



# WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

## PRESIDENT'S COLUMN

# Good News at the End of 2020

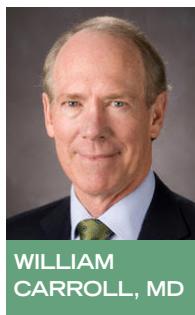
The WHO calls for global action plan to combat epilepsy and other neurologic disorders

BY WILLIAM CARROLL

As we reach the end of a very trying year with COVID-19 still rampant, I have two pieces of good news, in some respects, as good as the imminent arrival of the vaccines.

The first is a momentous decision by the WHO and the second is an important and rewarding development for the WFN. Both point us all in the same direction.

The decision by the World Health Assembly (WHA) on Nov. 12, 2020, to adopt Resolution WHA73.10 is a



WILLIAM CARROLL, MD

landmark event. Although the WFN has been closely involved with neurological activities within, and related to, the WHO, the call for the development of global action plans to combat epilepsy and (importantly) neurological disorders, is a first. It comes courtesy of a sustained effort by the ILAE (led recently by Prof. Sam Wiebe) and International

Bureau for Epilepsy (IBE) to convince the WHO that epilepsy is a common disease, causing considerable effect upon people, their neurological health, their cognitive function, societal burden, and individual stigmatization for want of the ready



Photo of WHA 73 from the WHO website.

availability of anticonvulsant medication.

It also occurred through the recognition of certain key member states that saw the synergies between

the dilemma of epilepsy and those suffering from it, with a number of other important neurological processes. The

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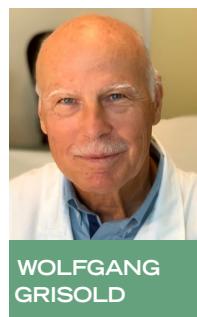
## REPORT FROM A WSO-ESO TEACHING COURSE: NOV. 2, 2020

# Palliative Care for Patients With Stroke

BY WOLFGANG GRISOLD, CLAIRE J. CREUTZFELDT, GILLIAN MEAD, AND FERGUS N. DOUBAL

During the World Stroke Organization (WSO)-European Stroke Organization (ESO) Congress (<https://eso-wso-conference.org>), a teaching course on palliative care issues in patients with stroke was offered. There were four speakers: Wolfgang Grisold (Austria), Claire J. Creutzfeldt (U.S.), Gillian Mead (U.K.), and Fergus N. Doubal (U.K.). They presented four lectures.

This initiative deserves merit, as despite much progress in palliative care in many aspects of neurology, there is considerable scope for improving palliative care in stroke. Stroke is the most frequent neurological disease globally and the leading cause of disability adjusted life-years and deaths due to neurological diseases. Therefore, such an initiative is important, and, as this teaching



WOLFGANG GRISOLD



CLAIRE J. CREUTZFELDT



GILLIAN MEAD



FERGUS N. DOUBAL

course showed, has many facets to be discussed.

### Wolfgang Grisold (Austria)

W. Grisold gave an outline on the present international guidelines on palliative care in stroke. Guidelines are elaborate and define the need and the role. In addition, there is also a U.K. patient guide that is helpful. Most of the guidelines are aimed at the acute and subacute setting of stroke, and

further work needs to be done for the long trajectory of stroke survivors.

Attention also needs to be given to individuals with disturbed consciousness, cognitive impairment, and speech disorders, who often can not actively participate in the process of decision-making.

From the conceptual and cultural point of view, it has to be acknowledged that the concept of palliative care is based on

see **PALLIATIVE STROKE** page 6

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WORLD NEUROLOGY

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FROM THE EDITORS

BY STEVEN L. LEWIS, MD, EDITOR,  
AND WALTER STRUHAL, MD, CO-EDITOR

We would like to welcome you to the December 2020 issue of *World Neurology*, the final issue of this remarkable year. This issue begins with the exciting news from WFN President William Carroll about the recent decision by the World Health Assembly on Nov. 12, 2020, to adopt Resolution WHA73.10, calling for a global action plan to combat epilepsy and other neurologic disorders.

With regard to the WFN as a source of high-level global neurologic education, this issue features the article by Nobutaka Arai, head of the Laboratory of Neuropathology at Tokyo Metropolitan Institute of Medical Science, whose website teaching neuroanatomic and neuropathologic concepts is available free to all neurologists worldwide and available as a link in the article and on the WFN website.

In addition, Prof. Riadh Gouider provides an exciting update and the successful statistics from the recent WFN/



STEVEN L. LEWIS, MD



WALTER STRUHAL, MD

AFAN e-learning Day, which took place in October and was attended by hundreds of neurologists worldwide.

Wolfgang Grisold, Claire J. Creutzfeldt, Gillian Mead, and Fergus N. Doubal provide their report on the recent teaching course they organized for the World Stroke Organization and European Stroke Organization on palliative care for patients with stroke, as an emerging and necessary development in the care of stroke patients.

This issue also offers an inspiring article, reprinted with permission from the Royal Society (<https://www.rcplondon.ac.uk/news/doctor-can-journey-bedwin-boy-eastern-sudan-professor-neurology>) describing the journey of Prof. Osheik

Seidi from Sudan.

In this issue's History column, Prof. Peter Koehler provides us with additional insights into the background and interests of the anatomist Sylvius, of aqueduct and lateral fissure fame.

In his column on WFN Committees and Specialty Groups, WFN Secretary-General Wolfgang Grisold updates us on the activities of the e-Communications Committee and the Aphasia, Dementia, and Cognitive Disorders Specialty Group of the WFN.

This issue also features a nicely illustrated and thoughtful report from the recent participant in the WFN department visit at St. Olav's Hospital in Norway, an opportunity created through the generosity of and wonderful planning from the Norwegian Neurological Association.

Finally, the issue concludes with a heartfelt obituary of Dr. Juan Rafael Santoni Mendoza, a father of Dominican neurology.

We wish you all a happy and healthy 2021 and look forward to your reports and suggestions for articles in the new year! •

Essential Brain Anatomy & Neuropathology (EBA&N)

The Tokyo Metropolitan Institute of Medical Science (TMiMS) began its operations in April 2011 as a new institute integrating the formerly independently operated three institutes; the Tokyo Metropolitan Institute for Neuroscience, Tokyo Metropolitan Institute of Psychiatry, and Tokyo Metropolitan Institute of Medical Science. The Laboratory of Neuropathology (LONP) in TMiMS manages the neuropathological assets of both the former institutes and the brand new one.

LONP has created a digital archive



NOBUTAKA ARAI

of normal and pathological images of the human central nervous system, and operates Essential Brain Anatomy & Neuropathology (EBA&N) that can be viewed at: [https://pathologycenter.jp/english/en\\_index.html](https://pathologycenter.jp/english/en_index.html)

This system was awarded the Tokyo Metropolitan Association of Medical Welfare and Health Excellence Award in 2014 and the Tokyo Metropolitan Government Staff Award (Governor's Award) in 2016. In 2017, this website was certified as an intellectual property of TMiMS.

EBA&N consists of various whole

slide images (Cellular Neuropathology, Disease Cytopathology, Normal Histopathology, Muscle Diseases), in addition to brain cutting videos and many photographs. It is very easy to understand because the commentary is written directly on the images and videos, not as footnotes.

