion of neuroscience knowledge, discrete subspecialties of neurology have evolved. Subspecialty education and training have become increasingly necessary to ensure delivery of the highest quality patient care. As a result, accreditation of

subspecialty training programs of all varieties can now be accredited and endorsed by the WFN.

The latest subspecialty course to be endorsed was the Australia China Training Initiative of Neurology (ACTION), University of Melbourne, Melbourne Brain Centre at Royal Melbourne Hospital, Jiatong University Affiliated First People's Hospital and Fudan University Affiliated Huashan Hospital.

### Grants Monitoring

Each year, the WFN Grants Committee awards funding to applicants to support research or education initiatives. These awards tend to be provided to individuals or groups who explore long-term, low-cost and sustainable solutions. The Education Committee monitors the progress of education grants using a standard monitoring template by the grantees at defined time intervals.

The Education Committee edits the reports required on completion of the grant and forwards these to the editor of *World Neurology* for consideration for publication.

### A Worldwide Survey of Postgraduate Training in Clinical Neurology

The Education Committee supported Professor John Steck during 2012 in his research into neurological training and certification worldwide. The Education Committee sent a questionnaire to all WFN country delegates, which Professor Steck analyzed and discussed. The report produced by Professor Steck's will be available on the WFN website shortly.

### Students: Curriculum for Department Visit IFMSA

Working with the International Federation of Student Medical Associations (IFMSA), the Education Committee developed a checklist for students on neurological rotations to

ensure acquisition of the necessary skills and exposure to the necessary knowledge base. A Memorandum of Understanding was signed by both organizations in 2011 for three years for mutual review and evolution of our relationship.

### Communication With Young Neurologists

The Education Committee has been working to communicate regularly with young neurologists. Walter Struhal, chair of the young neurologist subcommittee and member of the website subcommittee, has been working to develop interactive Twitter, Facebook and LinkedIn groups for young neurologists. These pages allow Dr. Struhal and his team to communicate the latest information from the WFN, other neurology groups and neurology news to followers and friends at the click of a button. Neurologists who don't classify themselves as young are invited to join by finding IWGYNT (International Working Group of Young Neurologists and Trainees) on Facebook or Twitter.

These media channels also will provide an active tool for WCN visitors to actively communicate with each other and the WFN.

### Traveling Fellowships

The Education Committee reviews and awards scholarships to young neurologists who fulfill strict guidelines, awarding 19 during 2011, to enable them to attend neuroscience meetings around the world. We work together with the WCN to award up to 100 scholarships to attend the WCN meeting.

For more information on the initiatives that the Education Committee is involved with, or to find out how to apply for any of the above opportunities, please visit [www.wfneurology.org](http://www.wfneurology.org).

# World Congress of Neurology Update

BY RAAD SHAKIR

WFN takes stock and makes preparations during the years in between World Congresses. The WFN was successful with its Marrakesh Congress, thanks to our Moroccan organizers. The "With Africa, For Africa" slogan worked



Figure 1. WCN XX Presentations.

extremely well. The attendance of 3,217 delegates from 125 countries exceeded expectations, and the scientific material presented was of a high standard. (See Figure 1 at left and Figure 2 on page 9.) The quality and participation were excellent.

The Marrakesh WCN was also a financial success. In the face of global austerity and the North African Arab spring, there was a handsome profit for all parties. The WFN decided in 2008 to allocate 20 percent of net profit to the Africa Initiative under the leadership of past President Aarli. The total profit was Euros 418,000. This is available for programs in Africa under the auspices of the Africa Initiative and with the full agreement of the WFN trustees.

WCN 2013 in Vienna is the next step for the WFN. Our Austrian colleagues are work-

ing hard to make all of the arrangements for a successful meeting, arrangements that are available to all, including funding for traveling fellowships. The sponsorship is so far healthy, and we hope that it will continue to be so. The role of the WFN in promoting neurology across the globe is galloping ahead and is made possible by availability of resources. As the elected officer responsible for finances, I encourage all neurologists from across the globe to participate in our congresses and our activities.



