



WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

PRESIDENT'S COLUMN

Past Successes, Present Educational Opportunities, and Future Elections

Prof. Wolfgang Grisold looks back on WFN's internal and global activities and ahead at the year to come.

BY PROF. WOLFGANG GRISOLD

Welcome to the latest edition of *World Neurology*, which is the last issue for 2024. I want to thank those who have published and reported for *World Neurology*. I encourage you to send your reports to share with our readers.

And, of course, thanks to the team of editors, publishers, and all others who promote this activity.

2024 has been a successful year for the World Federation of Neurology (WFN) with a successful **International Congress on**

Neuromuscular Diseases (ICNMD) in Perth, Australia, two **Educational Days**, and the new **WFN Digital Neurology Update (WNU)** activities.

The **e-Learning**, virtual, and hybrid meetings are here to stay and are a useful tool to bring news of neurology in all parts of the world. Not only has traveling become more expensive, but visa hurdles and bureaucracy are increasing worldwide. The 2023 World Congress of Neurology in Montreal — in addition to the on-site delegates — was attended virtually by 1,400 participants from 120 countries. This participation highlights the interest in neurological updates and dissemination of neurological knowledge.

In this column, I will give a short overview of the internal aspects of the WFN, the global aspects, and education. I

will finish with the announcement of the new World Brain Day 2025, which will be devoted to brain health for all ages.

WFN Internal Updates

Following the meeting of the Council of Delegates (COD) in September 2024, several decisions were made. In particular, the bylaws were changed with regard to a future president-elect and the past president. (See “**WFN Digital Update and a Recap of the Council of Delegates Meeting**” in the **previous issue** of *World Neurology*.) Following the meeting, we also decided to co-opt two trustees until the next COD meeting. The conditions were that all regions of the world should be represented again and our female composition of leadership should be increased.

We are glad to announce that from the North Africa, African, and Pan-Arab region, we were able to invite Dr. Imen Kacem from Tunisia, which will give us a deeper connection and understanding of African needs. Dr. Kacem is the secretary-general of the African Academy of Neurology (AFAN) and is involved with the Pan-Arab society. For Latin America, we were able to invite Dr. Briseida Feliciano from Puerto Rico who was recommended by the Pan-American Federation of Neurological Societies (PAFNS). Both of these placements will enlarge our spectrum of knowledge on the regions and will provide the WFN input on the needs of those areas.

In this issue of *World Neurology*, you will also find an official announcement calling for candidates for the elections

in 2025. There will be a call for the new WFN president and first WFN vice president (who will take office Jan. 1, 2026), and one elected trustee (taking office immediately after the COD meeting). Only the position of the elected trustee is eligible for re-election. That position is currently held by Prof. Chandrashekhar Meshram (India).

Global Activities

From a global standpoint, the procedures on the input and establishment of the **Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders (IGAP)** are proceeding worldwide. The IGAP will mark the fourth anniversary of its establishment in 2025.

The WFN participated in the **World Health Organization Mental Health Forum** in October in Geneva, where we gave two extended statements on neurology and on the implementation of IGAP.

It is good to see so many different societies active and working together to implement the IGAP. However, it will be important to concentrate forces and to work on joint actions so we can avoid competing with one another.

See a complete overview of **WHO** and **U.N.** activities of the WFN.

The approach toward the U.N. **Department of Economic and Social Council (ECOSOC)** has been an important field of development for the **WFN**. This arena is different from the WHO, which is entirely dominated by

see **PRESIDENT'S COLUMN** page 4



WOLFGANG GRISOLD



Prof. Antonio Toscano and Prof. Elena Moro represent the European Academy of Neurology at the Italian Society of Neurology in Rome.



Prof. Axel Siwa, a past WFN committee chair, is honored at the Turkish Neurological Society meeting.

INSIDE

ADVANCING NEUROLOGICAL EDUCATION

PAGE 2

THE WFN ANNOUNCES POSITIONS UP FOR ELECTION

PAGE 3

WFN NSG HOLDS JOINT MEETING WITH GAMS

PAGE 5

CENTRAL AFRICAN NEUROLOGY TAKES CENTER STAGE

PAGE 8



WORLD FEDERATION OF 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 2024 issue of *World Neurology*, the final issue of this calendar year. In the President's Column, WFN President Prof. Wolfgang Grisold provides updates on several ongoing WFN activities, including operational and global developments, education, and the introduction of the new World Brain Day 2025 theme.

Also, this issue includes an important call for nominations for the three WFN positions that will be elected in 2025.

This issue includes several reports of recent national and regional meetings, including a report by Dr. Daniel Gams Massi on the hybrid Presidential Symposium of the Fourth Congress of the Cameroon Academy of Neurology, a report by Profs. Marina Alpaidze, George Chakhava, and Alex Razumovsky on the joint meeting of the



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WFN Neurosonology Specialty Group and the Georgian Association of Medical Specialties, and a report by Prof. Bruno Giometto on the inauguration of the first clinical neuroscience course at the University of Trento in Italy.

In the History column, Dr. Peter Koehler explores the life of the other Babinski: Ali-bab, the author of a French cookbook, and its interface with the history of neurology. This issue also includes an opinion piece from Prof. Raad Shakir regarding the current clinical status of anti-amyloid therapy, specifically lecanemab, for Alzheimer's disease. Readers should note that

opinions in *World Neurology* represent those of the author(s) and are not necessarily the opinions of the WFN, its trustees, or its member societies.

We also have two obituaries for prominent neurologists who we recently lost. Dr. Natalia Acosta-Baena and Dr. Ricardo Nitrini provide their heartfelt tribute to the life and legacy of Prof. Francisco Javier Lopera Restrepo, a prominent Alzheimer's disease researcher from Latin America. Dr. Duygu Selcen and Dr. P. James B. Dyck provide their remembrance of Prof. Andrew Engel, a legend in the field of neuromuscular disease.

In closing, thank you to all neurologists and neurologic trainee readers in all regions of the world for your interest in the WFN and *World Neurology* over this past year. We look forward to continuing to share more details about the upcoming activities for neurologists worldwide in future issues and invite your contributions to the email addresses listed in the masthead on the left. •

Advancing Neurological Education

The University of Trento and the WFN celebrate the inaugural clinical neuroscience course at the university.

BY PROF. BRUNO GIOMETTO

In a milestone for neurological education, the University of Trento in Italy marked the launch of its inaugural clinical neuroscience course within the framework of its five-year-old master's degree in medicine and surgery. The



BRUNO
GIOMETTO

course inauguration was highlighted by the presence of Prof. Wolfgang Grisold, president of the World Federation of Neurology (WFN), who delivered a master class on the global perspectives of teaching

neurology. This event underscored the commitment of both the WFN and the University of Trento to advance education and foster collaboration in the field of neuroscience.

The course represents a pioneering step for the University of Trento, which has rapidly emerged as a hub for innovative medical education since the inception of its medical program. Prof. Bruno Giometto, course chair, hosted the event and introduced Prof. Grisold to an audience comprising faculty members, students, and representatives of the neurological community.

Prof. Giometto emphasized the course's unique design, integrating cutting-edge research with clinical practice, and highlighted the importance of international perspectives in enriching the curriculum.

"The presence of Prof. Grisold symbolizes the alignment of our vision with global efforts to standardize and elevate neurology education," he said.

Neurology Education on a Global Stage

Prof. Grisold's master class, titled "Teaching Neurology: A Global Perspective," offered a comprehensive overview of the current landscape of neurology education, including its challenges and opportunities. He stressed the critical role of the WFN in promoting high-quality training models worldwide and the importance of adapting these models to the diverse health care needs of different regions.

"The World Federation of Neurology is committed to ensuring that neurological education is not just accessible but also relevant and sustainable," Prof. Grisold said. He outlined key WFN initiatives, such as:

- **Training Centers in low- and middle-income countries:** The WFN has established partnerships with institutions in underserved regions to provide specialized training programs.

- **Standardized curriculum development:** Collaborative efforts to create curricula that balance foundational knowledge with region-specific clinical priorities.
- **Digital learning platforms:** Leveraging technology to bridge gaps in access and enable continuous professional development.

Challenges and Innovations in Neurology Education

In his address, Prof. Grisold lauded the University of Trento's clinical neuroscience course for its emphasis on a multidisciplinary approach.

"Incorporating neuroscience into the broader framework of medicine ensures that future physicians are not only knowledgeable but also empathetic in addressing the complexities of neurological disorders," he said.