We are pleased to issue an individual account to those who wish to view it, so please apply by using the application form in the sample room on the EBA&N site. Registration is completely free. No special browsing software is required. We welcome anyone interested in neuroanatomy and neuropathology. •

## PRESIDENT'S COLUMN

*continued from page 1*

resulting WHA73.10 Resolution was carried unanimously by members of the 74<sup>th</sup> Executive Board and thence the 73<sup>rd</sup> World Health Assembly. In Clause (PP2) of WHA73, it is clear that the authors and the supporting member states recognized a need to address all neurological disorders. The clause specifically mentions epilepsy, headache disorders, neurodevelopmental, neurodegenerative, neuroinfectious/neuroimmunological, cerebrovascular diseases including stroke, and traumatic brain and spinal cord disorders. There is scarcely a single neurological disorder not encompassed by this regulation. (See below.)

The regulation seeks to develop a comprehensive intersectoral approach to addressing all neurological disorders in line with the third pillar of the U.N. Sustainable Development Goals.

For the first time, neurological disorders are being overtly recognized for the threat they pose to all societies and health jurisdictions. We need look no further than the most recent Global Burden of Disease Study, which demonstrated neurological non-communicable disorders to be the leading cause of disability and the second leading cause of death. To have the WHO acknowledge the need for global action plans to address this burden will provide enormous assistance to those at risk of neurological disorders and those attempting to combat them.

The WFN was proud to lend its support to the ILAE and IBE at the WHA71 (May 2018) "Side Event for Global Action on Epilepsy" and a statement calling for a new report on the implementation of Resolution WHA68.20

to be prepared for discussion at the WHA74 meeting in 2021.

At the 144<sup>th</sup> Executive Board Meeting in January/February 2019, the WFN posted a statement asking the EB not to defer consideration on further actions to address the global burden of epilepsy and its health and social implications at the country level. Again, in May 2019, we joined with the ILAE and IBE to support this initiative in a further Side Event, urging member states to implement a coordinated action against epilepsy through the establishment of:

1. national Health Care Plans for epilepsy management to overcome inequalities and inequities in health, social, and other related services
2. initiatives to promote public awareness of an education about epilepsy, and to reduce the misconceptions, stigmatization and discrimination against people with epilepsy
3. actions to prevent causes of epilepsy
4. greater investment in epilepsy research and increased research capacity.

The WFN also posted a statement on the Prevention and Control of Non-Communicable Diseases (Agenda item 11.8) highlighting the need to:

1. elucidate treatments to prevent and/or modify stroke, migraine, and Alzheimer's Disease and other dementias
2. the disparity between high and low sociodemographic index nations and the resultant unequal burden on resources
3. that the WFN was uniquely placed as the only global neurological organization with an almost identical matching regional and national reach.

The statement pointed to the WFN's geographical advantage in advocacy

partnership being bolstered by its relationship with associated disease topic organizations of the Global Neurological Alliance, such as the World Stroke Organization, Alzheimer's Disease International, Parkinson's Disease and Movement Disorders Society, the International League Against Epilepsy, and Multiple Sclerosis International Federation.

At the 146<sup>th</sup> Executive Board meeting in February 2020, the WFN supported the draft decision on the 2019 Global Report "Epilepsy as a Public Health Imperative" proposed by the Russian Federation and co-sponsored by China and Guyana. The WFN statement also requested the WHO director-general to expand the scope of the report EB146/12 to be presented at the 73<sup>rd</sup> WHA with an additional consideration of "Synergies in Addressing the Burden of Epilepsy and Other Neurological Disorders" and among other calls "to encourage member states and related non-state actors to contribute to discussions" on the "draft resolution on epilepsy and other neurological disorders" based on the report mentioned in paragraph 2 to be presented for consideration by the 73<sup>rd</sup> WHA.

The leadership demonstrated by the WHO in the adoption of WHA73.10 will be of inestimable benefit in the energization of all those faced with combating neurological disorders, particularly non-communicable neurological disorders and their devastating effect on individuals and societies. For those so engaged to know that the WHO, through its member states, will be encouraging, advocating, and leading the intersectoral struggle will be heartened.

There will be many non-state actors,

such as the WFN, that will be similarly buoyed. To address these challenges in the manner outlined in the WHA73.10 Resolution will also require the development and implementation of plans to overcome many barriers, which have contributed to the inequities of access most keenly felt by less well-resourced jurisdictions. The leadership of the WHO will be pivotal in maintaining the momentum required.

Finally, this most welcome event sits closely with the WFN Needs Registry. This registry was conceived to provide a complementary balance to the data supplied by WHO member states. Member states are by and large national governments. The WFN Needs Registry is the product of WFN member societies, which are in turn composed of neurologists and allied neurological colleagues on whom people with neurological disease depend for prevention, diagnosis, and treatment. The data collected by the Needs Registry offers opportunities to advocate for the redirection of resources as well as additional resources where possible and to do so collectively with member societies and jurisdictions sharing common challenges.

Given the position of the WFN and its relationship with the Global Neurology Alliance and the World Health Organization, it is likely to be able to contribute considerably to the attainment of useful outcomes in line with WHA73.10. In this regard, the WFN is planning to discuss in 2021 with each of its regional organizations ways in which these processes might be advanced.

I wish you your families and colleagues a safe and joyous time through the festive season and a better New Year for all. •

## THE 73RD WORLD HEALTH ASSEMBLY RESOLUTION WHA73.10

(PP1) Recognizing that epilepsy and other neurological disorders are the leading cause of disability-adjusted life years and the second leading cause of death worldwide, and that epilepsy and other neurological disorders disproportionately impact people living in low- and middle-income countries;<sup>1</sup>

(PP2) Noting that neurological disorders are conditions of the central and peripheral nervous system that include epilepsy, headache disorders, neurodegenerative disorders, cerebrovascular diseases including stroke, neuroinfectious/neuroimmunological disorders, neurodevelopmental disorders and traumatic brain and spinal cord injuries;<sup>2</sup>

(PP3) Noting with concern that the risk of premature death in people with epilepsy is three times higher than in the general population and that, over the past 30 years, the absolute number

of deaths due to neurological disorders has increased by 39%;<sup>3</sup>

(PP4) Acknowledging, as outlined in the WHO/ International League Against Epilepsy/ International Bureau for Epilepsy Global Report on Epilepsy (2019), that epilepsy is one of the most common neurological disorders globally affecting an estimated 50 million people worldwide across all ages with increased rates in the young and the old...

(OP1) URGES Member States:1  
(OP 1.1) To provide the appropriate support to WHO to develop the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP2) CALLS UPON all relevant stakeholders:

(OP2.1) To provide appropriate support to WHO and partners to develop the Intersectoral Global

Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP3) REQUESTS the Director-General:

(OP3.1) To develop, in consultation with Member States, and in full collaboration with United Nations organizations and relevant non-State actors, a 10-year Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders in support of universal health coverage to address the current significant gaps in promotion of physical and mental health, and prevention, early detection, care, treatment and rehabilitation, as well as social, economic, educational and inclusion needs of persons and families living with epilepsy and other neurological disorders, and the ongoing need for research to improve prevention, early detection, treatment,

care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders;

(OP3.2) To include in the Intersectoral Global Action Plan ambitious, but achievable, global targets on reducing preventable cases of, and avoidable deaths, resulting from epilepsy and other neurological disorders, strengthening service coverage and access to essential medicines, improving surveillance and critical research and addressing discrimination and stigma;

(OP3.3) To submit to the 150th Executive Board, a draft Intersectoral Global Action Plan for consideration by Member States, as well as to report on the progress achieved in implementing this resolution, with an intention to submit the plan to Member States for endorsement during the 75th World Health Assembly. •

## HISTORY

## Sylvius and “The Quack”

## Masterpieces at a Leyden Home

BY PETER J. KOEHLER

When reading the name Sylvius, most neurologists will think of neuroanatomic structures like the aqueduct and the lateral fissure of the hemispheres. Descendant from a Protestant family from northern France (the city of Cambrai that at the time was situated in the southern Netherlands), Franciscus de Boë (1614-1672), also known as Sylvius, was born in the German town of Hanau, east of Frankfurt-am-Main.