Raad Shakir

Learning about these is now made easier with our new and revamped website.

Our financial adviser has assured that our investments continue to ride the storm of the financial meltdown, and they have performed well. It is important to emphasize that our independent financial adviser totally avoids any investment in unethical products such as those related to the tobacco or arms industries. I will provide details to all delegates in the annual audited report in September during the WCN 2013 in Vienna. This also means that we now have the ability to spend more on grants. In 2012, £150,000 was made available from our funds in grants. The Grants Committee has an application procedure that can be found on our website. We continue to support our regional

see CONGRESS, page 8

# WFN Launches Coma and Disorders of Consciousness Research Group

BY OLIVIA GOSSERIES, PHD, AND STEVEN LAUREYS, MD, PHD

The trustees of the World Federation of Neurology (WFN) recently approved a newly created Applied Research Group on Coma and Disorders of Consciousness, chaired by Steven Laureys.

Its mission, consistent with the goals and objectives of the WFN, is to improve worldwide the knowledge and care of patients with brain death, coma, locked-in syndrome and chronic disorders of consciousness

following severe acquired brain damage such as vegetative state/unresponsive wakefulness and minimally conscious state. We aim to achieve this mission by improving the best care, diagnosis, prognosis, treatment, prevention and scientific understanding; by facilitating multidisciplinary research, education and public awareness in this challenging field confronting neurological, epidemiological, neuroscientific (including in the fast-growing fields of functional neuroimaging, electrophysiology, neuro-engineering and computational sciences), neuro-ethical, philosophical and legal expertise.



Olivia Gosseries, PhD



Steven Laureys, MD, PhD

awareness such as visual pursuit, localization to pain or reproducible response to command but they remain unable to communicate consistently. This condition has been recently subcategorized in “minimally conscious +” for patients who present high-order behavioral responses to stimuli (with preservation of language processing ability) and “minimally conscious -” for patients who only show low-level non-reflexive responses to stimuli (e.g., visual pursuit).

Recovery of the ability to functionally communicate or to use objects adequately is necessary for the diagnosis of the emergence of a minimally conscious state. Finally, patients who show non-behavioral evidence of consciousness or communication only measurable via complementary testing (i.e., functional MRI, positron emission tomography, EEG or evoked potentials) can be considered to be in a functional locked-in syndrome.

The presence or absence of consciousness is assessed at the patient’s bedside by searching for response to command or non-reflexive behaviors in response to stimulation. Assessing the level of consciousness of noncommunicative brain-damaged patients is therefore difficult, as consciousness is a subjective first-person experience and you necessarily need to make inferences about its presence based on the patient’s behavior. In the acute setting, the Full Outline of UnResponsiveness has been proposed as an alternative for the widely used Glasgow Coma Scale.

To disentangle vegetative/unresponsive from minimally conscious/responsive states, other scales have been validated such as the

Coma Recovery Scale-Revised. Still, patients might present severe limitation from motor dysfunction (e.g., paralysis and spasticity), sensory deficit (e.g., deafness, blindness), impaired cognitive processing (e.g., aphasia, apraxia), fluctuation of vigilance and pain that can prevent voluntary responses. So even with the best clinical assessment, patients might be underestimated in terms of residual brain function and conscious awareness.

Indeed recent studies provide evidence for preserved awareness in some behaviorally unresponsive patients. For instance, using

functional MRI or EEG, such patients may activate specific brain areas and generate appropriate brain responses when performing cognitive tasks on command (e.g. imagine to move), similar to those observed in healthy controls. These paradigms allow inferring consciousness and may even permit to communicate in some exceptional cases. However, more research and multicentric collaboration is needed to validate the accuracy of these novel technologies

at the single patient level. Similarly, the clinical value of prognostic markers ranging from simple behavioral signs to sophisticated brain measures such as diffusion tensor imaging MRI requires continuing validation by large international cohort studies.