Prof. Grisold's visit to Trento also underscored the WFN's mission to foster collaborations among neurological societies, academic institutions, and international organizations. Through its global reach, the WFN has established itself as a pivotal entity in shaping the future of neurology.

One of the WFN's landmark initiatives is World Brain Day, which raises awareness about neurological conditions and the

ANNOUNCEMENT

The WFN Announces Positions up for Election by the Council of Delegates in 2025



WORLD FEDERATION OF NEUROLOGY

BY WOLFGANG GRISOLD, WFN PRESIDENT, AND LAURA DRUCE, WFN CEO

- The president of the WFN (2026-2029)**
- The first vice president of the WFN (2026-2029)**
- An elected WFN Trustee (2025-2027)**

The World Federation of Neurology (WFN) encourages all member societies to suggest suitable candidates for the positions of WFN president, first vice president, and elected trustee. Engagement for the WFN and neurology in a global context are expected. Availability, readiness for communication, and experience with international and global societies are required. English is the communication language of the WFN.

The President of the WFN

The term of the current president, Prof. Wolfgang Grisold, will end on Dec. 31, 2025. The office of the newly elected president will begin on Jan. 1, 2026.

The WFN president is supported by the Board of Trustees and the London WFN office structures. The president also has support from the committees and advisors on specific topics. This individual is expected to continue the structure and long-term activities of the WFN — in particular education and global activities — and add their own vision for the development of neurology worldwide.

The term for the position of president is four years. The newly elected president will also be expected to stay for one additional year to serve as an advisor to the past president on the board after the term ends.

At the last COD meeting, the delegates approved the creation of a president-elect position, to begin one year before the conclusion of the president's 4-year term. The president-elect will be an advisor to the board. The election of the WFN first president-elect will take place in 2028.

Persons applying for the position of the president should have experience with WFN procedures and its global work and should have a global outlook. During the time served as president, no conflict of interest with other societies is expected.

WFN First Vice President

The term of the current first vice president, Prof. Guy Rouleau, will end on Dec. 31, 2025. The office of the new first vice president will begin on Jan. 1, 2026.

The first vice president is one of the four WFN officers. The first vice president is an important part of, and advisor to, the board. This individual is involved in all major decisions. Traditionally, the vice president is involved in the development of the WFN Congresses, the new Digital Neurology Update (WNU) activity, the educational portion of the World Congress of Neurology, and the WFN educational days.

The first vice president is also part ex officio in the Permanent Congress Committee (PCC), which is a permanent WFN committee to decide on future congresses and developments.

An Elected WFN Trustee

The term of elected WFN trustee, Prof. Chandrashekhar Meshram (India), ends immediately following the COD meeting and is eligible for re-election.

Elected trustees are members of the WFN trustee board and have voting rights for all decisions. Equally, co-opted trustees have the same rights.

Each trustee is a trustee under U.K. charity law and has full responsibility for the WFN. All trustees have special tasks and a personal portfolio. They are involved in short and long-term decisions and also support the WFN in their region. The present trustee participates in many activities such as communication, regional representation, and website activities, among others.

General Nomination and Election Information

All applications must be sent electronically.

Email to: elections@wfneurology.org

Nominees can only apply for one position.

A nominee must:

- Be a member of an eligible WFN member society in good standing
- Have a national and international reputation
- Have made contributions to regional and global neurology
- Be committed to the WFN
- Have no conflict of interest with other societies

The Nominating Committee will consider all applicants for their suitability for the positions. Gender and geography are considered. The current elected trustees are from three of the six WFN regions. The WFN expects to have participation from as many regions as possible.

A WFN Member Society must submit the name(s) of the candidate(s), together with a signed statement by the candidate confirming their willingness to stand for election. Candidates must also provide a brief curriculum vitae (CV) no longer than a single typewritten page and letter of support from the Member Society. The deadline for submissions is Friday, Feb. 14, 2025.

The recommendations of the Nominating Committee, along with a statement from the applicants, will be published in *World Neurology* and on the WFN Website.

Nominations made after this deadline are possible. However, in addition to the criteria above, candidates with late applications must also be supported with signatures from a minimum of five WFN Member Society Delegates. An explanation for the late application is required. All documents must be received by the London office 30 days prior to the start of electronic voting. The deadline for additional nominations is 30 days prior to the start of electronic voting. Visit the [WFN website](http://www.wfneurology.org) for more information.

Send the nomination documents to the WFN London Secretariat office at elections@wfneurology.org. That office will scrutinize the applications for completeness and forward them to the Nomination Committee for further elaboration. All applications are handled confidentially.

The voting will be electronic, and the results of the vote will be published by the current president Oct. 12-15, 2025, at the next COD meeting in Seoul, South Korea.

PRESIDENT'S COLUMN

continued from page 1

health. The U.N. ECOSOC has many other stakeholders, and health is only one aspect.

That is why it is crucial to alert the ECOSOC to the importance of brain health as a general global concept. We have already introduced statements at U.N. meetings, which have led to several meetings with the current ECOSOC President and Canadian Ambassador Bob Rae. On Nov. 1, 2024, we were received by Ambassador Rae in New York and agreed on the cooperation between the U.N., ECOSOC, and the WFN for World Brain Day 2025. The topic will be brain health for all ages. The preparations for World Brain Day for all regions will begin in the coming weeks.

We are also glad to report that we were invited to the November meeting of the Italian Society of Neurology (SIN) in Rome, and the November/December conference of Turkish Neurological Society for sessions in their opening ceremonies.

Educational Opportunities

We are advancing with our WFN teaching and Training Centers, and for the four-year position in Cape Town we had 165 applicants. Dr. Jemima Yebaoh from Ghana has been selected for the upcoming four-year WFN training position, sponsored by the WFN.

It is important to have site visits to the Training Centers, to exchange thoughts, talk to residents, and see how the education programs proceed. This year, we have already reported that we visited Cairo and Dakar, and we decided to see all Training Centers on the African continent.

A committee composed of the president and of the secretary-general (Prof. Steven Lewis) set out to visit the Rabat Training Center in Morocco, where they were warmly received by the faculty. We were able to see the facilities and laboratories, exchange thoughts, and have interviews with faculty and the residents.



Neurophysiology lab in Rabat.



A trainee from Congo and Senegal with Secretary-General Steven Lewis.



Cape Town International Convention Center.

The WFN finances a four-year training program in Rabat. One year of training in neuromuscular disease and one year of training in electrophysiology are financed by the ICNMD.

From Rabat, we traveled to Cape Town and were received by Prof. Lawrence Tucker, local activities chair and acting president of AFAN. He arranged for us to see the Cape Town International Convention Center where the 2027 WCN will take place.

This was followed by a full-day site visit to the neurology department at the Groote Schuur Hospital in Cape Town. We were introduced to several other departments, including intensive care, radiology, and the neuroscience department. In addition to the traditional ward rounds, we were able to take in some of the atmosphere and the performances of the Cape Town Training Center. We met the faculty and the trainees and had interviews with Dr. Desmond Koffie, our current four-year training recipient from Ghana. The concept and work of the WFN could be presented to the faculty and trainees in a lecture.

The following day, we visited Tygerberg Hospital, which is a large hospital associated with the University of Cape Town and Stellenbosch University. Here, we were able to see the facilities, patient presentations, and case discussions. We were impressed with the level of communication. The continuous



The WFN four-year trainee Dr. Koffie.

cooperation between Tygerberg and Cape Town will be an asset for future WFN trainees.

We visited Prof. Jo Wilmshurst, the chair of the Red Cross War Memorial Children's Hospital in Cape Town. Prof. Wilmshurst is a world-renowned expert on epileptic seizures in children. We toured the department with one of her residents.

The evaluations of the Training Centers will be made available in a report at a later date. We want to thank all participants who help us keep the Training Centers in such a prolific state. The Latin American Training Center in Mexico has started its training of one person this year as part of a stroke fellowship, and we intend to have a site visit to Mexico City in 2025.

The plan and offer to establish a WFN Training Center in Asia is still open. Unfortunately, a final decision has not been reached.

The Training Centers in Africa have been going for 13 years and are a story of success, as they not only train neurologists, but also empower regions and catalyze the establishment of more training sites in Africa. (See *Journal of the Neurological Sciences [JNS]* Service Pages.)

We are jointly working with the American Academy of Neurology (AAN) on the **Global Advocacy Leadership Program (GALP)**. We have selected 20 candidates from low-middle and low-income countries. The program will start with a face-to-face meeting of all participants and faculty at the 2025 AAN Annual Meeting April 5-9, in San Diego, California. This will be followed by a



The Groote Schuur Hospital in Cape Town.

