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WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

ASAPP Combats Global Epidemic of Stroke

Organization Conducts Screenings in Uganda, India

Stroke is the third leading cause of premature death and disability worldwide. The burden of stroke is growing in low and middle-income countries due to many factors including population growth and aging, urbanization, unhealthy diets, physical inactivity and smoking. More importantly, these demographic and epidemiologic factors are driving a rise in the prevalence of high blood pressure, the leading independent risk factor for both ischemic and hemorrhagic stroke. In many less developed countries, particularly in rural areas, awareness of high blood pressure is extremely low and screening services are non-existent. On the other hand, treatment for high blood pressure is widely available and relatively inexpensive.

Since 2010, Dr. Jerome Chin, a neurologist in the U.S., has been volunteering for two months annually as an attending physician on the neurology ward at Mulago Hospital, the national referral hospital of Uganda in the capital Kampala. The neurology ward admits more than 50 acute stroke patients monthly, the majority with severe previously undiagnosed high blood pressure. In October 2011, Dr. Chin founded the Alliance for Stroke Awareness and Prevention Project (ASAPP) in Kampala to reduce the incidence of stroke in Uganda. ASAPP volunteers, who are mostly medical and other health professions students, provide free community-based screening and counseling for high blood pressure every week at places of religious worship. Individuals with elevated blood pressures are advised to make dietary and lifestyle changes and are referred for medical treatment if indicated. In December 2012, Dr. Chin visited the neurology ward at the All India Institute of Medical Sciences (AIIMS) in the capital Delhi. Similar to Mulago Hospital in Uganda, the majority of patients admitted to AIIMS with acute stroke have severe previously undiagnosed or untreated high blood pressure. In December 2013, Dr. Chin launched ASAPP in India.

ASAPP currently supports six project sites in Uganda and three projects sites in India. In addition, ASAPP is partnering with the Uganda Ministry of Health and other organizations including Rotary International and Impact India Foundation to provide free high blood pressure screening and counseling at special health camps and events. ASAPP project sites have provided more than 55,000 free screenings for high blood pressure since 2011. In the next few years, ASAPP plans to launch additional project sites in Uganda and India and expand to Nepal and other less developed countries. ASAPP is a U.S. tax-exempt non-profit charitable organization. For more information, visit www.asapp.org. •

Figures 1. and 2. Dr. Jerome Chin and volunteers at an ASAPP project site in India in November 2014.

INSIDE

Apparent Death and Coma in the 18th Century

Curious Practices Arise from Fear of Being Buried Alive

BY PETER J. KOEHLER

Coma has been a phenomenon of interest for physicians as well as lay people through the ages and was associated chiefly with stroke ("apoplexy") and trauma[1]. One chapter in the history of coma has two extraordinary perspectives, notably coma following drowning and the fear of being buried alive, which played a role particularly during the late 18th century.

Drowning Rescue and Resuscitation

A considerable number of books on comatose persons, usually drowning victims, often referred to in the titles as "apparently dead," appeared during the 18th century. These books were published when the first societies for the resuscitation of drowning people had been established. It is of no surprise that the first of these societies was founded in the Netherlands (1767), notably the Amsterdam Society for the Rescue of Drowning Persons (Maatschappij tot Redding van Drenkelingen). Due to the many canals, drowning was a frequent event in Holland. The society paid premiums for saved drowning persons and thus in the 1780 publication (Fig. 1), it is reported that "73 premiums had been distributed to good and indefatigable surgeons and other

see **COMA**, *page 8*


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Figure 1. Title page of the History and Memories of the Society for the Rescue of Drowned Persons (1780).

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FROM THE EDITOR-IN-CHIEF

With Limited Neurology Resources Worldwide, Translation and Implementation of Research Results Crucial for Global Health

BY DONALD SILBERBERG, MD

As I approach my third year as editor-in-chief of World Neurology, I wish to thank the many individuals who have helped to achieve our successful conversion from print to online format. The support and contributions of the officers and trustees of the World Federation of Neurology, the editorial advisory board, and Keith Newton's assistance as assistant editor have been critical. Additionally, I wish to acknowledge the expert help by Rhonda Wickham and her associates at Ascend Integrated Media who have helped to unravel the process of online publishing and compose attractive pages. Their role is no less critical. Perhaps most importantly, the quality of original articles, book reviews, reports, and photographs has been superb, and I thank all authors and photographers. World Neurology's future success will depend directly on your continuing contributions. If you are hesitant about the appropriateness of a submission, please contact me to discuss how to proceed.

DONALD H. SILBERBERG

In his President's Report in this issue, Raad Shakir outlined the many important organizational advances that took place in 2014, including the development and strengthening of many regional neurological associations in conjunction with the WFN. This strengthening will be an important element in addressing one of the biggest problems that neurology must deal with — the resources that are available to provide clinical care and conduct needed research are wholly inadequate in many countries and regions.

Recognition that neurological disorders account for a very high proportion of all illness has been slow in coming. Even though the data that quantifies the global burden of nervous system disorders is still quite incomplete, it is clear that the disorders that are in the domain of neurology constitute a very large proportion of all illness globally. We must use the available epidemiology as we continue to advocate for the allocation of sufficient resources for the prevention, clinical care, and research that are clearly warranted by the data.

Fortunately, we are witnessing remarkable progress in research on almost every front. In addition to neuroscience itself, advances in genetics, immunology, microbiology, robotics, stem cell research, and many other fields will yield new therapies at an accelerating pace in 2015 and beyond. The initiation of national programs such as The Brain Initiative (U.S.), the Human Brain Project (European Union), and Japan's Brain/MINDS project reflect national commitments to bring research, primarily brain mapping at this point, to levels that will lead to understanding the biological basis of nervous system disorders.