He studied medicine in Sedan and Leyden, made a peregrination to southern German universities and defended a thesis at the university of Basel, Switzerland (1637). He graduated a second time the following year at Leyden university.

He became famous for his anatomy lessons, at the time including physiology. He demonstrated the circulation of the blood as published by William Harvey (1578-1657) a few decades previously (*De motu cordis*, 1628).

“Many students, and certainly not the worst ones, attended his courses, so that it seemed as if only he could understand and explain anatomy.” Among his students was Danish Thomas Bartholinus (1616-1680), son of the famous anatomist Caspar (1585-1629). Thomas’s notes of Sylvius’s course of the early 1640s was included in his father’s *Institutiones anatomicae* (1641 edition). Caspar Bartholinus wrote “we cannot pass by the very accurate anatomist D. Franciscus Sylvius; from his noble mind and ingenuity we take the admirable new structure of the brain.”

Following a period of practicing general medical in Amsterdam (1641-1658), where he lived at the Keizersgracht [canal], and during which he enjoyed



Sylvius by Frans van Mieris I (1665, oil on panel, 18,8x14,2 cm, New York, private collection; see also The Leiden Collection FM-104).

chemistry and anatomy in his leisure time, he returned to Leyden to become professor of medicine. He gave bedside teaching in the nearby Caeciliahospital and studied the pathological changes at autopsy.

## Fissure of Sylvius

He attracted many foreign students, including Danish Niels Stensen (“Steno”; 1638-1688), who wrote that Sylvius’s method of brain dissection was a combination of the ancient Galenic approach and the more recent method of Costanzo Varolio (1543-1575).

The latter cut the brain from its base to above, thereby improving the visualization of structures at the base, including the cranial nerves and the pons (Varolius). Another pupil, Gabriel Ypelaer, defended a thesis under Sylvius’s supervision, in which he presented a description of the lateral fissure (1660). Sylvius published it three years later in his own *Disputationem medicarum decas*.

In 1774, the Swiss Albrecht von Haller (1708-1777) emphasized that this was probably the first description of the fissure. Sylvius’s name became also associated with the aqueduct, although many refer to the homonymous teacher of Andreas Vesalius (1514-1564), Paris anatomist Jacobus Sylvius (1478-1555).

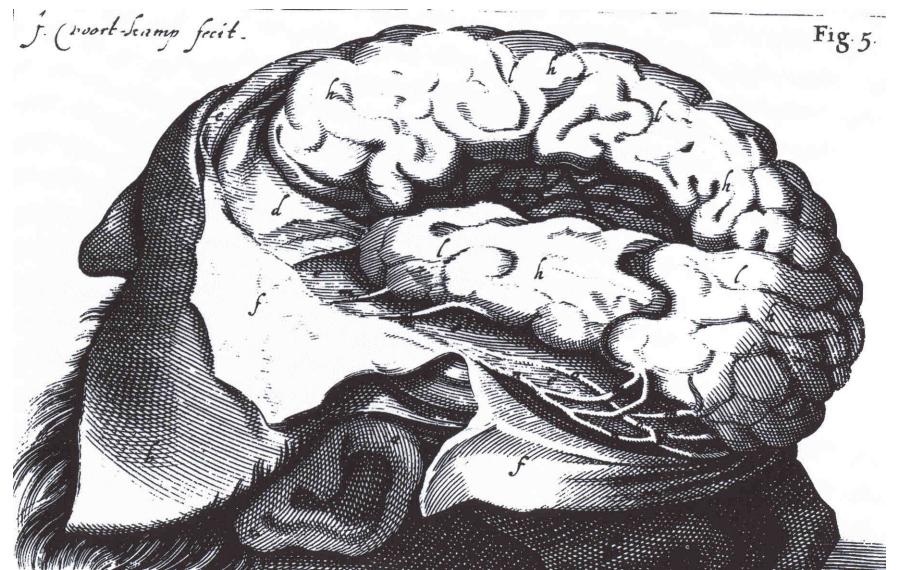
Probably the structure had already been observed by others before Jacobus Sylvius, although there is discussion on whether they really saw the small canal. The Leyden Sylvius, however, described the “canalis vel aquae-ductus” between the converging “roots of the spinal cord” and the corpora quadrigemina below “our bridge” (*Disputationem* (1663; chapter 21).

With respect to physiology, Sylvius rejected the classical qualities and humors, retaining the concept of animal spirits that were used in the brain and sent to the muscles through the nerves. He adhered to a kind of chemical humoral pathology that became known as iatrochemistry, in which effervescence, a vehement reaction between acid and alkaline secretions occur, for instance, in the right ventricle of the heart or the duodenum.

## Collecting Masterpieces

Sylvius’s first wife, Anna de Ligne, whom he married in 1649, died the year before he moved back to Leyden. Their two children also died at a young age. Arriving in Leyden, he bought a nice house at Rapenburg (on a canal) no. 31, not far from the university building. He had it converted (for 10.500 guilders) into a distinguished home with dining room and salon.

Other houses at the Rapenburg were owned by upper-class Leyden citizens,



Fissura Sylvii.



Sylvius and his wife / “The music lesson” by Frans van Mieris I (1672, oil on panel, 41x31 cm, courtesy Staatliche Kunstsammlungen Dresden - Gemäldegalerie Alte Meister, Dresden, inv. no. 1743).

including city official, merchants, and like Sylvius, university professors. An inventory of his house in 1673, half a year after his death, shows that he had been the owner not only of a considerable library, comprising hundreds of medical, chemical, and religious books, but also one of the largest painting collections of the city.

It seems that at the time he was a patron for contemporary painters, including Experiens Sillemans (1611-1652/3; six paintings) and Simon Luttichuys (1610-1661; six) from Amsterdam, and Gerrit Dou (11) and Frans van Mieris I (7) from Leiden. Among the latter painter’s works, Sylvius owned “The music lesson” with portraits of Sylvius and his second wife Magdalena L. Schletzer, whom he had married in 1666. During the plague of 1669, Sylvius became severely ill, but survived. However, his young wife (21 years old) died, even before Van Mieris finished the painting. It was hanging in Sylvius’s front room. For Van Mieris, Sylvius was “zynen Mecenas” [his Maecenas]. Dutch writer and painter Arnold Houbraken (1660-1719) wrote: “Professor Sylvius, welke laatste dikwerf verzogt, dat al wat hy maakte voor hem mogt wezen” [Professor Sylvius, the latter who often asked that all what he made might be for him] (Houbraken, 1721, p. 3).



Sylvius’s house in Leyden at Rapenburg 31.

Next to the painting with his second wife, Van Mieris painted another portrait of Sylvius (1665, see above, he inscribed the age of the person 52, which should have been 50 or 51).