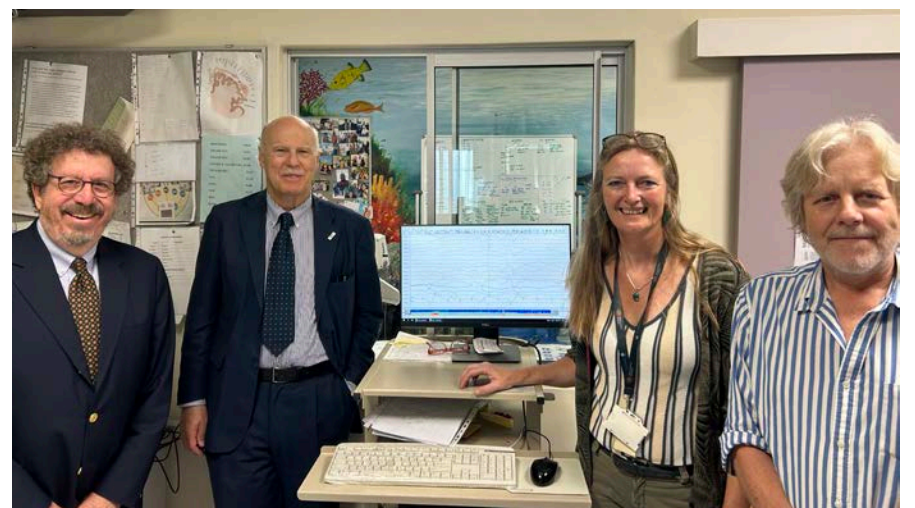


Prof. Jonathan Carr teaching at a resident session at Tygerberg Hospital.

series of virtual meetings that will explore relevant topics in global health, such as global organizations, funding, and more. It will culminate with a second face-to-face meeting at the WCN, followed by a formal graduation of the participants at the opening of the WCN. WCN is scheduled for Oct. 12-15, 2025, in Seoul, South Korea. This is a major project and emphasizes the need for global education in advocacy and leadership for the future.

Development of Educational Days, or full days of topic-related lectures, is another activity the WFN is focused on. We have collaborated with AFAN and the Asian and Oceanian Association of Neurology (AOAN) in launching these Educational Days. Topics include epilepsy, movement disorders, neuropathies, and stroke. All Educational Days remain a permanent educational resource on the **WFN e-Learning hub**. We also had a series of **joint Educational Days on Headache** with the International Headache Society, American Migraine

see PRESIDENT'S COLUMN page 7



Visiting Prof. Wilmshurst at the Red Cross War Memorial Children's Hospital in Cape Town.

WFN NSG Holds Joint Meeting With GAMS

The Neurosonology Specialty Group explored the use of ultrasonography as a critical care modality at the Georgian Association of Medical Specialties (GAMS) conference.

BY MARINA ALPAIDZE, MD, PHD, GEORGE CHAKHAVA, MD, PHD, AND ALEX RAZUMOVSKY, PHD, FAHA, NVS

The Neurosonology Specialty Group (NSG) of the World Federation of Neurology (WFN) is dedicated to the promotion of science and research as well as education and training in the field of ultrasonic techniques and its clinical utilization. International cooperation and the dissemination of scientific information within the field of neurosonology is part of the group's regular activities.

During the IX International Conference of the Georgian Association of Medical Specialties (GAMS) on Oct. 6-8, 2024, in Kutaisi, Georgia, the GAMS Radiology Section and the Georgian Chapter of the NSG, in cooperation with the NSG WFN, organized a joint session dedicated to ultrasound and imaging utilization.

Among the faculty were Prof. Marina Alpaidze, MD, president of the Georgian Chapter of the WFN NSG at Tbilisi State Medical University, Prof. Nikoloz



Prof. Marina Alpaidze lecture.



Main auditorium of the IX GAMS Conference.



A group of attendees at the IX GAMS.

Sainishvili, MD, PhD, representative of GAMS in the board radiology section of the European Union of Medical Specialists, Prof. Oleg Sabelnikov, MD, department of anesthesiology and intensive care in Riga, Latvia, Alex Razumovsky, PhD, FAHA, advisory board member of the WFN NSG, and others.

The conference focused on novel approaches in the management of personalized and evidence-based medicine. Specific topics included stroke, cognitive disorders as complications of stroke, post-stroke dementia, neuro-infections, and more.

This joint session was designed for individuals who are interested in performing and interpreting transcranial Doppler (TCD) studies specifically related to the clinical yield of neurosonology for patients in the critical care environment. Special consideration of functional TCD ultrasonography and its role in the assessment of cerebral autoregulation and vasomotor reactivity in different neurological disorders that allows early

detection of cerebrovascular disease was also discussed.

Kutaisi has a rich history that dates back over 3,000 years. The city was the capital of Georgia from the eighth century BCE until the 11th century. Kutaisi features notable landmarks, including the Bagrati Cathedral, a UNESCO World Heritage Site that dates back to the 11th century, and the Gelati Monastery, also a UNESCO site.

This conference was accredited by the European Accreditation Council for Continuing Medical Education (EACCME), and the joint session was guided and directed under the auspices of the NSG of the WFN. •

Marina Alpaidze is a professor at Tbilisi State Medical University in Tbilisi, Georgia, and a member of the executive committee for the WFN Neurosonology Research Group. George Chakhava is a neurologist at the Georgian-American clinic at David Tvildiani Medical University in Tbilisi, Georgia. Alex Razumovsky is president of TCD Global and secretary of the WFN NSG.



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IN MEMORIAM

Dr. Francisco Javier Lopera Restrepo (1951-2024)

The legacy of this Alzheimer's researcher was to live life as it came.

BY NATALIA ACOSTA-BAENA, AND RICARDO NITRINI

Francisco Javier Lopera Restrepo passed away on Sept. 10, 2024, a great loss for his family, friends, collaborators, for all of science, and for neurosciences in Latin America. He leaves the advances brought by his studies as well as a great legacy that includes important developments and a large number of high-quality disciples.

Dr. Lopera was born on June 10, 1951, in Aragón, a small town in Santa Rosa de Osos, a municipality of Antioquia, Colombia. He came from a rural family with strong roots. His parents taught him everything he practiced. From his mother, he got his drive and humility. From his father, his love for knowledge. One anecdote he shared recalled when his father bought all his children a Larousse dictionary and exclaimed: "The summary of knowledge." His mother sewed shorts from sackcloth for each of her 13 children. She also always knew how to make sure they were well. When Dr. Lopera got married, the bride's father told her: "Remember that you are also marrying science." And so it was. His life was neuroscience.

After receiving the title of neurologist, when he left Colombia in 1987 to complete his neuropsychology training at the Catholic University of Louvain, Belgium, he carried under his arm the genealogies of the families with early Alzheimer's that he had identified and described while he was a neurology resident.¹ But nobody paid attention to him.

He returned to Colombia in 1989 and served as coordinator of the Neurosciences Group of the University of Antioquia (GNA). It was not until 1995 that a mutation (E280A) was found in the presenilin 1 gene, in collaboration with Kenneth Kosik and Alison Goate.² A longitudinal follow-up was carried out on all subjects identified to date, and 15 years later, a description was made of the natural evolution of the disease in this population, identifying the ages of onset for the preclinical and clinical stages.³

This study was the only one carried out solely by Colombian researchers. It was crucial for the design of the clinical trial with crenezumab that came later, and it was the basis for determining the ages of the cohort and detecting protective genes. The beginning of gains and strength in research in Colombia and Latin America arrived in the 2000s.

Alzheimer's Research

Much will be written about the importance of Dr. Lopera for advancing knowledge about Alzheimer's disease,



but there are some aspects that may be considered more important for the entire research community, especially for those from low- and middle-income countries.

Most of Dr. Lopera's publications are about autosomal dominant Alzheimer's disease caused by the E280A mutation of the presenilin 1 gene. From his careful studies of this kindred, he was able to obtain enough data to transform it into the world's largest autosomal dominant Alzheimer's disease kindred, which contributed to the knowledge of several steps in the evolution of Alzheimer's disease.