Many organizations are looking for ways to improve implementation, to bring clinical and laboratory research to all populations, whether in wealthy or low and middle-income countries. The phrase of the moment is "translational research," originally used to describe bringing the fruits of laboratory research to the bedside. Neurologists must be active participants in the translation into practice by designing safe and credible clinical trials and working to make new therapies available to all who need them.

In my editorial in December, I introduced the use of "translational research" to also describe instances in which the results of epidemiologic research lead to the development of new public policy. Again, some neurologists will be in a position to help make this happen. Another relatively recently coined term is "implementation science" — dealing with questions such as why do established programs lose effectiveness over time, and how can multiple interventions be effectively packaged to increase cost effectiveness? Again, we as neurologists can both contribute to the science with our own research, and do more with the resources that are available.

You will think of many other examples of unmet challenges and opportunities, and I invite your comments, articles, and/or letters to the editor. •

Neurosonology WFN Teaching Course in Tbilisi, Georgia

Meeting promotes ultrasonic techniques and research

BY MARINA ALPAIDZE, MD, PHD

The Neurosonology Research Group (NSRG) WFN is dedicated to the promotion of science and research as well of education and training in the field of ultrasonic techniques and its clinical utilization. Therefore, international cooperation and the dissemination of scientific information within the field of neurosciences and neurosonology is part of NSRG WFN activities.

During Oct. 25-26, 2014, the Georgian Chapter of the NSRG WFN successfully conducted the second NSRG WFN Regional Meeting in Tbilisi, Georgia. There were also participants from neighboring countries — Armenia and Azerbaijan. This two-day course was designed for individuals who are interested to perform and interpret neurosonology studies. The faculty discussed current status of neurosonology and some specific clinical applications; part of the meeting was dedicated to the hands-on practice. The lectures were delivered by well-known neurologists and neurosonology experts such as N. Bornstein (Israel), E. Titianova (Bulgaria), Z. Nadareishvili (U.S.), M. Alpaidze (Georgia), and A. Razumovsky (U.S.).

This second Georgian meeting was guided and directed under the auspices of the NSRG of the WFN and accredited by Tbilisi Medical University Continuing Medical Education (CME) Board for 10 CME hours. •

Dr. Alpaidze is the Head of Ultrasound Laboratory, DEKA Medical Centre, University Clinic Department of Neurology, Tbilsi, Georgia.

Participants of the second Regional NSRG WFN meeting. From left to right: Marina Alpaidze, MD, President of NSRG WFN Georgian Chapter and President of Georgian Society of Neurosonology and Cerebral Hemodynamics; Alexander Razumovsky, PhD, FAHA, Secretary of NSRG WFN (U.S.); Natan Bornstein, MD, PhD, Vice-President of World Stroke Organization, President of European Society for Neurosonology and Cerebral Hemodynamics (Israel); and Ekaterina Titianova, MD, PhD, Dsc, President of Bulgarian Society of Neurosonology and Cerebral Hemodynamics.

PRESIDENT'S COLUMN

Looking Ahead in 2015

BY RAAD SHAKIR

RAAD SHAKIR

The year has passed so quickly, we have to evaluate our activities as well as plan our future. In 2014 the WFN faced many challenges and has come through some difficult times with renewed vigor in placing neurology in a better position.

The six WFN regions have been even more active in evaluation and planning, especially in the year of the Chile Congress. The biennial congresses are now making the WFN much more focused on its members and regions. We meet our colleagues more regularly and have the most productive discussions.

Last year started well. Regional directors and trustees met in London and ideas as well as practical activities were planned and started. All committees were formed and given their remit to start work. In years between Congresses, meetings of committees are usually held in regional or major neurological congresses for members to attend and contribute.

The creation of the regional liaison committee chaired by Prof. Tim Pedley, chair of the WFN North American region, is another step in devolving WFN activities to the six regional directors. Closer integration and direct collaboration will lead to more fruitful and quicker results. The RLC will conduct its activities and report to the WFN trustees.

Perhaps the major regional development in neurology is the amalgamation of the European Federation of Neurological Societies and the European Neurological Society. This momentous occasion happened in the joint meeting in Istanbul, and the first meeting of the newly formed European Academy of Neurology will take place June 20-23, 2015, in Berlin.

Three of our regional organizations are undergoing major change and restructuring. The Pan American Federation of Neurological Societies has produced its constitution and bylaws. This regional organization will finalize its legal and financial arrangements in 2015. It will represent the South American region in the WFN.

The Pan African Association of Neurological Societies (PAANS) is undergoing major reconfiguration. The association has been in existence since 1972. It is a joint neurology and neurosurgery association. The African neurosurgeons have decided to form their own association under the auspices of our sister organization, WFNS, and therefore the African neurology colleagues are in the process of re-writing their bylaws. The tentative name of "The African Academy of Neurology" has been chosen for the new organization. Work is moving ahead to bring this about in 2015.

The Asian and Oceanian Association of Neurology is now well established and has a legally registered status in Singapore. It held its last congress in Macau in March 2014. The next AOCN will be held July 14-16, 2016, in Kuala Lumpur, Malaysia.

The Pan Arab Union of Neurosciences Societies held its biennial meeting in Jeddah, Saudi Arabia, Jan. 22-24, 2015. The plan was to consolidate the regional organization with the establishment of a permanent secretariat and fiscal arrangements.