Clearly, severely brain-damaged patients and disorders of consciousness represent a major diagnostic, prognostic, therapeutic and often ethical challenge for neurology. A lot more work and collaboration is therefore needed, and the development of this new group will promote the state-of-the-art knowledge at both the clinical and neuroscientific level, facilitating inter-group communications, broadening multicentric studies and amplifying the voice of all professionals and family groups working in this field.

For more comments, information or for joining this novel WFN Research Group, contact [coma@ulg.ac.be](mailto:coma@ulg.ac.be).

Dr. Gosseries is neuropsychologist at the Coma Science Group (Cyclotron Research Center, University and University Hospital of Liege, Belgium) and postdoctoral researcher at FNRS (Belgian National Fund for Scientific Research). Professor Laureys is director of the Coma Science Group, clinical professor of neurology, FNRS research director and chair of the European Neurological Society Subcommittee on Coma and Disorders of Consciousness.

Clearly, severely brain-damaged patients and disorders of consciousness represent a major diagnostic, prognostic, therapeutic and often ethical challenge for neurology.



## IN MEMORIAM

### Professor Mario Tolentino Dipp 1928-2012

Unquestionably, the father of Dominican neurology.

Honest, studious in the extreme, a teacher by vocation, untiring worker, dedicated to his patients and his pupils. He gave of himself everything that can be expected from a great teacher and a great man.

Professor Tolentino died Sept. 27, 2012, from an aggressive cancer of the pancreas, which only allowed him three months of life following diagnosis. Until then, he was active both academically and in patient care.

He became a Doctor of Medicine at University of Santo Domingo in 1953 and studied neurology and psychiatry at the University of Paris from 1953 to 1957. He trained at the birthplace of world neurology — the Salpêtrière Hospital — under the direction of Professors Theophile Alajouanine, Paul Castaigne, Jean Nick and Jean Lhermitte. In St. Anne hospital, he had Professors Jean Delay, Pierre Pichot, Pierre Deniker and Therese Lemeriere. At the Foch Hospital, he had as a guide Gerard Guiot.

From October 1953 to February 1957, he attended conferences by Professors Raymond Garcin, Henry Ey and Jacques Lacan. In February 1957, he obtained a state diploma in neurology, psychiatry given by the Faculty of Medicine at the University of Paris.

At the end of 1957, he was appointed as a neurologist at the Hospital Salvador B. Gautier of the Dominican Institute of Social Security and became the chief, a job that was made official in 1962.

In 1962, he was made assistant professor of neurology at the University of Santo Domingo. In the same year, he was named professor in the School of Nursing. In 1963, he was appointed neurologist at the Center of Neurorehabilitation in Santo Domingo.

see TOLENTINO, page 9

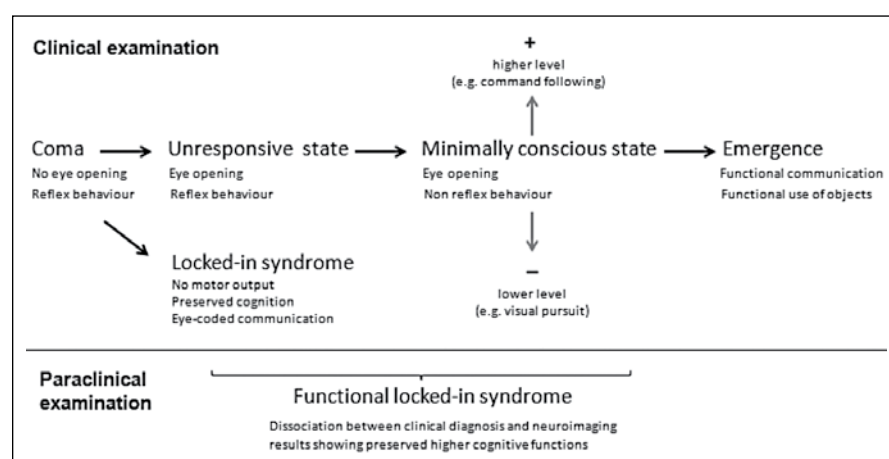


Table 1. Entities following a severe brain injury.