There were two groups of studies that came from Dr. Lopera's research. The first group made it possible to verify the first changes in biomarkers, the time interval between these changes and the first symptoms hallmarking the onset of dementia. These discoveries revealed that the interval between changes in biomarkers and dementia is greater than 20 years.^{3,4}

The second group is related to the case of a patient named Aliria who, having the E280A mutation of presenilin 1, did not develop mild cognitive impairment until her 70s, three decades after the expected age of clinical onset.^{3,5} Aliria died at the age of 77 without dementia; the average age at which dementia occurs in the disease caused by this mutation is about 49 years.^{5,6}

The neuropathological examination

confirmed the presence of unusually high brain amyloid levels and limited tau and neurodegenerative measurements,⁶ which had already been revealed by amyloid and tau PETs performed years before.⁵ The patient had two copies of the APOE3 Christchurch (R136S) mutation, which points to the role of apolipoprotein E (APOE) in the pathogenesis, treatment, and prevention of Alzheimer's disease.^{5,6}

Lifetime Achievements

These and many other contributions made by Dr. Lopera were rightly awarded, most notably the Bengt Winblad Lifetime Achievement Award, presented by the Alzheimer's Association in 2020, and the Potamkin Prize (often called the "Nobel Prize of Alzheimer's Research") from the American Academy of Neurology (AAN) and the American Brain Foundation (ABF) in 2024.

In addition to the importance of these studies for scientific knowledge, there is much to be learned from them by all researchers in Latin America.

First, Dr. Lopera demonstrated tenacity, persistence, focus, and the firm conviction that this work would lead to additional important discoveries. Between the first publication on this autosomal dominant Alzheimer's disease and the Aliria case, 32 years of continued studies passed.^{1,5}

Second, but no less important,

Dr. Lopera had good collaborators among his colleagues and students. He also chose the best international collaborators who did not look at a researcher from a low- and middle-income country as a mere data provider to enrich their own research. Even though he would not have achieved this depth of research without international collaboration, Dr. Lopera always remained the main researcher and unquestionable leader of his publications.

Like many neurologists of his time, Dr. Lopera began studying dementia through studies in neuropsychology, as can be seen from some articles on these topics among his first publications.^{7,8} During his career, he also kept an in-depth knowledge of cognitive and behavioral neurology.

Another highlight of Dr. Lopera's career is the research with social commitment that he sought to develop. For example, he conducted field work to evaluate patients with a social plan, where the genetic risk of the disease was disclosed along with the possibility of monitoring and accompanying the sick. Researching patients and helping to improve their quality of life at the same time was somewhat revolutionary. Maintaining a balance between consent without falling into coercion continues to be a significant challenge in vulnerable populations.

see LOPERA page 7

LOPERA

continued from page 6

Face of Hope

The social plan was consolidated to improve the living conditions of the sick and their caregivers with money from some projects. Support groups, dance, painting, rehabilitation, and mental health were included in the course of the Global Neurology Academy (GNA) learning process. Diapers and wheelchairs were more useful to people than any medication. Unfortunately, it is still the same. And that is why Dr. Lopera used the social plan when starting any clinical trial in these families. Every year, GNA celebrated Christmas with all of the research participants.

Dr. Lopera defended the idea that if one day a medicine tested on this population proves effective, the families of Colombia should be compensated. The thousands of patients in Colombia saw in him the face of hope. They remind us of a worldwide desire: a life-changing medicine that can also be distributed with equity and justice.

Dr. Lopera was a joyful person. He enjoyed food, music, dancing, and everything that life gave him. "Live life as it comes" was one of his last thoughts.

Words consistent with his medical practice when speaking to the patients who need to be reminded that they can live with Alzheimer's. •

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PRESIDENT'S COLUMN

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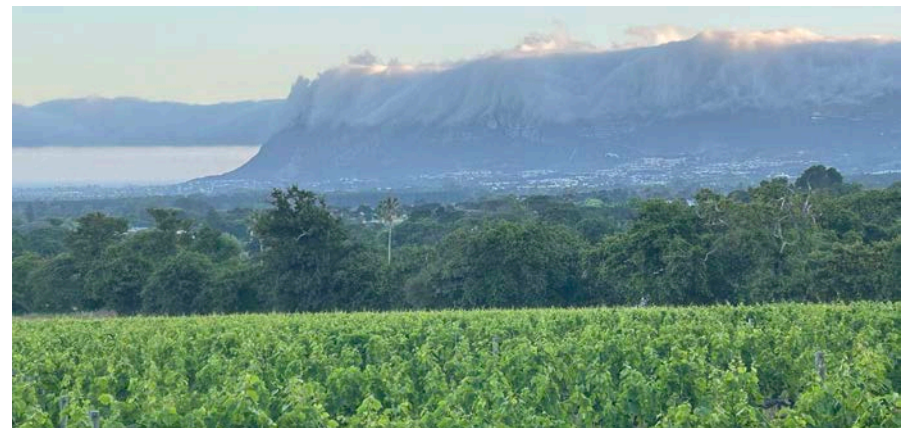
Foundation, and Global Patient Advocacy Coalition (GPAC) in the past years.

We look forward to **WCN 2025** in Seoul. The preparations are ongoing, and the plenary lecture, the scientific program, and the educational program are in an advanced state of preparation. The local venue and hotel facilities in Seoul, as well as transportation and airports, are excellent, and you can expect a smooth organization of the congress. We want to thank our Korean colleagues for participating in the development of the program and the congress.

For 2026, we intend to have another WFN Digital Update (WNU) course with an update to fill the gap between the WCN 2025 and WCN 2027.

For 2027, we look forward to the WCN in Cape Town, which will be an important milestone for the WFN, as it is the second congress of neurology on African soil. It will definitely be a challenge in regard to funding, travel, and many aspects of organization, but we are certain we will be able to bring a great and increasingly needed opportunity to Africa.

For the WCN European Congress, which will take place in 2029, the deadline for application and interest was Nov. 30, 2024. We have six European countries that have applied: Austria, Czech Republic, Denmark, France, Hungary, and Turkey. The shortlist will be provided in the coming months, along with a list of our Professional Conference Organizer (PCO) site visits. The European WCN has always been attractive to Europeans, along with significant participation from



The surroundings of Cape Town invite further sightseeing. A view of the vineyards.

our colleagues from other continents, to help shed a light on the important role of **neurology worldwide**.

WFN Media

Concerning our publications, the *JNS*, the *eNeurologicalSci* (eNS), and *World Neurology* are performing well and are substantially helping to increase the impact of neurology. We are grateful for our electronic media, **the website**, and our **social media pages**, which have been active in the past month and document, in a small way, the international activities of the WFN. You can also find additional WFN reports on the *JNS Service Pages*.

World Brain Day (WBD) will be the next major event for 2025. It will be organized with the global regions, and we will again use a professional American public relations agency to help us with the program development and to achieve worldwide awareness. Development takes about six months until the final World Brain Day is launched and is an important source of discussion. This year, we will start publishing interviews or

podcasts a few months before the event to increase awareness. The final and formal conclusion will be at WCN 2025.

I want to thank you for your cooperation and for helping the WFN with its implicit wish to increase brain health worldwide and upscale structures for neurology, particularly in countries of need. These efforts need support from all of us, and we hope for a good and successful 2025. •



Season's greetings from the WFN.



Virtual attendees at the 2024 Education in Headache for Healthcare Professionals in Africa.

Central African Neurology Takes Center Stage

The Hybrid Presidential Symposium of the Fourth Congress of the Cameroon Academy of Neurology.

BY DANIEL GAMS MASSI

During its fourth congress from Oct. 18-20, 2024, in Douala, the Cameroon Academy of Neurology (CAN) organized its second hybrid Presidential Symposium. This session was enhanced by the participation of Profs. Wolfgang Grisold, president of the World Federation of Neurology (WFN), Prof. Lawrence Tucker, president of the African Academy of Neurology (AFAN), Prof. Amadou Gallo Diop, immediate past-director of the WFN Training Center of Dakar, Senegal, and Prof. Riadh Gouider, past trustee of the WFN and head of the neurology department of Razi University Hospital in Tunis. The symposium was chaired by Dr. Daniel Gams Massi, CAN secretary-general and AFAN treasurer.



DANIEL
GAMS MASSI

Prof. Grisold opened the symposium with a presentation on the implementation of the Intersectoral Global Action Plan for Epilepsy and Other Neurological Disorders (IGAP). He outlined the concept of brain health and its five dimensions: advocacy, research, therapy, public health, and prevention. He also presented the vision, goals, and strategic objectives of IGAP:

- Raise policy prioritization and

strengthen governance

- Provide effective, timely, and responsive diagnosis, treatment, and care
- Implement strategies for promotion and prevention
- Foster research and innovation and strengthen information systems
- Strengthen the public health approach to epilepsy

The audience was able to see the essential role the WFN plays in the implementation and promotion of IGAP worldwide, as well as the many opportunities the WFN offers for the development of neurology in Africa through training, research, and advocacy. This is an opportunity to recall that for several years the WFN has contributed to the training of Cameroonian neurologists through various programs. And through **Education in Headache to Health Care Providers in Africa**, the WFN also contributes to the continuing education of health care professionals in Cameroon.