Regional associations are the most knowledgeable bodies in their areas and they will guide all activities of the WFN in combination with specialty organizations as well as applied research groups. In this way the WFN will have the best advice on all its activities from those with first-hand knowledge.

In 2014 there were major changes to the way the WFN works. In support of our main objective of promoting quality neurology, the WFN grants are moving on at a pace. The recipients for the 2014 tranche have received their funds and the projects are progressing. We now have a well-developed follow-up system of auditing and reporting. The idea of twinning recipients from two or three countries is proving to be successful in adding expertise and promoting collaboration. Fig. 1 shows the list of the grants for 2014.

During 2014, the negotiations with Elsevier continued and culminated in two separate contracts. The first is the renewal of the contract for publishing our journal (*Journal of the Neurological Sciences*). The terms took a long time to agree upon, and the WFN publications committee under the chairmanship of Prof. Christopher Kennard (UK) was instrumental in our efforts. The contract is for another 10 years with many provisions to safeguard the interests of the WFN. The second contract is to establish a new online electronic journal under the name of *eNeurologicalSci*. Prof. Bruce Ovbiagele from South Carolina, U.S., is the editor-in-chief of this journal. The two editors Prof. John England and Prof. Ovbiagele will work together guiding authors so that the chance of their work being published is increased. In essence, 2015 will see consolidation of the WFN involvement in two journals. We urge all WFN member societies to encourage their members to support and publish in the WFN-sponsored journal.

The WFN administration was consolidated in 2014 with additions of new staff and continued support for all our committees. The central office in London is coordinating the change, which is supported by staff located outside the UK. The relationship with Kenes as providing some office management activities is continuing. Kenes is now the WFN PCO for the Santiago Congress and the 2017 Kyoto congress as well (Fig. 2). The preparations for both are advancing well. The scientific and teaching courses for Santiago are now complete. Our Chilean colleagues are working hard to finalize the details during the next 10 months. With biennial WCN congresses the work on congresses is constant. It is very important to note that expertise learned from one is easily transferred to the next congress. The WFN congress committee under the chairmanship of First Vice President William Carroll has the responsibility of coordinating all congress matters. The council of delegates in Santiago will choose the city for the 2019 WCN. The WFN is delighted to have

see **PRESIDENT'S COLUMN**, *page 10*

Figure 2. The logo for Kyoto 2017.

Grant Title	Project leader	Partner	Country	Grant value
Production of the primary care version of neurological disorders for ICD-11	Dr. Donna Bergen	NA	WHO	$25,000
Prevalence of Major Neurological Disorders in Morocco	Prof. Mostafa El Alaoui Faris	NA	Morocco	$20,000
Designing and piloting of Sri Lanka Stroke Clinical Registry (SLSCR)	Dr Padma S Gunaratne	WSO	Sri Lanka	$10,000
Practical Neurology Education for Hospital Doctors in Sudan	Dr Osheik Seidi	NA	Sudan	$10,000
Saving the Brain - Proposal to Increase Awareness of Thrombolysis Among General physicians, Health care workers and in Community	Dr Suman Kushwaha	WSO	India	$10,000
Reducing the treatment gap of pediatric epilepsy in resource-poor countries: A questionnaire approach	Archana A. Patel	ILAE	USA	$10,000
Neuroepidemiology in Rural Uganda: Pilot Study	Deanna Saylor	NA	USA	$15,000
Behavioral Neurology Training to Establish Research and Clinical Care in Alzheimer`s Disease and Related Disorders in Turkey	Mustafa Seckin	NA	USA	$20,000
A Multi-national Neurocysticercosis Awareness Campaign	Farrah Mateen	NA	USA	$20,000
Neurology-program: Jazira University (Sudan) & Salford Royal Foundation Trust (SRFT).	Dr Magid Elsayed	NA	Sudan	$5,000

Figure 1. WFN grants dispersed in 2014.

Mark Your Calendars

2015

The 12th International Conference on Alzheimer's and Parkinson's Diseases
March 18 – 22, 2015
Nice, France

17th Congress of the International Headache Society
May 14 - 17, 2015
Valencia, Spain

17th International Neuroscience Winter Conference
April 7 – 11, 2015
Sölden, Austria

67th AAN Annual Meeting
April 18-25, 2015
Washington, DC, USA

1st Congress of the European Academy of Neurology (EAN)
June 20 - 23, 2015
Berlin, Germany

Congress of the European Committee for Treatment and Research in Multiple Sclerosis 2015
October 7 – 10, 2015
Barcelona, Spain

XXII World Congress of Neurology
October 31 – November 5, 2015
Santiago, Chile

WFN Launches Open-Access Journal

eNeurologicalSci promises prompt publication of papers

BY BRUCE OVBIAGELE, MD, MSC, MAS, FAAN

These are thrilling times in neurological research. The field of neurology is now well beyond being just a great clinical specialty with a logical approach to a varied spectrum of interesting disorders. Indeed, major advances in our understanding of and ability to treat neurological diseases are taking place, and it is likely that even more promising new discoveries lie ahead. As such, there is a need to create additional avenues for basic and clinical neuroscientists to publish and debate their work, provide neuroscientists-in-training more career development opportunities to become independent researchers, and do all of this in a relatively speedy and broadly visible manner.