# Gerrit Grijns in Java: Beriberi and the Concept of ‘Partial Starvation’

BY DOUGLAS J. LANSKA, MD, MS, MSPH, FAAN

At the end of the 19th century, Dutch physician Gerrit Grijns (1865-1944) from the University of Utrecht, working in Java in the Dutch East Indies (now Indonesia), developed a dietary deficiency explanation of the nutritional neuropathy beriberi that presaged the “vitamin doctrine.” Although Grijns’ work was overshadowed by that of Christiaan Eijkman (1858-1930), his predecessor, Grijns developed a new pathophysiological concept — dietary deficiency of a micronutrient causing neurological disease, while Eijkman recognized a role of dietary factors, but never fully moved beyond increasingly improbable bacteriological mechanisms.

Initially, Grijns had been an assistant to Eijkman, and was later expected to continue Eijkman’s investigations after the latter returned to Holland in 1896. Eijkman had determined that beriberi was not due to a protein deficiency, and Grijns subsequently excluded potential deficiencies of minerals or fats in polished rice that might be responsible for beriberi. Therefore, by this point, deficiencies of the various components of a physiologically complete diet as then understood — proteins, carbohydrates, fats, inorganic salts, and water — had been excluded as possibilities. Grijns also excluded

a toxic effect of rice starch by demonstrating that polyneuritis also developed in chickens fed on autoclaved meat or on potato flour plus a protein supplement.

In 1901, Grijns considered two possibilities to explain the known facts concerning the etiology of beriberi: a “deficiency or partial starvation” of a substance that was necessary in small amounts for maintaining metabolic functions of nerves and muscles; or lack of a protective dietary factor that normally acts to maintain resistance to a neurotoxic microorganism. In either case, Grijns proposed that beriberi was caused by a dietary deficiency of a specific natural substance. Although Grijns was unable to extract an antineuritic factor from rice bran, he showed that the protective factor had been destroyed by the processing method he used.



Dutch physician Gerrit Grijns (1865-1944) from the University of Utrecht. COURTESY OF THE JOURNAL OF NUTRITION

Unfortunately, Grijns’ important work presaging the “vitamin doctrine” was published in Dutch and not widely recognized at the time.

From 1902 to 1904, Grijns was on leave in Europe because of poor health, but he returned to Batavia in 1904 and resumed his position as subdirector in the laboratory, and eventually in 1912 was appointed director. Over the next five years, Grijns built and equipped a new laboratory and then returned to Holland in 1917. Subsequently, he briefly taught tropical hygiene in the Colonial Institute in Amsterdam and was conservator in Eijkman’s laboratory in Utrecht. From 1921 until mandatory retirement in 1935 at age 70, he was professor of Animal Physiology at the Agricultural University of Wageningen.

Unfortunately, Grijns’ important work presaging the “vitamin doctrine” was published in Dutch and not widely recog-

nized at the time. In 1929, Eijkman shared the Nobel Prize in Physiology or Medicine with British biochemist Frederick Gowland Hopkins (1861-1947) for “their discovery of the growth stimulating vitamins,” an overstatement on both counts. The Nobel Prize Committee overlooked Grijns, and Eijkman also failed to give Grijns appropriate recognition in his Nobel Prize Lecture. Grijns’ research achieved wider recognition only after colleagues had his work translated and published in English in 1935. The Dutch government did belatedly recognize Grijns’ contributions by making him Commander in the Order of Orange-Nassau, a military and civil order of the Netherlands recognizing those “who have earned special merits for society” (comparable with the Order of the British Empire in the United Kingdom).