Prof. Diop illustrated the idea of the African neurologist of tomorrow. He said that to carry out his missions, the African neurologist must be a good clinician, an ambitious researcher, a dedicated trainer, a skilled communicator, a community actor close to the population, and a citizen of the world capable of collaborating with African and foreign partners.

The WFN Training Center of Dakar has trained and continues to train several Cameroonian neurologists. Prof.



The audience during the hybrid Presidential Symposium.

Gouider spoke about the challenges in the African integration of this neurology training, including how Africa's rich ethnic, cultural, and linguistic diversities may contribute to constraints on this integration. Other contributing factors include a lack of human resources due to significant disparities in the numbers of doctors and neurologists, insufficient specialized center structures, and a lack of diagnostic resources and treatment.

Despite these issues, there is hope because the number of neurologists trained in the continent has increased with the contribution of the WFN Training Centers in Senegal, South Africa, Egypt, Morocco, Tunisia, and several more recent Training Centers in Sub-Saharan Africa. However, the number of trained neurologists remains largely insufficient, especially in the context of brain drain as more qualified individuals leave the area.

Although Africa has historically been one of the cradles of neurology research going back to ancient Egypt, it contributes little to modern global research. These challenges can be addressed by reinforcing intra-African and international collaborations.

The symposium was closed by Prof. Tucker who discussed the integration of online training in EEG for residents and young neurologists. He shared the experience of the University of Cape Town's online EEG course. It is a hybrid program with web-based

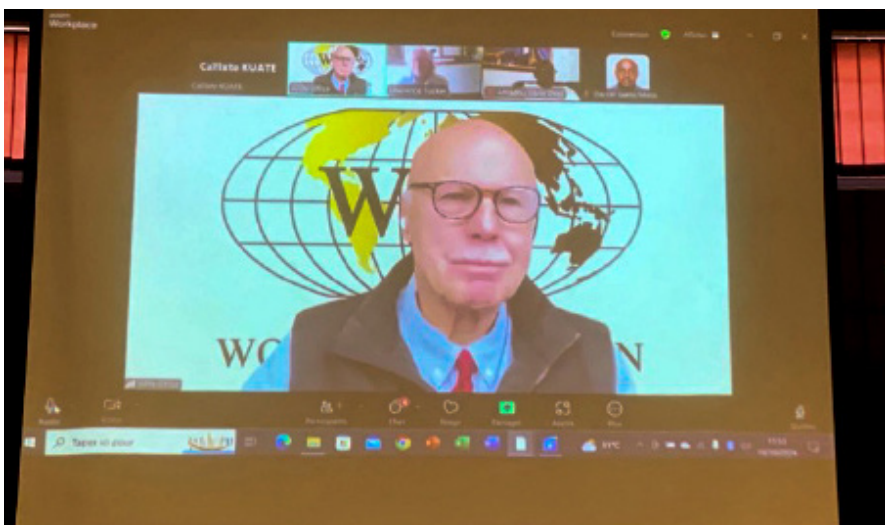
courses, virtual seminars, and in-person clinical neurophysiology fellowships for recently qualified neurologists. Since 2018, numerous neurologists, neurology residents, and neurotechnologists from Africa and other continents have benefited from quality EEG training.

The symposium hosted 224 attendees, including neurologists, pediatric neurologists, neurosurgeons, pediatricians, psychiatrists, internists, residents of neurology, psychiatry, pediatrics, and general practitioners, nurses, and physiotherapists from 16 countries.

On behalf of the CAN, we would like to express our gratitude to the WFN and AFAN for the unconditional support of the activities of our young society throughout the years. These activities have contributed to educating community and health care professionals on neurological disease, and to the opportunity to train more neurologists through the opening of the University of Douala neurology Training Center in 2023.

Even if there is more work to be done, we know that by continuing these activities and working with our partners, we will be able to significantly improve access to quality neurological care for populations in Cameroon and Central Africa. •

Daniel Gams Massi, MD, is secretary-general of the Cameroon Academy of Neurology.



Prof. Wolfgang Grisold gave an online talk on implementation of IGAP in Africa.



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HISTORY

Gastronomy by Ali-bab, the Other Babinski

A tale of two brothers and one cookbook.

BY PETER J. KOEHLER

In the introduction of a relatively well-known French cookbook, we find the following text: “Les principes fondamentaux de l’art culinaire sont très simples. (The basic principles of the culinary arts are very simple.)” Looking through the book, I doubt the recipes described are that simple. However, it is an interesting cookbook as it relates to neurology.

Two Brothers

The story begins in 1848, a year in which several revolutions took place in Europe, including in Poland. Fleeing this revolution, a Polish couple moved to Paris the following year, where two sons — Henri and Joseph — were born in 1855 and 1857, respectively. Henri attended the École des Mines, after which he worked in South America for about 20 years. After their parents’ deaths in the late 1890s, he returned to Paris and shared an apartment with his younger brother.¹

Meanwhile, Joseph studied medicine and served internships in various Parisian clinics during the 1880s. From November 1885 to October 1887, he was chef-de-clinique at the Salpêtrière under Jean-Martin Charcot (1825-1893), whose bicentennial will be celebrated in July 2025 in Paris. He also met Sigmund Freud (1856-1939), who visited Charcot during the winter of 1885-1886 and translated two of Charcot’s books into German.² This was the period during which Charcot showed particular interest in the condition then called hysteria.³

Joseph, who later disagreed with his teacher about the condition, is depicted in the famous portrait from that clinic. (See Figure 1.) He is the bearded young man catching one of the patients, Blanche Wittmann (1859-1913) in his arms. The Norwegian writer Per Olov Enquist (b. 1934) wrote a novel about Blanche not long ago: *The Story of Blanche and Marie*

(2004). A study on Blanche and other patients was published by Asti Hustvedt,⁴ the sister of novelist Siri Hustvedt, who referred to Charcot and the Salpêtrière in her novel *What I Loved*. Several famous people are depicted in the painting, including Pierre Marie, Georges Gilles de la Tourette, Henri Parinaud, and Désiré-Magloire Bourneville.⁵

Pathological Plantar Reflex

In 1890, Joseph became médecin des hôpitaux, and beginning in 1895, he worked as a neurologist at Hôpital de la Pitié. He was one of the neurologists who described several components of current neurological examination,^{6,7,8} the most famous of which is the pathological plantar reflex. It was named after him: the Babinski plantar sign (1896).⁹

At a time when there was no CT or MR scan — even pneumoencephalography and arterial encephalography had to wait a few decades¹² — it was even more important than today to use this to distinguish organic paralysis from hysterical paralysis as it was then called. Nowadays, we would call it a functional disorder.¹³

Surréalisme

Joseph played an important role in the life of André Breton (1896-1966), the French poet and founder of surrealism. From January to September 1917, Breton worked as a student under Babinski at La Pitié. He ultimately did not take exams to become a physician. The *Surrealist Manifesto* of 1924 includes the following passage on this subject:

“I have seen the inventor of the cutaneous plantar reflex at work; he manipulated his subjects without respite, it was much more than an “examination” he was employing; it was obvious that he was following no set plan. Here and there he formulated a remark, distantly, without



Figure 1. *Une leçon clinique à la Salpêtrière* by André Brouillet (1887), oil on canvas, Paris, Musée de l’histoire de médecine.

nonetheless setting down his needle, while his hammer was never still. He left to others the futile task of curing patients. He was wholly consumed by and devoted to that sacred fever.”

Besides neurology, Joseph had an interest in music and drama. He would often be seen at the Paris Opéra. In 1956, Breton revealed that Babinski was one of the authors of the play *Les Détraquées* (1920) written by Pierre Palau (1883-1966) “with Olaff’s help.” Olaff turned out to be a pseudonym of Joseph Babinski.¹⁴

Gastronomy

After suffering hardships in the interior of South America, Henri Babinski returned to Paris and moved into a bachelor apartment — at one point, the brothers lived on Boulevard Haussmann — to devote himself to cooking. The two brothers became inseparable. Joseph’s student Clovis Vincent (1879-1947), who later became a pioneer of French neurosurgery, wrote of them, “His brother and Joseph had a veritable cult for each other, which never waned. Joseph lived for his career and for science; Henri lived for Joseph. Without Henri, Joseph would

ultimately have achieved much less.”¹¹

Henri’s interest in gastronomy led to a second career. In 1907, he published *Gastronomie Pratique*, which was subsequently republished several times, even as recently as 2013.