Bruce Ovbiagele, MD, MSc, MAS, FAAN

It is with these goals in mind that the World Federation of Neurology (WFN) is launching a new open access journal, *eNeurologicalSci (eNS)*. As an open access journal based on the author-pays model, *eNS* authors will pay a set fee, a so-called article processing charge, once a peer-reviewed article has been accepted. *eNS* will serve as a sister journal to WFN's long-time flagship scientific journal, *Journal of the Neurological Sciences (JNS)* and *JNS* will support *eNS* by referring selected papers to it. On its own, *eNS* aspires to be a leading forum for the prompt and widespread dissemination of new knowledge as it accrues in this field of neurosciences. The journal will be accepting contributions from basic neuroscience all the way through to community studies submitted by researchers from around the world. *eNS* will also aim to enhance career development by welcoming papers of major relevance to neurologic education and making accommodations for submissions from trainees in neurology (e.g., residents, fellows, post-doctorate scholars, and medical students).

> *eNS* aspires to be a leading forum for the prompt and widespread dissemination of new knowledge as it accrues in this field of neurosciences.

The types of manuscripts eligible for consideration in *eNS* include original research papers, short communications, reviews, editorials, perspective pieces, unique neuroimaging photographs, and letters to the editor, all of which can be submitted via an online submission site (www.ens-journal.com: to go live on February 2, 2015). Distinct from *JNS*, *eNS* will publish Conference Proceedings (full articles or meeting abstracts) from WFN endorsed neurological meetings from around the world, clinical practice guidelines issued by national and international societies dedicated to combating neurological diseases, Clinical Pathologic Conference articles (cases intended to be informative for developing clinical problem solving acumen), and study protocol articles (manuscripts that incorporate clinical trial or epidemiological study information/methodology/design).

Beyond publishing ingenious discoveries, enhancing career development, and being clinically relevant, *eNS* will take advantage of its primarily online milieu to promote the use of audiovisual technology and social media tools, thereby enriching the experience of readers, broadening the exposure of articles, and providing opportunities to better engage with our published sci-

see ***eNS****, page 10*

G7 DEMENTIA LEGACY MEETING TOKYO

Hachinski Advocates Controlling Vascular Component of Dementia While Studying Other Mechanisms

BY VLADIMIR HACHINSKI, MD, FRCPC, DSC

Japan has the longest life expectancy and the oldest population in the world. Japanese men on average live to 85 years and women to 87 years. Twenty-five per cent of Japanese are over the age of 65 years. In light of this, the relevance of the focus of the meeting on new models of dementia care and prevention appears clear.

The presence of Prime Minister Shinzo Abe reflected the importance of the meeting. He promised a new dementia strategy for Japan. Yusuhisa Shiozaki, Minister of Health, Labour and Welfare for Japan participated actively, as did the members of the World Dementia Council, Kiyoshi Kurokawa from Japan and Yves Joanette from Canada. Hachinski addressed the question "Can we prevent or delay dementia?" He stated that it was possible only if we adopted new approaches. He spoke of the shortcomings of current diagnostic categories and the desirability of using standardized descriptions recommended by an international group of experts that he led. In addition he emphasized that modern technology allows the "in vivo" study of some of the main mechanisms of dementia, including imaging brain amyloid, tau protein, activated microglia (signs of inflammation) and micro and macrovascular brain disease. He stressed that vascular disease is not only important as a cause, but as a trigger of dementia, illustrated by treatable interactive mechanisms identified by his research group. He also pointed out that in prevention we tend to focus on information, which is not enough. He outlined a three-step approach for successful prevention: 1) Risk assessment, 2) Motivation and 3) Enablement.

The meeting hosted impressive exhibitions of technology, particularly advanced robots, including cuddly Paro, a therapeutic robot Canadian harbor seal that blinks its eyes and moves its tail when hugged (Please see photo).

In the discussion, Hachinski quoted Yogi Berra "When you come to a fork in the road, take it!" He gave reasons why we must take the long road to understanding and treating disease mechanisms, but also why we must take a short road to prevent and control the vascular component that is present in all major dementias, ranging from 60 percent in frontotemporal dementias to 80 percent in Alzheimer disease. The fact that dementia incidence is decreasing in Holland and Sweden, two countries where the stroke incidence has been cut in half in the past two decades, suggests that preventing and treating cerebrovascular disease holds the most realistic promise of preventing or delaying dementia. •

Dr. Hachinski with Paro, a Canadian harbor seal robot designed to stimulate patients with cognitive disorders.

Dr. Hachinski is Distinguished University Professor in the Department of Clinical Neurological Sciences, University of Western Ontario, London, Canada.

Editor's Update and Selected Articles from the *Journal of the Neurological Sciences (JNS)*

BY JOHN D. ENGLAND, MD

The *Journal of the Neurological Sciences* (JNS) is a broad-based journal that publishes articles from a wide spectrum of disciplines, ranging from basic neuroscience to clinical cases. *JNS* strives to publish papers with novel, unique, and original observations. An indispensable step in identifying the best papers is the review of manuscripts by expert reviewers. The members of the Editorial Board and I depend heavily upon these individuals to help us make decisions about manuscripts.

John D. England, MD

Completing a good review of a scientific paper is difficult and time consuming. Several surveys indicate that many reviewers do not feel that they receive adequate recognition for this important work. In order to begin addressing this issue, Elsevier has instituted a "Reviewer Recognition" platform. Using this platform, reviewers can now access their personal review profile page, which shows the "Reviewer Status" and review history for *JNS* and 310 other journals that are published by Elsevier. Each reviewer is awarded a status, which is based upon the number of completed reviews. Currently, reviewers are awarded one of two statuses per journal: 1) recognized reviewer for completion of at least one review over a two-year period; or 2) outstanding reviewer for reviewers in the upper 10th percentile, based on the total number of completed reviews. Reviewers will also be able to collect other rewards such as certificates, badges or discounts. They may also share their profiles and status with others (e.g., colleagues, deans, chairs, followers or friends on social media).