#### Additional Reading

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## Annual General Meeting of the Council of Delegates

The Annual General Meeting of the Council of Delegates will be held Sept. 22 during the World Congress of Neurology in Vienna. Specific timing and venue will be provided in due course. It is important for member societies to register for the Council of Delegates meeting in advance with the WFN Head Office, and all delegates will be asked to complete and return an attendance form. Please note that only those societies that are fully up to date with their dues payments will be eligible to cast a vote on any agenda

item at the council meeting, including elections for the following posts:

- President (to take office from Jan. 1, 2014)
- First Vice President (to take office from Jan. 1, 2014)
- Secretary-Treasurer General (to take office from Jan. 1, 2015)
- One Elected Trustee (to take office from Sept. 22, 2013)

If the official delegate cannot attend, societies may be represented by another of their members, or may nominate the delegate of another society to vote as their proxy delegate.

CONGRESS

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initiatives in Asia and Latin America; this continues to be a priority. We are heartened by the success of the Asia Oceania Congress in Melbourne, Australia, and the Latin American Congress in La Paz, Bolivia.

The relationship with the World Neurology Foundation came to an end in 2012. This organization was established under President James Toole to act as a vehicle for fundraising under specific U.S. tax rules. After years of negotiations and compromise, the WFN trustees came to the conclusion that the foundation was not performing its duties as the American fundraising arm of the WFN, and an amicable separation occurred. The WFN through its own funds took over all of the commitments to honor named lectures at World Congresses as the funding was no longer available from the Foundation.

The collaboration with the WHO continues. The major issue in neurology is that of the ICD 11. There are many individuals from the WFN involved, myself included. The process is going well, and the classification is scheduled to be ready in 2015. Another important issue is that of noncommunicable diseases and the inclusion of neurological disorders in that. This is a long term goal and perhaps stroke and dementia are the first topics to be included. The WHO priority is on prevention, and this colors all its work through the United Nations. Neurology should be part of the process but this takes time and perseverance.

The administration of the WFN continues to strive to serve all WFN member societies and committees. It is well appreciated that trustees are elected to serve the member societies and work hard toward that goal. •

Raad Shakir is Secretary-Treasurer General of the World Federation of Neurology.



Figure 2. France dominated WCN XX participation.

# JNS Shows Growth, Improved Reach

BY ROBERT P LISAK, MD, FRCP, FAAN

The *Journal of the Neurological Sciences* enjoyed another year of growth with a 6 percent increase in submissions in 2012. During the last 15 years, the journal has shown enormous growth and improved impact throughout the medical world. The impact factor rose from 1.398 in 1998 to 2.353 in 2011. Submissions rose to 1,459 in 2012.

These indicators are a reflection of the journal's growing importance as an international journal covering all aspects of neurology. The journal's broad scope includes studies in neuromuscular diseases, demyelination, dementia, infections, stroke and cerebral circulation, degenerative diseases, neurogenetics, neoplasms and metabolism in both clinical neurology and the basic sciences.

The statistics demonstrate the journal's growth. In 2006, the electronic submission and review process was implemented. Submissions averaged 400 annually from 1998 to 2005. By 2012, the journal received 1,459 submissions with double-digit increases in every year but 2011 and 2012. Thus, the electronic submission and review process have made a major contribution to growth but cannot explain all of the continual growth.

The annual acceptance rate declined steadily from 49.5 percent in 1998 to 23 percent in 2012. The annual rejection rate increased steadily from 26.6 percent in 1998 to 78 percent in 2012. The editor-in-chief started triaging manuscripts in 2009 because of the significant increase in submissions annually. The "triage" rate increased from 43 percent in 2009 to 58 percent in 2012.

Four hundred and eighty-four articles were published in 12 volumes including one special issue. This year's special issue was 322.1-2 (November 15) Vascular Dementia. Guest editors: Amos D Korczyn, Natan M. Bornstein and Alla Guekht.

The evolution of the journal is reflected in the changing demographics of the contributors and reviewers. While the five

leading countries in submissions in recent years continue to be China, Japan, U.S., South Korea and Italy, an increase in submissions from countries and regions including Africa, Egypt, Iran, Jordan, Lebanon, Qatar, the Russian Federation, the Arab Republic and the Caribbean indicate a trend that demonstrates the journal's expanding global presence and impact factor.