Henri was smaller than his brother Joseph and corpulent. (See Figure 4.) The full title of the book is probably related to this: *Gastronomie pratique. Études culinaires suivies du Traitement de l’Obésité des Gourmands* (Practical Gastronomy. Culinary Studies Followed by Treatment of Obesity in Gourmands). Regarding the latter, Henri noted in the introduction, “Tous mes amis connaissent l’ancien obèse sujet principal de mon expérimentation; ils sont prêts à témoigner de la réalité de la cure, comme ils sont prêts à attester les qualités de ma cuisine. C’est sous leurs auspices que je présente ce petit livre au public. (All my friends know the former obese subject of my experimentation; they are willing to testify to the reality of the cure, just as they are willing to testify to the qualities of my cooking. It is under their auspices that I present this little book to the public.)”

see HISTORY page 10



Figure 2. Babinski sign from Arthur van Gehuchten’s 1908 film¹⁰ (the Belgian neurologist Van Gehuchten was the first to use the eponym in 1898).¹¹

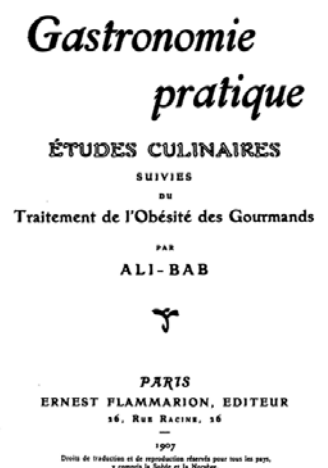
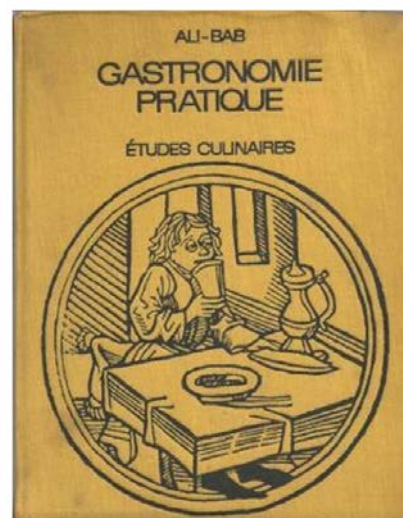


Figure 3. *Gastronomie Pratique* by Ali-bab, first edition of 1907.

HISTORY

continued from page 9

Ali-bab

Why Henri chose the pseudonym Ali-bab is not exactly known. Possibly “Ali” stands for “the other” Babinski, but several alternative possibilities have been mentioned.¹ The book was successful, given its many editions, and was widely acclaimed. A specialist in gastronomic literature, Gérard Oberlé (b. 1945), in his *Les Fastes de Bacchus et de Comus, ou histoire du boire et du manger en Europe de l’Antiquité à nos jours, à travers les livres* (The Annals of Bacchus and Comus, or the history of eating and drinking in Europe from antiquity to the present day, through books), wrote the following about *Gastronomie Pratique*: “one of the most famous recipe collections of the 20th century. ... Contrary to what he claims in the preface, not everyone is up to the challenge of Babinski’s dishes. You have to be quite well-off to afford the ingredients and be well versed in the art of cooking. Lots of truffles, fat capons, sauterne sauces, and foie gras.”

An enjoyer of the culinary life, Ali-bab, or Henri, wrote on the last page of his book, “... s’il est indécent de vivre pour manger, il convient, tout en mangeant pour vivre, de chercher à s’acquitter de cette tâche, comme de toutes les autres, de son mieux, avec plaisir (... if it is indecent to live to eat, it is advisable, while eating to live, to try to perform this task, like all others, to the best of your ability, with pleasure.)”

On the occasion of my PhD on a medical history topic in 1989, I received a copy of *Gastronomie Pratique* from my



Figure 4. Henri is smaller and more corpulent than Joseph Babinski.

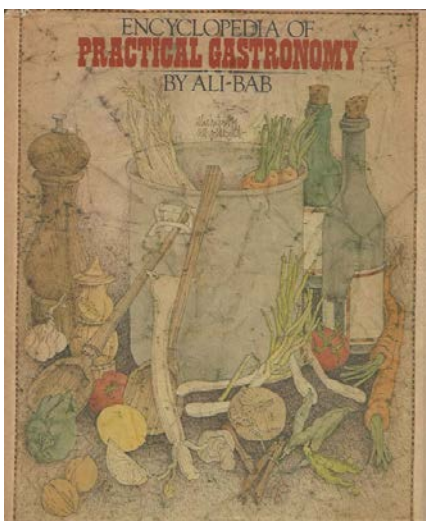


Figure 5. English-language edition of Henri Babinski’s cookbook.

Cervelle de veau sauce hollandaise à la ravigote.

Faites cuire une cervelle de veau en commençant par la faire blanchir dans de l’eau salée et vinaigrée, l’égouttant ensuite et achevant la cuisson en la laissant mijoter à tout petit feu dans du bon bouillon pendant un quart d’heure.

Faites-la égoutter, puis servez-la dans sa forme naturelle de dôme, aussi chaude que possible et masquée par une sauce hollandaise à la ravigote.

Garnissez le plat avec des légumes tournés, tels que pommes de terre, carottes, navets, etc., cuits à l’eau, à l’anglaise.



La sauce hollandaise n’est autre chose qu’une mayonnaise chaude au beurre.

On la prépare très commodément au bain-marie.

Pour 4 jaunes d’œufs frais prenez 250 grammes de beurre fin et 30 grammes d’eau froide. Coupez le beurre en petits morceaux et amenez-le par la chaleur à l’état mou. Cela fait, mettez les jaunes d’œufs dans un bol au bain-marie, ajoutez l’eau, tournez, ajoutez le beurre par petits morceaux et continuez à tourner; la sauce doit monter comme des œufs à la neige et avoir, en même temps, de la légèreté et de la cohésion. Comme assaisonnement, le plus souvent on ne met que du sel, mais on peut aussi ajouter un peu de poivre et de jus de citron ou du vinaigre.



Figure 6a. Cervelle de veau sauce hollandaise à la ravigote.

teacher Lambertus J. Endtz (1927-1989). Although I must confess that I have never used a recipe from the book — after all, I do not have that gift that Ali-bab mentions in the introduction: “les cuisiniers habiles voient le moment précis où la cuisson est à point, ils ont l’instinct des proportions de condiments qu’il convient d’employer. (skilled cooks who see the exact moment when a dish is perfectly cooked and have an instinct for the right proportions of the condiments to be used.)”

I want to challenge readers to take a look at this book. Although it is still sold in bookstores, it is also available for download from the internet.¹⁵ There is even an English-language edition, in fact enlarged to become an encyclopedia. (See Figure 5).¹⁶

Brains and Truffles

The following recipe may be something his brother Joseph enjoyed: Cervelle de veau sauce hollandaise à la ravigote (Calf’s brains with hollandaise sauce à la ravigote).⁸ (See Figure 6a.)

In the English edition, I found the following translation. (See Figure 6b.)