The "Reviewer Recognition" platform is easy to access. After a review has been completed, each reviewer receives an email providing a direct link to the Elsevier review platform. We are hopeful that reviewers will find this initiative a positive and direct affirmation of their dedication to scholarly activity.

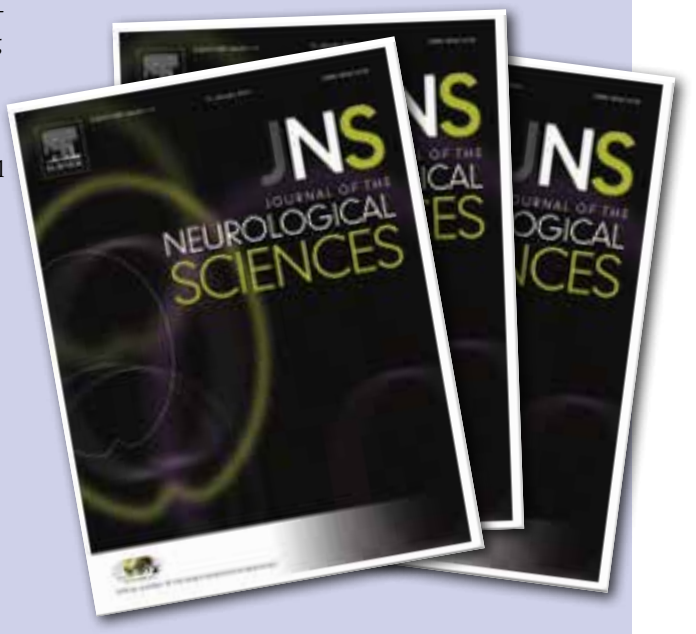
In our ongoing attempt to enhance accessibility of *JNS* articles to members of the World Federation of Neurology (WFN), we have selected two more "free-access" articles, which are profiled in this issue of *World Neurology*.

In this issue, we feature two paired articles on hypoglossal nerve stimulation and targeted activation of tongue muscles. Although the featured article is an experimental study in the rat, the results have important implications for the potential treatment of obstructive sleep apnea:

1) In a series of elegant and detailed experiments, Paul Meadows and colleagues have demonstrated that subsets of hypoglossal nerve axons can be selectively and systematically stimulated in a manner that differentially activates specific lingual muscles and changes the size of the oropharyngeal airway. They achieved this by implanting an electrode array composed of eight independently controllable contacts applied to the hypoglossal nerves of rats. Their experiments showed that unilateral differential coordinated stimulation of the hypoglossal nerve selectively activates tongue muscles, and this muscle contraction can generate a coordinated and smooth opening of the oropharyngeal airway.
Meadows PM, Whitehead MC, Zaidi FN. Effects of targeted activation of tongue muscles on oropharyngeal patency in the rat. *Journal of the Neurological Sciences* 2014;346:178-193.

2) In an accompanying editorial, Alan Schwartz from the Johns Hopkins School of Medicine summarizes the study and comments on the importance of these experiments for developing better treatments for obstructive sleep apnea. Several implantable hypoglossal nerve stimulators have been studied as therapy for obstructive sleep apnea, but the results have been suboptimal. Dr. Schwartz states that "Additional work is still required to develop methods for identifying combinations of lingual muscles that act synergistically to maintain airway patency during sleep. These methods may necessitate steering current between specific electrodes as well as novel approaches for visualizing effects of stimulation on tongue shape, position, and stiffness." Thus, the experiments of Meadows and colleagues have implications for the design and optimization of neurostimulation devices for the treatment of obstructive sleep apnea.
Schwartz AR. Hypoglossal nerve stimulation-Optimizing its therapeutic potential in obstructive sleep apnea. *Journal of the Neurological Sciences* 2014;346:1-3. •

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



Clinical Neurophysiology and Neurorehabilitation 2014

Russian meeting's attendance doubles from previous year

BY VLADISLAV VOITENKOV, MD, PHD

A large scientific event was held by the Scientific Research Institute of Children's Infections of Federal Medical-Biological Agency of Russia this November. Clinical Neurophysiology and Neurorehabilitation 2014 (November 25-26) took place in Mosckovskye Vorota Congress Center in St. Petersburg. This event attracted 330 registered participants. Both the attendance and the scale of the scientific program were significantly larger than that of previous year, which attracted 170 registered delegates. This may highlight the growing interest of the neurophysiologists and neurorehabilitation specialists in the event.

The scientific program was organized around specific themes and methods in neurophysiology and neurorehabilitation, which were covered by the plenary lectures and seven symposia. Plenary lectures included such themes as diagnostic and therapeutic approaches in paraneoplastic syndromes (presented by Prof. W. Grisold, Ludwig Boltzmann Institute for NeuroOncology, Vienna) and the role and place of classic neurophysiologic methods in modern medicine (presented by Prof. V. Gnezditskiy, Scientific Center of Neurology of Russian Academy of Sciences, Moscow).

Themes of the symposia were scientific and clinical aspects of electromyography (EMG), electroencephalography (EEG), diagnostic and therapeutic magnetic brain stimulation (TMS) and evoked potentials (EP), neurorehabilitation techniques in children and adults, neuroorthopedics, clinical aspects of functional state of CNS in children with systemic diseases, neurophysiologic monitoring, and ultrasonography of the brain. Ninety-three speakers presented their data on topics listed above. Symposia included talks from leading Russian and overseas speakers, and presentations from early-career researchers whose material had significant impact in their field.