Furthermore, Sylvius owned works by Roelant Savery (1576-1639), Paulus Potter (1625-1654), and Philips Wouwerman (1619-1668), in particular animal scenes. Imagine living in such a kind of art gallery! A reconstruction of his home showed that he had 22 paintings in his dining room (including the five senses by Jan Miense Molenaer), 34 in his large salon, 26 in a side chamber, 16 in the upper back chamber, and 42 (including Van Dyck’s portrait of King Charles of England) in the master bedroom that was arranged as a kind of *Kunstkammer*.

Apparently, he did not collect everything from his surroundings, as is demonstrated

## WFN DEPARTMENT VISIT REPORT

## St. Olavs Hospital, Norway

BY DR. ABDLOUL BACHIR DJIBO HAMANI

I was honored to be accepted to do a department visit at the prestigious Norwegian University of Science and Technology (NTNU) at the St. Olavs Hospital in the Department of Neurology in Trondheim in Norway.

For this I would like to express my sincere thanks to:

- The World Federation of Neurology (WFN) for this wonderful opportunity to acquire this new experience in the care of people suffering from neurological disease, especially to Jade Levy, who was in charge of the visit
- The Norwegian Neurological Association's president, Prof. Anne Hege Aamodt
- All the staff of the Department of Neurology
- Prof. Christian Samsonsen, who was my training supervisor. Prof. Samsonsen had confidence in me and supported and encouraged me throughout the duration of my training.
- Dr. Elisabeth Kvisvik and Dr. Thanh Pierre Doan for having accepted me into this company and who have facilitated my relations with other colleagues in the departments of

neurology, neurophysiology, and stroke.

- All my supervisors and colleagues who are too numerous to share our experiences. I spent an excellent stay in your company.
- The entire university hospital administration.

Planned from March 3-27, 2020, my program of visit of the neurology department at St. Olav's Hospital actually lasted from March 3 to July 28, 2020, because of the coronavirus pandemic, which made my return trip to Africa impossible.

During this stay, I had the opportunity to make daily visits to patients in the neurology department and also to participate in the outpatient consultation where I had the chance to strengthen my skills in the diagnosis and management of neurological pathologies, more specifically epilepsy. I also experienced a number of neurodegenerative and autoimmune pathologies, such as multiple sclerosis, amyotrophic lateral sclerosis, and severe myasthenia gravis.

I also took part in botulinum toxin injections, upper occipital nerve block, and the performance and interpretation of electroencephalograms. I visited some

fantastic places in the city and learned to speak Norwegian (Takk=thank you).

Since my return, I have performed several blocks of the upper occipital nerve, and I have been able to set up an electroencephalogram reading club for a better improvement of our electroencephalogram laboratory.

Our neurology department today has adopted several therapeutic protocols resulting from my stay in Norway.

I am sure that this experience will serve all of Africa in general and my country in particular. Thank you again. •



With Prof. Christian Samsonsen, head of the department of neurology at St. Olav's Hospital.



# WCN 2021

## 25<sup>TH</sup> WORLD CONGRESS OF NEUROLOGY

# ROME

OCTOBER 3-7, 2021

WORLD FEDERATION OF NEUROLOGY

SOCIETÀ ITALIANA DI NEUROLOGIA

# SAVE THE DATE

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# This Doctor Can: A Journey From a Bedwin Boy in Eastern Sudan to a Professor of Neurology

BY PROF. OSHEIK AB'ASHA SEIDI, MB BS, MRCP (U.K.), ABIM, CCST (U.K.), FRCP

I was born in a village called Aroma, named by the British for the nice smell of its naturally growing wild roses, in the northeast African country Sudan. My parents could barely read or write, as they did not complete primary school.

My family was large and wanted all their kids to go to school. From the outset, I was required to do many jobs as well as attend school. This included early morning shopping from the local market for fresh vegetables and meat, to the afternoon and evening milking and feeding of our goats and cows.

The educational system in my country of origin, Sudan, was strong and free. So, despite my family's limited financial abilities, I was blessed by being able to make my way through primary, intermediate, and high schools successfully, eventually ending up in the Faculty of Medicine at the University of Khartoum.

The university was originally opened in 1924 under the name "Lord Kitchener's School of Medicine" and was linked to the University of London until 1956 when Sudan became independent from British colonization. I graduated with distinctions but soon realized that I would not be able to support my family as the local economy was in complete disarray. I left for Yemen while most of my colleagues expatriated to the Gulf countries.

I managed to make some money in Yemen, reasonably helped my family, got married, and passed part 1 of the MRCP (U.K.). In the early 1990s, I moved to Saudi Arabia as a GP in a remote village that had

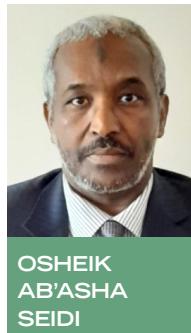
no electricity, TV transmission, or paved roads. Soon, I was selected after a tough competitive test to join the Arab Board of Internal Medicine residency program in Abha city, in the Asir Region of southwestern Saudi Arabia.

That was a 5-year residency program. Luckily, in my second year of the rotation, I managed to pass the written and clinical parts of the MRCP (U.K.) and soon after obtained my ABiM (Arab Board of Internal Medicine) degree. I was then promoted to consultant physician at age 35, an unusual thing in that setting.

My passion for neurology led me to resign my job in Saudi Arabia and move to the U.K. in 1998, with my supportive wife and three young kids. I started as a senior house officer, but in a few months, I was promoted to clinical lecturer / registrar at Sheffield University Hospitals NHS Foundation Trust.

Still, my ambition was to excel in medical research as well as clinical skills, so I kept an eye on suitable opportunities, until I succeeded in getting a job as a clinical research associate at Guy's, King's College, and St. Thomas' School of Medicine in 2000. There, I discovered new abilities in myself as a researcher and combined basic laboratory research with participation in international randomized clinical trials on many drugs for multiple sclerosis.

I learned a lot from my seniors at the department of neuroimmunology and was particularly influenced by Prof. Richard Hughes and his impressive range of scientific styles and leadership abilities.



OSHEIK AB'ASHA SEIDI

I worked with many people of extremely high caliber with comprehensive knowledge in medicine and many other sciences. Sharing the teamwork of my research committees, I published widely and participated in international neurology conferences as a speaker. The U.K. gave me what I was looking for – opportunities to further discover my personal strengths.

During that time, I became aware of many misconceptions about Black people, particularly those coming from Africa and more so from Sudan when the war in Darfur was at its peak. I had many personal discussions with my colleagues and really felt that I must do something to clear the mist.

I moved to northeast England as a training specialist registrar in neurology, and in Newcastle upon Tyne, I met many Africans, including Dr. Peter Adegbie, an inspiring and kind Christian priest originally from Nigeria. He studied theology and had similar feelings as mine regarding the need to clear the misconceptions about Black Africans. Together, with many other African friends in the northeast of England, we participated in a major project called African Voices, led by Dr. Peter Adegbie and funded by the European Union Fund.

We prepared and carried out a comprehensive program to shine a light on African cultures and peaceful diversity. Training was for all ages, but mainly targeted young people in the U.K. We also prepared a curriculum for children ages 5-9 years with a simple approach to let them have true ideas about Africans. Through the

stories and experiences of members of the African diaspora communities in Bristol and Newcastle, this resource aimed to challenge young peoples' perceptions of African countries and provide opportunities to question the way in which we see our world.