Should you manage to get your hands on truffles — at the Alba auction in Piedmont, Italy, they go for several tens of thousands of Euros¹⁷ — I can recommend Filets de levraut rôtis sauce aux truffes (roasted young hare

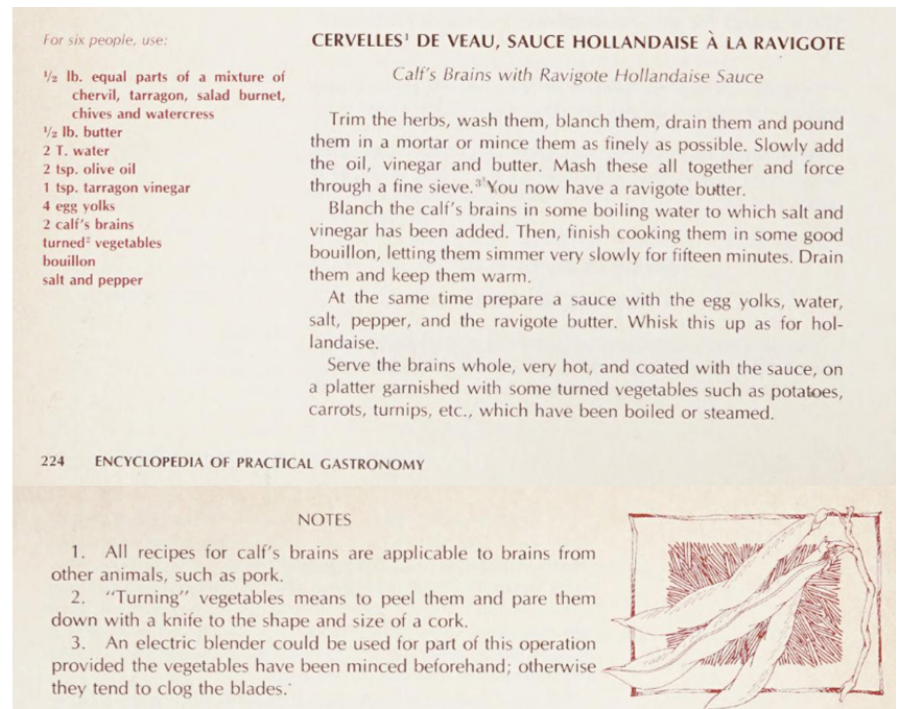


Figure 6b. Cervelle de veau (uit de Engelse editie).

fillets with truffle sauce.) (See Figure 7.)

I was unable to find this dish in the English translation. Fortunately, it contains many other dishes that may be easier to prepare today, such as Pot-au-feu de famille, which *Gastronomie Pratique* begins with. •

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see HISTORY page 11

Filets de levraut rôtis sauce aux truffes.

Mettez de côté le foie et le sang du levraut. Piquez l’animal de petits lardons salés et poivrés et faites-le rôtir à la broche en l’assaisonnant convenablement et en l’arrosant de beurre fondu.

En même temps préparez la sauce et pour cela mettez: D’une part, dans une casserole un mélange de 500 grammes de vin rouge et 45 grammes de fine champagne, 2 oignons, 3 échalotes, un bouquet garni, chauffez, réduisez à moitié et passez.

D’autre part, faites un roux blond avec 15 grammes de farine et 60 grammes de beurre, ajoutez 5 grammes

d’échalotes hachées fin, mouillez de la réduction préparée, de 250 grammes de bouillon et de 125 grammes de jus de viande.

Mélangez bien en chauffant; au bout de dix à quinze minutes mettez 125 grammes de truffes noires du Périgord coupées en tranches et laissez mijoter pendant un quart d’heure.

Faites alors une purée avec le foie du levraut, ajoutez le sang, le contenu de la lèchefrite et 15 grammes de vinaigre de vin, passez au tamis, mélangez cette purée à la sauce, salez et poivrez, goûtez, chauffez doucement le tout et corrigez, s’il y a lieu, l’assaisonnement ainsi que la consistance.

Débrochez enfin le levraut, découpez-en les filets, disposez-les sur un plat chaud et masquez-les avec la sauce que vous pourrez corser encore, au dernier moment, avec un peu de moutarde.

Figure 7. Filets de levraut rôtis sauce aux truffes.

IN MEMORIAM

Dr. Andrew Engel (1930-2024)

The award-winning neuromuscular clinician, educator, and researcher made many contributions in neuromuscular disease research.

BY DUYGU SELCEN, MD AND P. JAMES B. DYCK, MD

Dr. Andrew Engel, one of the legends in the field of neuromuscular disease, passed away on Oct. 20, 2024.

Dr. Engel was born in Budapest, Hungary, and immigrated to the United States in his teens with his family. He earned his medical degree from McGill University in 1955 with a gold medal for achieving the highest academic standing upon graduation. After an internship at Philadelphia General Hospital, he began an internal medicine residency at the Mayo Clinic, but his training was interrupted in 1958 when he had to sign up for National Service. He chose the U.S. Public Health Service where he was eventually assigned to the Division of Neurology directed by G. Milton Shy at the National Institutes of Health.

During this period, he decided to become a neurologist. In 1960, he returned to the Mayo Clinic to complete his training in internal medicine and neurology. From 1962 to 1965, he was a postdoctoral fellow in neuropathology

at Columbia University in New York. In 1965, Dr. Engel was appointed to the staff of the Mayo Clinic in Rochester, Minnesota.

Dr. Engel was an internationally renowned neuromuscular clinician, educator, and researcher whose impact on the field truly cannot be overstated. He was a beacon of excellence in the field of neuromuscular diseases, cherished by patients as an astute and caring clinician, nurturing numerous fellows as a dedicated mentor and teacher, and sharing his expertise in muscle pathology, biochemistry, electrophysiology, and molecular genetics. Dr. Engel discovered many novel neuromuscular diseases and unraveled the pathogenesis of many others. His contributions to the field over the decades have been extraordinary.

Dr. Engel wrote more than 350 peer-reviewed papers and numerous reviews. He also edited and was a key contributor to three editions of "Myology: Basic and Clinical," the most highly regarded text in the field. Dr. Engel's remarkable accomplishments in the field of neuroscience have been recognized with many awards and accolades, including:

- The Jacob Javits Neuroscience Investigator Award (twice)
- The Duchenne-Erb-Prize of the German Muscular Dystrophy Group
- The Jerry Lewis Research Award from the Muscular Dystrophy Association
- The Carrell-Krusen Award from the Texas Scottish Rite Hospital for Children
- The Bernard Sachs Award of the Child Neurology Society
- The Gaetano Conte Prize of the Mediterranean Society of Myology
- The Lifetime Achievement Award for Neuromuscular Diseases by the World Federation of Neurology

In 1994, he presented the prestigious Wartenberg Lecture at the American Academy of Neurology (AAN), and in the same year, the Mayo Clinic honored him with the Distinguished Investigator Award. He was awarded honorary membership in the AAN, American Neurological Association (ANA), and the European, German, and Spanish Societies of Neurology. In 2003, he was elected to the Institute of Medicine of the National Academy of Science.

We are privileged to have learned



Dr. Andrew Engel

and worked alongside such an amazing colleague. We will miss him greatly. Andy's legacy will live on through his colleagues, collaborators, and countless former mentees here at Mayo Clinic and throughout the world. •

Dr. Duygu Selcen is a consultant and professor of neurology and pediatrics at the Mayo Clinic. Dr. P. James Dyck is a professor and consultant neurologist at the Mayo Clinic.

Pot-au-feu de famille.

En famille, on désire généralement obtenir à la fois par la cuisson du pot-au-feu un bon bouillon et un bon bouilli. Voici la formule que je préconise pour arriver à ce résultat :

Pour huit personnes prenez :

- 4 litres d'eau,
- 2 kilogrammes de poitrine grasse de bœuf, prise dans le milieu du morceau qui fait d'excellent bouilli,
- 2 abatis de volaille,
- 500 grammes d'os de crosse de bœuf et de gîte,
- un petit morceau de foie de bœuf,
- 4 à 5 belles carottes,
- un gros navet,
- 60 grammes de sel gris,
- 1 gramme de poivre (facultatif),
- et en bouquet :
- 6 grammes de oses de pois séchées au four,
- 4 blancs de poireaux moyens,
- un morceau de panais gros comme le petit doigt,

- un morceau de céleri de la même grosseur,
- une feuille de laurier,
- une racine ou quelques branches de persil,
- un oignon (facultatif),
- une petite gousse d'ail,
- 2 clous de girofle piqués dans le panais.

Figure 8a. Pot-au-feu de famille.

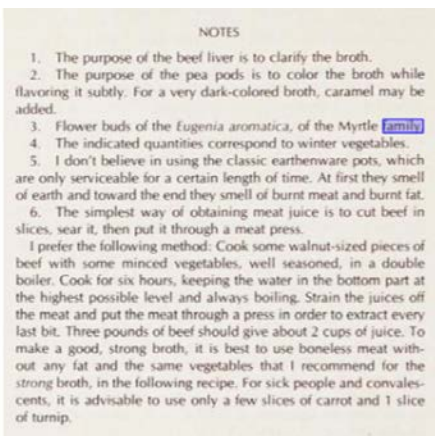
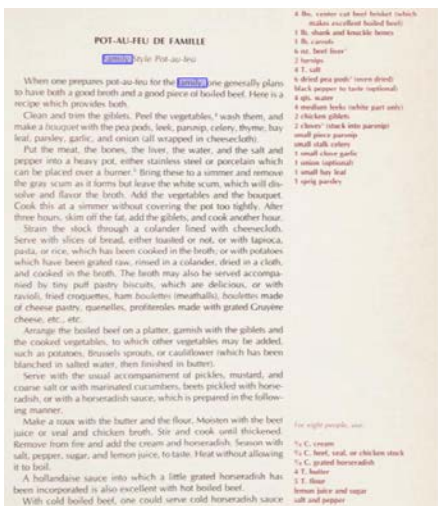


Figure 8b. Family Style Pot-au-feu.