Speakers for the conference were selected from a wide a geographical spread, with no domination of a single institution in any of the symposia. There were four master-classes: EMG, TMS, micropolarization and taping techniques.

There were 143 abstract submissions from authors from Russia and abroad. The distribution across themes is comparable to the distributions of symposia.

Delegates came from more than 100 locations. About 290 delegates were from Russia, and 40 came from locations outside it: Belorussia, Kazakhstan, Ukraine, Hungary, Austria and Germany. This is the first time that so many of international delegates have attended a conference on this topic in Russia. It should be noted that some of the "local" delegates came from far away parts of the country: Far East (Vladivostok) and Siberia (Irkutsk, Krasnoyarsk, etc).

Feedback from the delegates and speakers about organization of the event was quite positive. The planning process for the next event is underway; we are keen to repeat what was done right, and eager to make it even better. The third conference will take place in St. Petersburg at the end of November 2015. •

Dr. Voitenkov is Executive Secretary of the Conference, Scientific and Research Institute of Children's Infections Federal Medical-Biological Agency of Russia.

Rabat Center Intern Trains in Neurophysiology

BY MOHAMED ALBAKAYE, MD

I was delighted to be selected for the first WFN training program at Rabat Center. The program is for 10 months of clinical neurophysiology training, from September 2014 to June 2015, in the Department of Neurology at the Mohammed V University, Rabat, Morocco.

Before starting my training, I was given a precise program regarding my training in electromyography and electroencephalography. In September, I began my training in electromyography full time. I examine patients admitted for EMG and then review the EMG examination under the supervision of a teacher.

I also attend the multidisciplinary consultation on myopathies with Prof. Nazha Birouk, who has taught me diagnostic approaches and treatment guidelines for these diseases.

I also participate in various weekly meetings organized in the Hôspital des Spécialités: the neurophysiological conference, where cases involving neuromuscular disease or epilepsy are discussed, and the conference on general neurology, where I presented my first case—epilepsy associated with cerebral cavernoma.

In December, with the support of the Moroccan Society of Neurology, I had the opportunity to participate to the Maghrebian Congress of Neurology in Agadir, where for three days I attended high-level scientific conferences and teaching courses.

Left to right: W. Grisold, K. Al Zemmouri, M. Albakaye, C. Hicham, and El Alaoui M at the Maghrebian Congress of Neurology in Agadir, Morocco, November 2014.

I thank Prof. Mustapha El Alaoui Faris, Prof. Rida Ouazzani, and all the neurophysiological team for the welcome and mentoring that they have provided for me. I also thank the WFN for supporting my training. I hope that many African neurologists will have the opportunity to enjoy this high-quality scientific training in Rabat. •

Dr. Albakaye is a resident in the final year of training in neurology at the University Hospital Mohammed VI, Marrakech, Morocco. He is the first awardee of WFN for neurophysiology training at Rabat Center.

WFN JUNIOR FELLOWSHIP

Congress Offers Inspiration, Motivation for Beginning Neurologist

BY DR. PAMELA NOELLA CORREIA

I am a young neurologist from India and have just finished my training. I have a keen interest in the field of cerebrovascular disease. It was possible for me to attend the World Stroke Congress in Istanbul in October 2014, due to the World Federation of Neurology Junior Travelling Fellowship. The conference was held at the Halic Congress Centre, very scenically located at the Beyoglu, "The Golden Horn."

I presented my abstract "Correlation of prothrombotic markers with genetic markers of hypercoagulability in ischemic stroke" under the genetics subsection at the Congress. I also took teaching courses on acute stroke treatment and uncommon causes of stroke. The lectures on translational stroke research and global stroke policies offered a good retrospective. The session on challenges in acute stroke trials also addressed some very important issues that are relevant in the implementation of any trial.

Participation in the WSC presented a unique opportunity to discuss my research in stroke genetics with many delegates from different nationalities from around the world. Such conferences help us to perceive that the world community must stay united across frontiers in search of solutions to problems that we all have: implementation in acute stroke care and improving stroke awareness globally. At the cusp of the matter though, is to address the issues of timeliness of action, intervention and holistic treatment thereby paving the way toward a fuller life after stroke.

> Participation in the WSC presented a unique opportunity to discuss my research in stroke genetics with many delegates from different nationalities from around the world.

It was very encouraging to listen to the results of the MR CLEAN trial (Multicenter Randomized Clinical trial of Endovascular treatment for Acute ischemic stroke in the Netherlands), which were announced on the last day of the congress, and gave new hope in the field of endovascular stroke treatment.

They say that education is never complete without traveling, and so I managed to squeeze in some time into my itinerary to soak up a fair glimpse of the city of Istanbul. The Minia Turk, which was located very close to the congress venue, is a nice park displaying many historical Turkish locations in a miniature form—with cryptic details to encapsulate the significance—so as to flip through a moment in this cradle of civilization. I could traverse the memory lanes of time past: of monuments like Hagia Sofiya and the magnificent Blue Mosque. In the evenings we savored a few delicious Turkish specialties in Taksim.

Overall it was an enthralling experience for me—getting an impetus at the right time in my career and providing me with a better world view of the field of stroke neurology.