The program was extraordinarily successful, and the teaching resource is widely used.

Over the past 10 years, I have moved back to Sudan and joined the Faculty of Medicine at the University of Khartoum. I progressed to professor of internal medicine and neurology in 2014, and was a founding member for the African Academy of Neurology (AFAN) and acted as the vice president for East Africa on the first steering committee (2015–2017). With the solid support of many colleagues in Sudan, we managed to establish a PACES center in Sudan in 2012, and I have supervised all the MRCP (U.K.) examinations in Sudan from 2010 until now.

I also actively participated in starting the Medical Training Initiative (MTI) and hosted the first trainee from Sudan when I was a consultant in Sunderland, U.K., in 2007. I still help in the selection process of suitable candidates from Sudan with leadership of my colleague, Prof. Alaadin Hassan Ahmed, currently dean of the Faculty of Medicine at the University of Khartoum.

I hope my story will inspire many young Black people and other ambitious people of all colors and walks of life. •

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## PALLIATIVE CARE

continued from page 1

the patient autonomy, which is culturally perceived differently.

### Claire J. Creutzfeldt (U.S.)

The issue of integrating palliative care and serious illness communication into high quality stroke care was addressed by C.J. Creutzfeldt. The different disease trajectories were discussed and compared with those of other illnesses often considered for palliative care, such as cancer. Building a partnership with the patient and his or her family, communicating transparently and discussing hope with both realism and compassion are key skills for stroke providers. Dr. Creutzfeldt gave a strong testimony of the need for palliative care in stroke with the goal of improving communication, decision-making, quality of life, and quality of end of life for patients with stroke and their families.

### Gillian Mead (U.K.)

Gillian Mead emphasized the role of

families and also the importance of communication. An important issue is what the individual expectancy for patients with severe stroke is, and if this would change at different time points during their disease, as survival often ensues with severe disability.

Reference to the study of Kendall et al, 2018, was made, which posed the question of outcomes, experiences, and palliative care in stroke.

One result was that palliative care still has the connotation of withdrawal, or withholding, and "dual" narratives should be avoided. The loss of the former self of the patient is an issue for the patient and for carers. Guiding through the moral maze in discussions with the family is important for providing emotional support and dignity.

### Fergus Doubal (U.K.)

Sudden death is common following stroke and can be due to several causes: immediate pressure effects from a large stroke causing brain edema, concurrent severe disease, often cardiac, infectious, and other medical complications, and also due to treatment withdrawal. In young adults, stroke is the

fourth most common cause of sudden death after cardiac causes, pulmonary embolism, and infection.

When stroke causes sudden death, especially in younger patients, there is a preponderance of intracerebral hemorrhages compared to ischemic stroke. When stroke causes death within 24-48 hours, the rate of intracerebral hemorrhage is higher, but as time progresses ischemic stroke become more prevalent as a cause of death.

When death is sudden (within days), this can be challenging for patients, families, and health care professionals who often need to work together to make important yet time-critical shared decisions quickly. During this process, it is important to base decisions on the patient's values and what they would consider to be an acceptable outcome with families acting as proxies should the patient not retain capacity to participate. Often death may not be considered the worst outcome compared to survival in a highly dependent state.

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Wolfgang Grisold is Secretary-General of the WFN.

Claire J. Creutzfeldt is associate professor of neurology at the University of Washington - Harborview Medical Center in Seattle, Washington.

Gillian Mead is chair of Stroke and Elderly Care Medicine at the Center for Clinical Brain Sciences, University of Edinburgh.

Fergus Doubal is the Stroke Association Garfield Weston Foundation Clinical Senior Lecturer, NHS Scotland Research Fellow at the Center for Clinical Brain Sciences, University of Edinburgh.

## SYLVIUS AND “THE QUACK”

continued from page 4

by the fact that he did not have any of the moralizing genre pieces by Jan Steen (1626-1679) or landscapes of Jan van Goyen (1596-1656).

## The Quack and (Brain)Stones

Since Jheronimus Bosch’s painting “Cutting the stone,” similar scenes have been depicted in paintings and engravings during the 16th and 17th century (see World Neurology 2017, January, pp. 6-7). Adriaen Brouwer’s (c.1605-1638) “Quacksalver,” now possessed by the Kunsthalle in Karlsruhe), was hanging in Sylvius’s entry room. Although it is not a representation of the actual procedure of “cutting the stone,” stones are depicted hanging on pieces of red string on the quack’s banner, in a way that can be observed in several other paintings. It would indicate examples of stones that the quack had removed in the past from the heads of other patients. Even a knife has been attached to the banner.

The place of action is a market square, where a quack, who has relatively short legs, with long hair, a beard, and moustache, is standing on a partly sawed off or buried barrel. He is wearing a red hat with feathers, a yellow coat with blue stripes, and brown trousers. These clothes remind of the Italian comedy (commedia dell’arte), which was sometimes applied by painters. A dagger is attached to his belt. He seems to be looking at the viewer.

In his left hand, he has a small pot and with the index finger of the right hand he probably takes some ointment. Around the table in front of him, we see adult people, probably peasants listening and looking to the objects on the table. There are also some children. The one with the red beret with white feather and pink coat may be doing some mischief. The woman in brown blouse and white bonnet behind the table, laughing to the quack possibly took the plug from the bottle with the blue fluid, or is she emptying a small pot? To the right-hand side, a woman in pink coat with white bonnet and apron, is sitting on a low bench. A man in front of her seems to be explaining what is happening; he is pointing to the quack.

Two other persons, one with a red

cap and the other a black beret, behind that man are discussing the scene. A man, leaning on the windowsill of the opened window above, and a woman behind him, are also listening. A number of objects are displayed on the table, including a small bottle with a plug, a spatula – it may be pointing in an intended direction – and a bowl with a triturator. A big knife is hanging from the edge of the table.

At the background to the left, we see a farmer’s house and a church (and some persons, one of whom is obeying nature’s call near the tree) and to the right façades of six houses in a row. Deception of the credulous peasants seems to be the main subject of this scene.

If the viewer would still have doubts, the painter added, on the upper right corner of the banner, some letters: “JAN CERNAKEL.” This is a reference to Bruegel’s “Witch of Malleghem,” where it is spelled with a “k” instead of “c.” The German word “Karnickel” has several meanings, including rascal or bellwether.

## The Pineal Gland and Brain Stones

Although the artists of the paintings and engravings that directly or indirectly refer to “cutting the stone” had moralistic or satirical intentions, rather than showing actual practices, it is funny to see that Sylvius at least owned one such painting. This is particularly interesting as he lived in a time, in which the pineal gland, by some, including René Descartes (1596-1650), Henricus Regius (1598-1679), and Louis de la Forge (1632-1666), was believed to be the organ in which the soul is localized.

The finding of calcifications, stones, in this organ led to several speculations. Some reasoned that these findings could never be compatible with the idea of localization of the soul in the pineal gland. Others, who had found such stones in persons with behavioral disorders (including a woman who committed infanticide), believed rather that it proved that the cause was in that organ. By its calcification, the physiological flow of humors in that area was believed to be prohibited (see World Neurology 2017, January, pp. 6-7).