The top 5 ranked countries for accepted manuscripts remained the same: U.S., 17 percent (56 manuscripts); Japan, 12 percent (41 manuscripts); China, 11 percent (37 manuscripts); South Korea, 8.5 percent (28 manuscripts); and Italy, 6 percent (21 manuscripts).

The five countries with the highest number of submissions included People's Republic of China with 224 = 15 percent; Japan with 213 = 14.5 percent; the U.S. with 148 = 10 percent; South Korea with 114 = 8 percent; and Italy with 109 = 7.5 percent. There was a significant increase in submissions from China starting in 2011 and from South Korea in 2012. U.S. submissions nearly tripled from 51 in 1998 to 148 in 2012.

**Geographic Summary for 2012:**

	ACCEPTED	REJECTED	SUBMITTED
Africa	4	10	13
Asia	99	471	532
Australia	6	12	17
Caribbean	0	2	2
Eastern Europe	22	46	66
Japan	41	159	213
Middle East	11	48	58
Scandinavia	6	8	16
South/Central America & Mexico	10	49	58
USA & Canada	65	93	166
Western Europe	67	248	318
<b>TOTAL MANUSCRIPTS</b>	<b>331*</b>	<b>1146*</b>	<b>1459</b>

\*Some of these were submitted in prior years.

Basic research defined as employing no human subjects or tissue/material remained consistent. It accounts for 8 to 9 percent of the submissions annually.

For the 484 manuscripts published in

These indicators are a reflection of the journal's growing importance as an international journal covering all aspects of neurology.

2012, original articles continued to dominate with 68 percent followed by short communications at 18 percent, reviews at 4.5 percent, letters to editor and invited response letters at 4.5 percent and book reviews at 5 percent.

Disease types for all submitted manuscripts included cerebrovascular, 25 percent; inflammatory/MS, 16 percent; movement disorders, 9 percent; neurodegenerative, 10.5 percent; peripheral nerve, infections and other, each 5 percent; tumors/neuro-oncology and muscle/neuromuscular, 4 percent; headaches, 2.5 percent; seizures/epilepsy, 2 percent; motor neuron, 3 percent; dementia/aging and trauma, each 2 percent; developmental disorders, 1.5 percent; metabolic, 2 percent; environmental/toxic, < 1 percent; medication/iatrogenic, < 1 percent.

Disciplines for all submitted manuscripts were clinical, 40 percent; neuroimaging, 11 percent; genetics, 11 percent; cell biology, 6.5 percent; cognitive/behavioral, 7 percent; neuroimmunology, 8 percent; neurophysiology, 5 percent; molecular biology, neurochemistry and neuropathology, each 2 percent; epidemiology, neuroophthalmology and neuropharmacology, each 1.5 percent; neurovirology, 1 percent; neuro-otology, education/history and medical economics, each < 0.5 percent.

The review cycle for the 331 manuscripts accepted in 2012 has remained consistent over the years. Ten percent were accepted without revision. Sixty one percent required one revision. Twenty nine percent required two or more revisions.

An estimated 8 percent of the manuscripts were delayed by late reviews ranging from one week to several weeks.

Electronic reminders were sent two days before the due date and every Friday. Alternate reviewers are assigned promptly. As many as 16 reviewers have been invited for some manuscripts.

Ad hoc reviewers were acknowledged for their contribution to the journal in April 315:184-89. More than 4,235 reviewers, including members of the editorial board were invited in 2012; 1,295 = 30.5 percent declined to review, and 1,049 = 25 percent did not respond.

Changes were made to the Editorial Board in 2012. Alla Guekht (Russia) was invited and accepted the invitation to join the board. O. Elwan (Egypt), T. P. Hund (Taiwan), A. Ordinario (Philippines), A. Prusinski (Poland) and A. A. F. Sima (U.S.) rotated off the board.