As inhabitants of this planet we all have a shared responsibility in the welfare of our fellow beings; as medical professionals, in true Hippocratic traditions, we have a commitment to alleviate the rigors of suffering humanity anywhere and everywhere with our combined resources, knowledge and skills. In this sense I am very grateful to the World Federation of Neurology for their initiatives, graciousness and support. •

EUROPEAN ACADEMY OF NEUROLOGY: SIX MONTHS LATER

New Society Works to Improve Quality, Establish Standards

BY DAVID B. VODUŠEK AND GUENTHER DEUTSCHL

The European Academy of Neurology (EAN) was founded on June 3, 2014, in Istanbul by joint efforts of the two parent societies at their (first and last) Joint Congress of European Neurology, the congress of the European Federation of Neurological Societies (EFNS) and the European Neurological Society (ENS)[1]. (See also Grisold W, WFN Newsletter http://www.worldneurologyonline.com/article/ens-efns-ean/)

Guenther Deutschl

David B. Vodusek

The society is established according to Austrian law, the main goal being to promote "excellence in neurology in Europe." EAN is a new and vigorous society, which, is taking over the good program, functions, and initiatives from both parent societies, along with the previous EFNS head office in the prestigious Museum District in Vienna, a fine centrally situated "Pentagon" of European neurology, assuring frictionless functioning of the diverse EAN organs.

The bulk of the new group of governing officers, the EAN Board, was elected in June by the hybrid Assembly of Delegates from 45 National European Societies (previously constituting EFNS) and 45 delegates from individual members (elected by the ENS in spring 2013). Prof. Günther Deuschl from Kiel, Germany was elected as president, and the other members of the EAN Board are:

Vice President: Prof Franz Fazekas, Graz, Austria

Secretary General: Prof Didier Leys, Lille, France

Treasurer: Prof Marianne de Visser, Amsterdam, The Netherlands

Chair Liaison Committee: Prof David B. Vodušek, Ljubljana, Slovenia

Chair Scientific Committee: Prof Antonio Federico, Siena, Italy

Member at large: Prof Per Soelberg Sørensen, Copenhagen, Denmark

The Board has taken up the reins immediately, and after a call for applications, Dr. Hannah Cock from London, UK, was chosen as chair of the Education Committee, and Prof. Paul Boon from Gent, Belgium, as Chair of the Congress Programme committee. All committees were replenished with committee members by October 2014, with some members continuing from the previously active EFNS/ENS Committees of same name, and a strong representation of new names from all over Europe.

Europe needs strong leadership in the field of neurology. A recent analysis has found the annual costs for neurological diseases in Europe to be greater than 300.000 Mio €[2], and this will increase in the years to come as in Europe the population above 65 years as a fraction of those below 65 years will rapidly increase from less than 25 percent in 2015 to more than 52 percent in 2060 [3]. The threat of increasing the burden and the costs of disease is the stimulus for politicians to make plans to find solutions, and a chance for EAN to step in and help. The European Commission and the European Parliament have developed programs to support research and development, and over time the amount of money has been steadily increased. The term for the next program "Horizon 2020"[4] has begun. The amount of money for Horizon 2020 is almost 80 billion €. Of this money 8 billion € are reserved for health research. EAN is ready to help the 19,000-plus European neurologists to meet the challenges of the burden of neurological diseases and to increase their research efforts to fight them.

EAN is aware of the different national schools of neurology, which have also been exported in the last two centuries to many countries worldwide. These different cultures of practicing neurology will be respected and integrated in EAN. We consider such diversities of neurological cultures to be a strength of European neurology. On the other hand, we move forward together to improve quality of care within all countries, and also to establish minimal standards that can objectively be defined on the basis of sound scientific evidence. Thus, the member societies can use them to negotiate for appropriate financial resources in their respective countries.

It is EAN's purpose to bring European neurologists together. Berlin 2015 will be our first congress, the program is ready and we believe it will aptly demonstrate the richness and quality of European neurology. Participants from all over the world are most welcome, of course! We will hold our EAN congress annually and all new developments in the field of science and healthcare development as relates to neurology will be covered during these congresses. From 2016 in Copenhagen on, each congress will be dedicated to a certain theme. The scientists of Europe and from all over the world will present new insights and we will recruit our best teachers to have the latest knowledge transferred into clinical practice in the teaching courses.

EAN is reinforcing ties to member societies and is paying much attention to increase individual membership, striving to involve neurologists as individual contributors to developing neurology. EAN has already established closer links to the European Association of Young Neurologists and Trainees (EAYNT), and will make sure that the future generations of neurologists feel represented within the society.

EAN is aware of the important cooperation with UEMS, the representative body of all European specialists at the level of European Union, and is cooperating with its Section of Neurology. The main aims of UEMS are harmonization of postgraduate education, ensuring quality control of education, and delivering care to

see **EAN**, *page 10*

BOOK REVIEW

Eye Movement Disorders in Clinical Practice by Dr. Shirley H. Wray

Wray SH (2014) Eye Movement Disorders in Clinical Practice. New York NY: Oxford University Press.

BY STEVEN L. GALETTA, MD

Eye Movement Disorders in Clinical Practice is written by a legend in the field of neuro-ophthalmology, Dr. Shirley H. Wray. The book is a wonderful compendium of the common and challenging disorders of ocular motility. Chapters are organized topographically beginning with the cortical control of eye movements, followed by chapters on the eyelids, the extraocular muscles and nerves, disorders of horizontal and vertical gaze, dizziness, the cerebellum and ocular oscillations.