In these discussions, the name of Sylvius (and English physician/anatomist Thomas Wharton [1614-1673]) was often found as opponents to the idea of



“Der Quacksalber” [Quacksalver] by Adriaen Brouwer that once belonged to Sylvius. (c. 1630, oil on panel, 45,2x61,8 cm, courtesy Staatliche Kunsthalle, Karlsruhe, inv. no.1897).

attributing such a function to the pineal gland. The town physician of Nijmegen, subsequently professor of medicine and anatomy in Utrecht (1649), IJsbrand van Diemerbroeck (1609-1674), published a new edition of his *Anatome Corporis Humane* (1679; first edition 1672), in which he gave a description of the anatomy and position of the pineal gland, mentioning “arena & calculi” [sand and calcification] that occupied half the volume of the gland, with a reference to Sylvius, who indeed referred to the pineal gland in his *Disputationes Medicarum IV (De Spirituum Animalium in Cerebro, Cerebelloque Confectione, per Nervous Distributione, atque Usu Vario)*. He was much in doubt about its function.

## “Know Thyself”

This ancient Greek aphorism is one of the Delphic maxims depicted on a column of the Temple of Apollo. Smith (1999) believed that Sylvius’s painting collection “emphasized the importance of self-knowledge and the effort to achieve moderation in all things, like the numerous fruit and flower still lifes in his collection, which alluded to the ephemeral nature of human existence and the vanity of the things of the world, the message of neo-stoicism.”

Brouwer’s “Quacksalver” would also fit in this idea of admonition to temperance and several of the themes, also used in the literary arts of the period, including self-knowledge and “insight in the deceptive essence of the world.” It would be recognizable in Sylvius’s inaugural address, when he became professor in Leyden (1658). The painting in Sylvius’s collection gives evidence of his sense of humor as well as the perception of Van Mieris’s and Brouwer’s work among the public. •

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WORLD FEDERATION  
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<https://wfneurology.org/>



# First WFN/AFAN e-Learning Day

BY RIADH GOUIDER

The World Federation of Neurology (WFN) and the African Academy of Neurology presented their first virtual one-day teaching course—the first WFN/AFAN e-Learning Day—which took place from 8:45 a.m. to 6 p.m. (BST), Saturday, Oct. 10, 2020.

## Collaborators

This educational event was held with the support of the European Academy of Neurology (EAN), the American Academy of Neurology (AAN), and the World Stroke Organization (WSO).

## Organizing Committee

The WFN/AFAN Day was organized by Dr. Riadh Gouider, Dr. Wolfgang Grisold and Dr. Walter Struhal, under the direction of the e-Learning Committee on behalf of the WFN and the Board of Directors of the African Academy of Neurology (AFAN).

## Local Organizers

The e-Learning Day was locally organized by the Tunisian Society of Neurology (ATN) and the Tunisian College of Neurology and Neurosurgery (CNN).

## Professional Congress Organizer (PCO)

The Professional Congress Organizer company is: Meet-in-TV, Millesima Events.



## Main Topic

The topic was “STROKE: a Treatable and Preventable Disease.”

## Opening Ceremony

The opening of the e-Learning Day was jointly directed by Prof. William Carroll, WFN president, and Prof. Foad Abdallah, AFAN president.

## Quizzes

There were five Quiz sessions, animated by Prof. Riadh Gouider and Dr. Saloua Mrabet. 151 attendees participated in the quizzes. The quizzes were operated by the Voting Platform “Mentimeter.” The Quiz Winner was Dr. Ahshish Govind from South Africa.

## Quality Assurance Survey

The Quality Assurance Survey link was sent out to all the participants by the PCO. We received more than 200 answers to the survey made about the opinion of the participants about this event. Much appreciation of the quality of the educational content and technical platform was shared by more than 90% of the participants. The Certificate of Attendance will be managed and sent out by Kimberly Coard Karlshoej from the WFN Office.

## Second WFN/AFAN e-Learning Day

After the success of the First e-Learning Day, we propose to have a second e-Learning Day on Epilepsy. •

## SCIENTIFIC PROGRAM REPORT

The program was treated in four Scientific Sessions, with a parallel session in French.

- **Session I:** Stroke Burden and Challenges in Africa
- **Session II:** Stroke Risk Factors and Subtypes
- **Session III:** Stroke Imaging
- **Session VI:** Stroke Management (with parallel session in French)

**Conferences:** 10 conferences were pre-recorded in advance and broadcast Oct. 10 with two conferences by session.

**Invited Speakers:** 10 speakers from all over the world presented lectures and provided deep insight into the latest developments in the field of stroke and vascular diseases.

Prof. Foad Abdallah (Egypt, AFAN)

Prof. Rufus Akinyemi (Nigeria, AFAN)

Dr. Nobuaki Yamamoto (Japan, WFN)

Dr. Naeem Brey (South Africa, AFAN)

Prof. Bruce Campbell (Australia, WSO)

Prof. Kurt Niederkorn (Austria, WFN)

Prof. Pierre Fayad (Nebraska, AAN)

Prof. Valeria Caso (Italy, EAN)

Prof. Faouzi Bel Hassen (Maroc, AFAN) – French Session

Prof. Yacoube Mapoure (Cameroun, AFAN) – French Session

**Moderators:** 10 moderators animated the discussions and the interaction between the speakers and the audience during sessions.

Prof. William Carroll (Australia)

Prof. Augustina Charway Felli (Ghana)

Prof. Lawrence Wong Ka Sing (Hong Kong)

Dr. Marie0me Soda Diop (Senegal): She couldn't connect to the live streaming. Dr. Imen Kacem moderated the conference instead.

Prof. Marc Fisher (Boston)

Dr. Sarah El-Sadig Misbah (Sudan)

Dr. Julien Razafimahefa (Madagascar)

Prof. Athanase Millogo (Burkina Faso)

Prof. Chokri Mhiri (Tunisia) : French Session

Dr. Imen Kacem (Tunisia)

## PARTICIPATION REPORT

The WFN/AFAN Day brought together neurologists, residents in neurology and health care professionals from Africa and around the globe.

**Registration:** There were 1,118 registrations from 90 countries worldwide, 944 registrations from 37 African countries. As shown in the statistics below, registrants were from:

- **Tunisia:** 180 registrants
- **Ghana:** 161 registrants
- **South Africa:** 101 registrants
- **Nigeria:** 85 registrants
- **Egypt:** 83 registrants