This will be my last report as editor-in-chief as I am stepping down after 15 years. It has been an honor and privilege to have served in this position for this period of time and to see the growth in size, impact factor and download of articles over these 15+ years. •



Robert P Lisak, MD, FRCP, FAAN

Lisak is editor-in-chief of the *Journal of the Neurological Sciences*.



# WFN, TNS Team to Present Turkish Initiative

The World Federation of Neurology (WFN) and the Turkish Neurological Society (TNS) are delighted to be partnering for another year to present the Turkish Initiative.

The Turkish Neurological Society (TNS) was founded in 1992 and currently has 1,400 members. The aims of the society include contributing to the national



Dr. Philip Babatunde Adebayo (right) visited Cerrahpasa. COURTESY DR. PHILIP BABATUNDE ADEBAYO

and international awareness, diagnosis and treatment of neurological diseases at the best possible standards. The TNS is scientifically active and has high standards of education. Turkish-trained neurologists can enter the UEMS/EBN European board examination.

The WFN, whose aim is to foster brain health worldwide, has 117 country members and works to foster brain health at an international level, and works in partnership with the World Health Organisation (WHO) as well as others.

## Project Description

The TNS would like to support the African initiatives of the WFN by inviting two African colleagues to visit the Neurology department of a Turkish University Hospital for a duration of four weeks. The purpose is to experience the modern Turkish medical system in an international environment, meet new colleagues and foster future cooperation.

The hosting departments will be Istanbul University Cerrahpasa Faculty of Medicine (Istanbul), and Gazi University Faculty of Medicine (Ankara). Both university hospitals have an English curriculum Medical School and feature various subunits of the

Neurology Department (electrophysiology, stroke, epilepsy, sleep medicine, neuro-ophthalmology, neuromuscular diseases and movement disorders).

## Timeframe

The visit will take place during November 2013 to coincide with TNS' Annual National Neurology Congress, which will take place in Antalya.

## Details About Support

The TNS will provide the following support:

- Travel expenses Africa – Turkey – Africa
- Accommodations during four weeks
- Living expenses (food and beverage) during four weeks
- Costs of health insurance during the stay in Turkey (to be arranged by the applicant; the costs will be refunded)
- Sponsored attendance to TNS' Annual National Neurology Congress in Antalya

## Criteria for Applications

- The applicant must be a resident of a developing country from the African continent.

- The applicant must be born after Dec. 31, 1970.
- The applicant must be a qualified neurologist.

## Evaluation Committee

- Wolfgang Grisold (Co-Chair Education Committee, WFN)
- Serefnur Öztürk (Vice President, TNS)
- Stephan Sergeev (Co-Chair Education Committee, WFN)
- Ayse Bora Tokcaer (General Secretary, TNS)



## Deadline for Application

To apply, applicants must submit their CV, a supporting statement and a letter of recommendation from their Head of Department by Monday, July 1, 2013, by email to [sgarry@kenes.com](mailto:sgarry@kenes.com).

For questions regarding your application, or to apply, please contact Sarah Garry, WFN project coordinator, at the administrative office of the WFN Education Committee: Kenes Associations Worldwide, 1 Euston Square, 40 Melton St., London NW1 2FD, by email at [sgarry@kenes.com](mailto:sgarry@kenes.com) or by phone at +44 (0) 207 383 8040. •

## TOLENTINO

continued from page 6

He was an active individual and was involved in medical societies and the creation of working groups for the advancement of professionals in the area of neurology. In 1963, he was a member of the Technical Council and the Council of the Teaching of the Hospital Salvador B. Gautier. That same year, he was made a member of honor for the Dominican Society of Paediatrics. He then again became a member of the Council of Teaching of Hospital Salvador B. Gautier in 1965.

In 1966, Tolentino was named Professor of Neurology at the Autonomous University of Santo Domingo.