HISTORY

continued from page 10

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WORLD FEDERATION OF NEUROLOGY

Rethinking High-Risk Strategies in Stroke Prevention

Primary health care providers and the Stroke Center at Central City Clinical Hospital in Almaty, Kazakhstan, collaborate on stroke prevention.

BY AIDA KONDYBAYEVA

“Stroke and Cardiovascular Disease Prevention: Time to Action!” was the theme of a World Stroke Day event, which was held on Nov. 5, 2024, at the Central City Clinical Hospital in Almaty, Kazakhstan. Organized by Asfendiyarov Kazakh National Medical University and the Central City Clinical Hospital of Almaty, the meeting brought together health care professionals to discuss new approaches in stroke prevention.

The speakers shared current data on a range of topics:

- Aziz Ismailov, head of the Stroke Center at Central City Clinical Hospital in Almaty, presented statistics and key indicators of the center’s work.
- Makpal Makasheva, a medical expert from the Situational-Analytical Center at Outpatient Clinic 4 in Almaty, shared an analysis of stroke and cardiovascular diseases in the Bostandyk district.
- Gauhar Kasenova, deputy director of outpatient services at City Hospital 5 in Almaty, discussed data from the Medeu district.
- Aida Kondybayeva, MD, PhD, FEAN, head of the Scientific and Educational Center for Neurology and Applied Neurosciences at Asfendiyarov Kazakh National Medical University, highlighted the need to rethink approaches to stroke prevention.
- Aliya Abenova, PhD, deputy medical director at Central City Clinical Hospital, discussed methods for preventing recurrent strokes and complications.

The discussions underscored the importance of establishing a strong and collaborative framework between primary health care (PHC) providers and specialized stroke centers to ensure a comprehensive approach to stroke prevention and patient care. This collaboration aims to bridge the gap between early intervention and specialized treatment, offering a continuum of care that addresses both preventive measures and timely response for high-risk patients.

Participants emphasized that by aligning efforts, PHC services, and stroke centers can create a more effective system that improves patient outcomes, reduces the risk of recurrent stroke events, and ultimately strengthens public health efforts in combating stroke-related challenges.

Aida Kondybayeva, MD, PhD, FEAN, is head of the Scientific and Educational Center for Neurology and Applied Neuroscience at Asfendiyarov Kazakh National Medical University.



Aliya Abenova PhD, Deputy Director for Medical Affairs, Central City Clinical Hospital, Almaty.



Aziz Ismailov, Head of the Stroke Center at the Central City Clinical Hospital, Almaty, speaks with panelists.



Aida Kondybayeva, MD, PhD, FEAN, Head of the Scientific and Educational Center for Neurology and Applied Neurosciences» at Asfendiyarov Kazakh National Medical University.



Faculty of the World Stroke Day event.



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Opinion | Lecanemab for Alzheimer's: Not Just Yet

In this author's opinion, this drug shows promise but isn't quite ready.

Readers should note that opinion pieces in *World Neurology* represent those of the author(s) and are not necessarily the opinions of the WFN, its trustees, or its member societies.

BY RAAD SHAKIR, CBE FRCP

The whole world continues to wait for neuroscientists to come up with an effective treatment for Alzheimer's disease. The condition attracts huge public interest, and there is intense focus on treatment availability.



RAAD SHAKIR

The "accumulation of soluble and insoluble aggregated amyloid-beta ($A\beta$) may initiate or potentiate pathological processes in Alzheimer's disease. Lecanemab, a humanized IgG1 monoclonal antibody that binds with high affinity to $A\beta$ soluble protofibrils, was tested in persons with early Alzheimer's disease."¹

Neurologists had been waiting for the double-blind study confirming the efficacy of lecanemab in early Alzheimer's and mild

cognitive impairment (MCI). Alzheimer's is the main cause of dementia with a high mortality needing huge resources globally. By 2050, the prevalence of dementia will double in Europe and triple globally.² There is therefore an urgent global need to come up with a medication that is reasonably inexpensive, easy to transport, easy to administer, and widely available to counter this deadly pandemic.

The world as well as neurologists were rather optimistic when lecanemab passed its approval hurdle with the U.S. Food and Drug Administration (FDA).³ This approval came despite a black box safety warning because of side effects. This was soon followed by statements from the European Medicines Agency (EMA)⁴ and more recently the National Institute for Health and Care Excellent (NICE) of England and Wales. Both clearly stated that benefits of lecanemab are "just too small" to justify cost.⁵ However, the EMA revised its earlier decision to approve lecanemab in a small group that has one or no copy of the ApoE4 gene.⁶

Lecanemab must be administered by intravenous infusion in the hospital every two weeks. The individuals need to undergo exhaustive assessments. The

clinical examination requires specialists in cognitive neurology, detailed psychology examinations, and imaging. The latter requires repeated MRI scanning before commencement and during treatment. Amyloid positron emission tomography (PET) is needed before and following the treatment. Physicians will need to have access to a cyclotron to obtain the isotope. All this is in addition to the cost of the drug, which is approximately \$26,500 per patient per year.

Intense monitoring is required to detect amyloid related imaging abnormalities (ARIA) such as brain swelling and bleeding. ARIA is usually asymptomatic, although rarely serious, and life-threatening events can occur. Serious intracerebral hemorrhaging greater than 1 cm have occurred in patients treated with this class of medications.

Looking at the bare facts, lecanemab reduces the amyloid load significantly.¹ However, the improvement in cognitive decline in the trial of those with MCI and early Alzheimer's disease was modest, with a 27% reduction of decline after 18 months compared to placebo. This equates to slowing in disease progression of between four and six months.

All that said, there is no doubt that we could be seeing the dawn of Alzheimer's disease treatment, albeit with a rather cumbersome drug with many side effects at an exorbitant cost. •

Dr. Raad Shakir is a professor in the Division of Brain Sciences at Imperial College in London. He is a previous WFN president and current chair of the WFN Nomination Committee.

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EDUCATION

continued from page 2

importance of brain health. The annual event exemplifies the WFN's ability to mobilize resources and stakeholders for a common cause. Also, the WFN's work in research advocacy, policy formulation, and the promotion of neurological services complements its educational endeavors.

A Vision for the Future

The launch of the clinical neuroscience course at the University of Trento represents more than just an academic milestone; it is

a testament to the power of collaboration in advancing medical education. The partnership between the university and the WFN sets a precedent for other institutions to emulate, demonstrating that a global perspective can significantly enhance local educational initiatives.

In his concluding remarks, Prof. Grisold encouraged students to embrace their role as future leaders in neurology.

"The study of the brain and nervous system is not merely an academic pursuit; it is a calling to improve lives," he said.

Prof. Giometto expressed his gratitude to Prof. Grisold and the WFN for their

support, reiterating the university's commitment to fostering excellence in medical education.

"We are at the beginning of a journey, but with partners like the WFN, the path ahead is bright," he said.

The University of Trento's medical program is rapidly gaining recognition for its innovative approach, combining rigorous academic standards with opportunities for interdisciplinary research. The addition of the clinical neuroscience course strengthens its reputation as a center for academic and clinical excellence.

The event concluded with a panel discussion featuring faculty members and students, exploring the future of neuroscience education and the potential for further collaborations with international organizations.

Grisold's inspiring lecture, is a reminder of the shared commitment of institutions like the WFN and the University of Trento to advancing neurology education. It also highlights the importance of fostering connections across borders to tackle the global burden of neurological disorders.

As the University of Trento continues to develop its medical program, its collaboration with the WFN will undoubtedly serve as a model for other institutions seeking to innovate and excel in the field of neuroscience.

This landmark event is not just a celebration of academic achievement, but also a call to action for the global neurology community to work together in building a future where access to quality neurological education and care is a reality for all. •

Prof. Bruno Giometto is director of neurology at Trento and Roverto Hospitals and a professor of neurology at the Interdepartmental Center of Medical Sciences at the University of Trento.

"The study of the brain and nervous system is not merely an academic pursuit; it is a calling to improve lives."

— Prof. Bruno Giometto



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