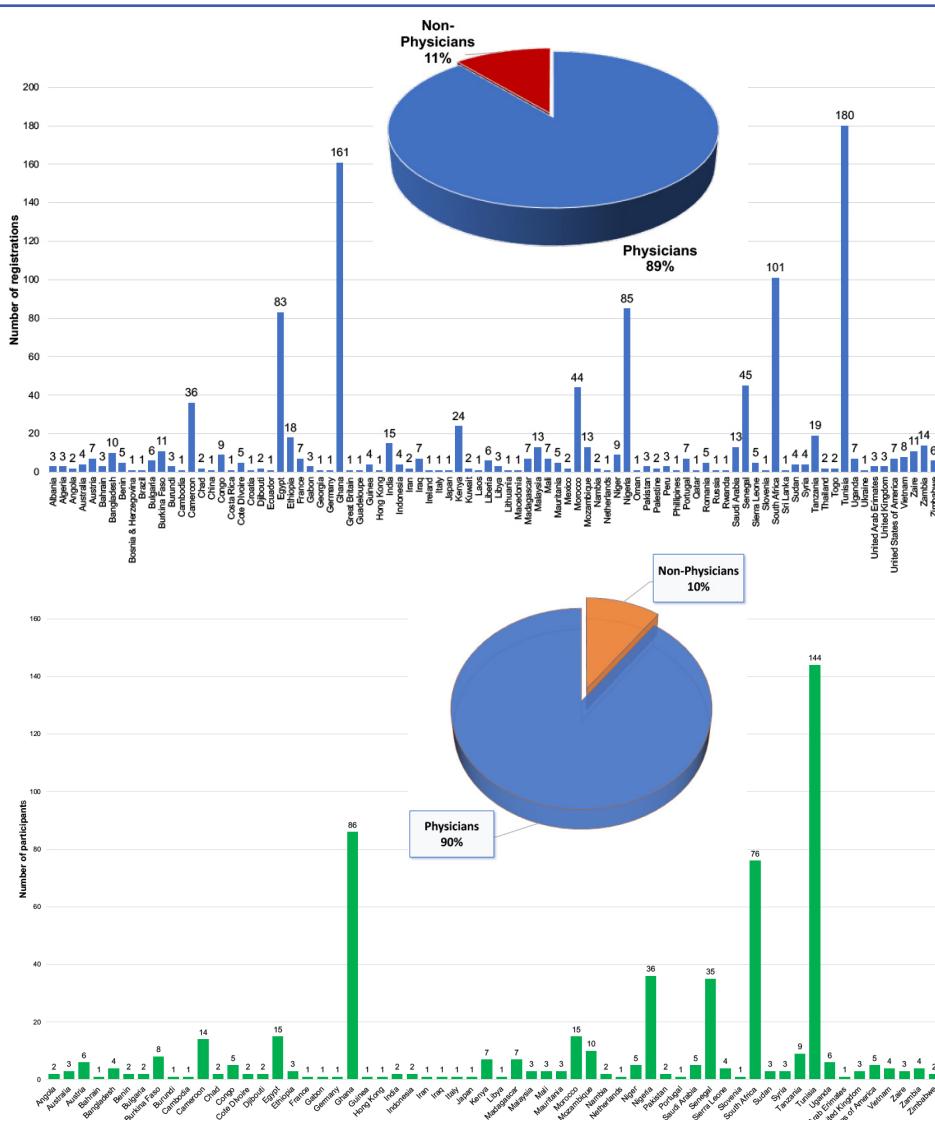
994 physicians registered for the e-Learning Day, with 63% of them neurologists and residents in neurology.

## ATTENDANCE REPORT

Among those who registered, 576 participants from 60 countries followed the event, with 513 participants from 31 African countries.

The participation rate reached 51.1 % of the registration.

About 520 physicians participated in the e-Learning Day with more than 350 neurologists and residents in neurology.



WFN COMMITTEES AND SPECIALTY GROUPS

# e-Communications Committee and the Aphasia, Dementia, and Cognitive Disorders Specialty Group

BY WOLFGANG GRISOLD

This column focusing on WFN committees and specialty groups has a dual purpose:

- to inform and raise awareness on the important contribution of these groups for the functioning of the WFN
- to raise interest among the readers for the work of the WFN, and perhaps find and recruit persons to work closer with the WFN, in the interest of neurology.

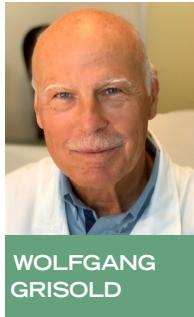
The work of the WFN depends on the contribution of many members worldwide. Several committees support the trustees in their work (<https://wfneurology.org/committees>) and also develop ideas and consult. A good example is the e-Communications Committee, chaired by Walter Struhal, which identifies and helps to integrate digital technologies into the WFN. The work of this committee is summarized by Dr. Struhal.

The WFN also has several Specialty Groups, which were previously known under ARGs (Applied Research Committee <https://wfneurology.org/wfn-specialty-groups>). Here, the work of the Specialty Group is introduced by Suvarna Alladi, a neurology professor from India.

The WFN e-Communications Committee has been created to facilitate the trend of remote learning, and e-learning's purpose is enhanced by the present COVID crisis. The new and advanced digital techniques are now rapidly evolving and will also serve to improve teaching in remote areas of the world.

## WFN e-Communications Committee

The origins of this committee stem from the Website Committee. Dr. Struhal got involved in this committee in 2010 as one of the founders of the worldwide young neurologists' group—International



WOLFGANG GRISOLD

Working Group for Young Neurologists and Trainees. Since 2014, he is in charge of the website and initiated social media channels and the WFN online footage with the close help of Chiu Man, who for more than a decade acts as WFN's webmaster. He is assisted by Surat Tanprawate, Tissa Wijeratne and Wolfgang Grisold.

This was the early core of the current online presentation of WFN as well the roots of the present e-Communication Committee. The website was completely renewed and redesigned into a "responsive" design that allowed reader to view the same content with equal quality on mobile devices as on computer screens.

While social media increased over the years to a tremendous audience with more than 11,000 friends on Facebook, reaching with our posts from the last 30 days alone >17,000 followers, in addition to >2,700 followers on LinkedIn and >4,800 followers on Twitter.

Social media became one of the strategic core activities within WFN's online footage and one way of reaching out to neurologists worldwide.

Today, this committee headed by Dr.



Walter Struhal, MD

Struhal consists of members worldwide (below). And the committee is actively supported by Simona Milenkova, a social media expert working for Kenes.

The main objective is continuously informing our audience on important developments in neurology on the global scale, on news from WFN, and recently in employing our growing online presence in e-Learning. One of the first meetings was the joint WFN/AFAN e-learning Day (<https://wfneurology.org/2020-09-18-wfn-afan>), which was well received worldwide. The large amount of information reaching this committee provides a large and challenging workload.

## Aphasia, Dementia, and Cognitive Disorders Specialty Group (ADCDC SG)

The WFN Aphasia, Dementia and Cognitive Disorders Specialty Group (ADCDC SG) is an international community of cognitive neurologists and allied specialists dedicated to promoting research and improving clinical practice in aphasia, dementia, and other cognitive disorders globally. The group has been actively pursuing this mission since 1966 through its biennial meetings and has grown to having members from Europe, the U.K., North and South America, Australia, West, South and East Asia join its community over the years

The mission of the ADCDC SG aims to stimulate scientific discussion in the field of aphasia, dementia, and cognitive disorders and to translate research findings into better assessment, management, and treatment of patients through teaching courses, biennial meetings, and participation in the World Congress of Neurology as well as other meetings. It is multidisciplinary, welcomes members of different specialties, across cultures, and seeks to collaborate with other organizations, within and outside the WFN.

The chair of the ADCDC SG is Suvarna Alladi, professor of neurology of the National Institute of Mental Health and Neurosciences in Bangalore, India. Her clinical and research group focuses on providing multidisciplinary care for persons with dementia, cross-cultural issues in cognitive neurology, developing cognitive tests in different Indian languages and literacy levels and risk factors. Organizing community support for dementia, she co-founded ARDSI ([www.ardsihyd.org](http://www.ardsihyd.org)) and strengthened policy for dementia ([www.stride-dementia.org](http://www.stride-dementia.org)).

The Executive Committee is composed of distinguished experts from across continents: Prof. Morris



Suvarna Alladi

Freedman, Canada; Stefano Cappa, U.S./Italy; Lorraine Obler, U.S.; Manabu Ikeda, Japan; Eneida Mioshi, U.K.; Peter Nestor, Australia, Matt Lambon, U.K.; Thomas Bak, U.K.; and Facundo Manes, Argentina.