From 1967 to 1969, he was member of the Commission of Reform of Medical Studies the Autonomous University of Santo Domingo. In 1968, he was a member of the National Council of the Medical Council of the Medical Association of the Dominican Republic. He was a founding member of the Dominican Society of Neurology and Neurosurgery in 1968 of which he served as president twice. In 1987, he was elected member of the section of Tropical Pathology of the World Federation of Neurology. In 1992, he also became member of the section of epidemiology of the WFN.

His francophone spirit led him in 1981 to become member of Honor of the French Society of Neurology, and in 1982, president of the French Society of Neurology and in 1992, president of the French Alliance of Santo Domingo.

In 1986, he became a Knight of the Order of National Merit of the French Republic, and in 2006, he was made a Chevalier of the Legion of Honor of the French Republic. In 1993, he received the title of Knight of the Order of the National Merit of Duarte Sanchez and Mella of the Dominican Republic.

In 1988, he was made an associate member of the AAN, and in 2009, he became a member of honor of the AAN. In 2006, he became the regional director for Latin America for the WFN. In 1984, he was named "Doctor of the Highest Merit"

of the Medical Society of the Dominican Institute of Social Security. In 1987, he was named a Master of Dominican Medicine by the College of Physicians of the Dominican Republic. In the same year, he was made honorary president of the XII Pan American Congress of Neurology held in Santo Domingo in 2008.

In 1982, he organized a residency program in neurology, at the Hospital Salvador B. Gautier, which remains unique and has trained 57 neurologists who have taken neurology to all corners of the Dominican Republic.

There are many more honors that will go unmentioned because of lack of space. The Dominican Congress declared by Law 180-09 that the Hospital of Specialties of the City of Health will henceforth carry the name of Dr. Mario Tolentino Dipp. This hospital was built recently in the Dominican Republic.

There is no doubt that the absence of Dr. Tolentino, not only from the Dominican Republic, but from Latin America, represents a loss of a great man and a teacher of neurology. The whole world of neurosciences has been affected. •

## DELEGATES

continued from page 3

Vice President Werner Hacke reported on the Congress Organizing Committee, and the plans for the 2015 Congress, which will be held in Santiago, Chile. Secretary-Treasurer General Raad Shakir delivered the financial report of the 2011 accounts, which revealed that the organization is doing well financially, and the auditors were reappointed.

Trustee candidates Stanley Fahn (U.S.), Wolfgang Grisold (Austria), Raul Federico Pelli-Noble (Argentina) and Jean Schoenen (Belgium) presented their statements, which were published in *World Neurology*, June 2012, and Wolfgang Grisold was elected. This was the first occasion Skype was applied in WFN elections. Unfortunately, the

Skype function was less optimal than it deserved, and may need better performances to become a permanent function at the election procedures.

The WFN Membership Committee met during the congress, and WFN has 114 national neurological societies as members (113+1). Being a chapter in the organization of ILAE does not in itself serve as a sufficient criterion for a national neurology representation. The Constitution and Bylaws Committee also met during the congress under its present chair, Professor Alastair Compston. The committee reviewed the WFN's present constitution and also pointed out that being a U.K. charity organization, the London-based WFN office serves an important function of the organization.

The situation for neurologists in Africa was discussed by the WFN Membership Committee and at the COD. The number

of specialists in neurology is lower in Africa than in the other WHO regions. The median number of neurologists per 100,000 population is extremely low in Africa — 0.03 versus 0.07 in Southeast Asia, 0.32 in the Eastern Mediterranean, 0.77 in the Western Pacific, 0.89 in the Americas and 4.84 in Europe. WHO has thus demonstrated a lack of trained neurologists in Africa.

The Africa Initiative Committee met during the congress, and there was agreement to increase the training of neurologists in Africa, and especially in Ghana and Tanzania, and establish a closer contact with the relevant medical schools. Neither country had a neurological society or was a member of the WFN. Both collaborated with ILAE, have major medical schools and facilities and were capable of supporting training programs. •

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