The biennial meetings and teaching courses are the most impactful of the group's activities. The first biennial meeting of the Specialty Group (formerly Applied Research Group) was held in 1966. The biennial meetings have traveled from venues in Europe to South America, Cambridge U.K., Edinburgh, and then eastward to Istanbul, Hyderabad India, and Hong Kong. The 50th anniversary meeting returned in 2016 to Lake Como, followed by Portugal and the next meeting is planned to take place in Nara, Japan.

The meetings have a tradition of putting the emphasis on quality rather than quantity and to create a forum for discussion and a genuine exchange of ideas. The symposia are based on a wide range of topics, in the traditional clinical areas in aphasia and cognitive disorders, along with newer areas in cognitive science, biomarkers, and technology.

During the COVID-19 pandemic, an online sharing of knowledge and continued interaction is planned. The expert group has developed a rich clinical and research resource across multiple disciplines of cognitive neurology, cognitive psychology, psycholinguistics, speech, and language pathology among others. The SG also has a repository of cognitive-assessment tools in multiple languages, including English, Spanish, Italian, Indian languages, Chinese, and Japanese, among others.

The global expertise of the group has focused on developing joint recommendations for adaptation of diagnoses, assessments, and treatments of aphasia and cognitive disorders across the world. Through its Forum for Young Researchers (FYRE), the SG encourages and nurtures young talents globally. •

WFN e-Communications Committee	
Chiu Man	Webmaster (WFN U.K.)
Daniel Gams Massi	Pan-Africa (Cameroon)
Laura Druce	WFN office (WFN U.K.)
Maria Benabdeljlil	Pan-Arab (Morocco)
Riadh Gouider	Pan-Africa (Tunisia)
Surat Tanprawate	Asia-Oceania (Thailand)
Tissa Wijeratne	Asia-Oceania (Australia)
Wolfgang Grisold	WFN Secretary General (WFN, U.K.)

## IN MEMORIUM

## Dr. Juan Rafael Santoni Mendoza (1935-2020)

BY PROF. ANNA ROBLES  
AND PROF. MARCO T. MEDINA

Undeniably a father of Dominican neurology, Dr. Juan Rafael Santoni Mendoza was honest, teacher by vocation, tirelessly hardworking, researcher. He was devoted to his followers, but first of all to his patients. He gave us everything we expected from a great teacher and a great man.

Prof. Santoni Mendoza, affectionately known as “Fao,” passed away Sept. 29, 2020, after a short but aggressive systemic gastrointestinal pathology. Until then, he had been active fulfilling his professional activities as well as his academic and family responsibilities.

He was born in Santo Domingo, Dominican Republic, on March 7, 1935. He went on to marry Monica Howard Williams de Santoni and was a father to four children: Marcos, Maria Luisa, Alexius Eduardo, and Carlos Juan. He was a neurologist and former president of the SDNN (Dominican Society of Neurology and Neurophysiology).

Dr. Santoni studied Medicine at the Universidad Central de Madrid in Spain, nowadays known as “La Complutense de Madrid,” received a degree in medicine and surgery in 1959. He studied under the distinguished and illustrious Prof. José Casas, Cátedra de Patología General de la Facultad de Medicina de Madrid in 1953.

His primary school education

was at Colegio Santo Tomás in Santo Domingo and was followed by the two first years of high school at Hackley School in Tarrytown, New York, where his undisputed leadership led him to be elected class president. He returned to the Dominican Republic so as to finish high school at the Escuela Normal de Varones of Santo Domingo.

In 1959-1961, he did his internal medicine training internship at St. Vincent’s Hospital Dublin, Ireland. He chose to specialize in neurology and neurophysiology at the Institute of Neurology, Queen Square London (1961-1963), received his degree in clinical neurology and electroencephalography with Prof. William Cobb (who frequently invited H. Gastaut from Marseille). He attended as invited neurologist and neurophysiologist (1963-1965) at the Fundación Jiménez Díaz and Gran Hospital de la Beneficencia in Madrid, neurosurgeon Professor Sixto Obrador Alcalde.

Dr. Santoni performed an intense pedagogical work: professor of neuroanatomy and neurology at the Universidad Nacional Pedro Henríquez Ureña (UNPHU) until 1986; professor of neurology for the Universidad Autónoma de Santo Domingo (UASD), for more than three decades until 2008.

He belongs to the group of neurologists who founded and integrated our society in 1968, a distinguished member for

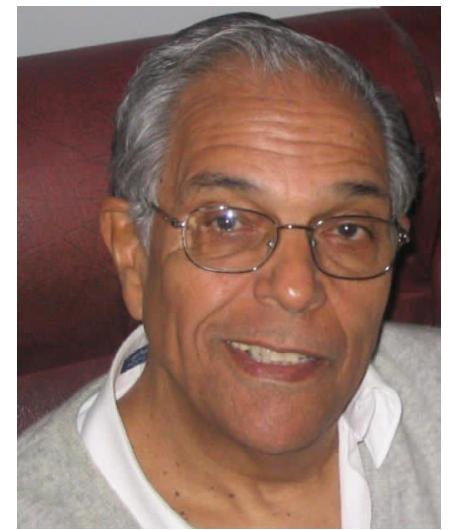
over 50 years. He was a pioneer of neurophysiology and epileptology formation for our country. He was a founding member of the Sociedad Dominicana de Cefaleas (SODOC) in 1999.

Dr. Santoni worked as a neurologist at different hospitals in Santo Domingo: Hospital Moscoso Puello, head of the neurological department (1966-1976); Instituto Nacional de la Diabetes (INDEN), consulting neurologist (1979-1996); Hospital Robert Reid Cabral for Children, honorary assessor and consultant neurologist since 1970; Centro de Rehabilitación foundation 55 years (1965), appointed in 1974 head of the EEG department.

He published approximately 120 papers covering the most diverse range of topics on epilepsy and neurophysiology. He wrote dozens of scientific articles and chapters for neurology books with his elder son Dr. Carlos Santoni Williams as collaborator.

Prof. Santoni has been member of prestigious academies and neurological societies, national as well as international, was a national delegate to the World Federation of Neurology representing our country with dignity for many years; and was life founding member of the Dominican Society of EEG and Clinical Neurophysiology.

He was founding member (1968) of the Dominican Yachting Federation and president from 1972 to 1977. He was a tango dancer and student of Prof. Doña Milkeya Melo.



Prof. Juan Santoni represents six decades of exquisite world-class neurological practice. He was diligent, exacting, and persistent; born with the researcher’s inquisitive curiosity. He released scientific papers at exemplary rhythm. And on he goes, remaining light, fresh, efficient. As if the passing by of years renewed his energies, to carry on the walk along his brilliant road of life.

It was a privilege to consult him and imitate his example. Fao Santoni was a human miracle made neurologist, and today, with honors, we say good-bye.

Undoubtedly with the absence of Dr. Santoni, the Dominican Republic and Latin America have lost a great man and professor of neurology, but the world of neurosciences has also been affected.

Prof. Ana Robles, FAAN, is former WFN regional director of Latin America. Prof. Marco T. Medina, FAAN, FEAN, Chevalier is WFN regional director for Latin America and PAFNS president.

**WCN 2021**  
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