Each chapter begins with a generous discussion of the relevant anatomy and physiology of a particular area of the brain. The key anatomical points are then summarized in a box to distill the critical information that is about to be given clinical relevance in the remainder of the chapter. Chapters in this book take some of the most complicated neuroanatomy and make it come to life with beautiful figures, clear discussions and key references. After the anatomy and physiology are reviewed within each chapter, the reader is then taken to cases where the history and examination are dissected, with an emphasis on how signs and symptoms are localized and correlated. Each case has a great video attached to it. The videos are of outstanding quality and clearly demonstrate the ocular motility disturbance. In fact, many cases are the best examples that I ever seen of the eye movement disorder. One minor criticism would be that the videos often do not point out the exact findings as you are taken through the standard neuro-ophthalmological examination. Nonetheless, such findings are summarized in the text and the reader is provided ample guidance on what to look for.

From the video section, the reader is taken back to the text for further discussion of localization, differential diagnosis, testing and treatment of the problem, emphasizing the importance of neuro-ophthalmological signs in managing the patient. The learning experience is then supplemented by special explanatory notes; these break down the problem and often provide some historical context to the findings.

The beauty of this book is its redundancy; the reader is never left to struggle with a single description of the neuro-ophthalmological topic. This is a great feature for both the novice and the expert and makes each case even more memorable.

It was a real pleasure to read this book. There were many moments when I could not put it down because it was fun to read such an organized and a logical approach to eyelid and ocular motility disorders. The chapters on the cortical control of eye movements and the cerebellum are true masterpieces; they take some of the most complicated anatomy and disorders of ocular motility and make them easy to understand. Another feature that makes this book so special is the simple way in which the examination is explained, and how symptoms are emphasized as a guiding factor in what the examiner should look for. I often found myself taking notes on the side, and trying to remember all the gems being offered.

Eye Movement Disorders in Clinical Practice is a keeper! I would recommend it to neurology and ophthalmology trainees and senior clinicians alike. •

Dr. Galetta, is professor and chair of the Department of Neurology, New York University School of Medicine.

COMA

continued from page 1

persons" in the years 1778-9. The lifesavers could choose between six gold ducats or a gold medal.

Drowning persons were supposed to be brought inside a house, airways inspected, wet clothes removed, warmed up by rubbing with woollen clothes, and administered tobacco smoke fumigation by rectum. Following this warming up, bleeding could be applied from the arm or neck, but not too superfluous. Only if signs of swallowing acts were observed, not earlier, some hard liquor could be poured down in the mouth and the rapid spirit of ammonia salt kept under the nose. If this did not work, the drowning person should be laid in a preheated bed, accompanied by a

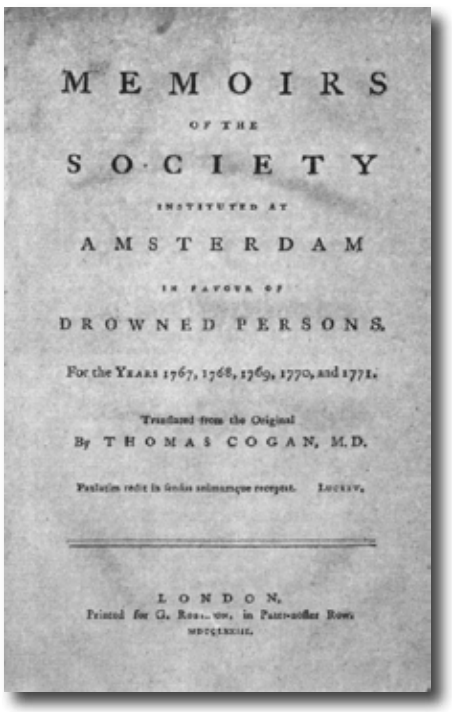

MEMOIRS
OF THE
SOCIETY
INSTITUTED AT
AMSTERDAM
IN FAVOUR OF
DROWNED PERSONS.
For the YEARS 1767, 1768, 1769, 1770, and 1771.
Translated from the Original
By THOMAS COGAN, M.D.
LONDON,
Printed for G. Robinson, in Paternoster Row.

Figure 2. English translation of the Amsterdam Society by Thomas Cogan (1773).

naked person who provided natural heat. The book contains short histories of failed resuscitations and longer cases histories of

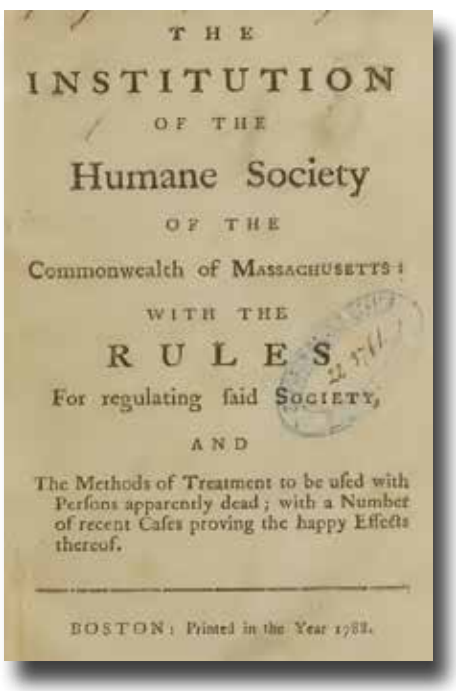

THE
INSTITUTION
OF THE
Humane Society
OF THE
Commonwealth of MASSACHUSETTS:
WITH THE
RULES
For regulating said SOCIETY,
AND
The Methods of Treatment to be used with Persons apparently dead; with a Number of recent Cases proving the happy Effects thereof.
BOSTON: Printed in the Year 1788.

Figure 3. American Society (Boston, 1788).

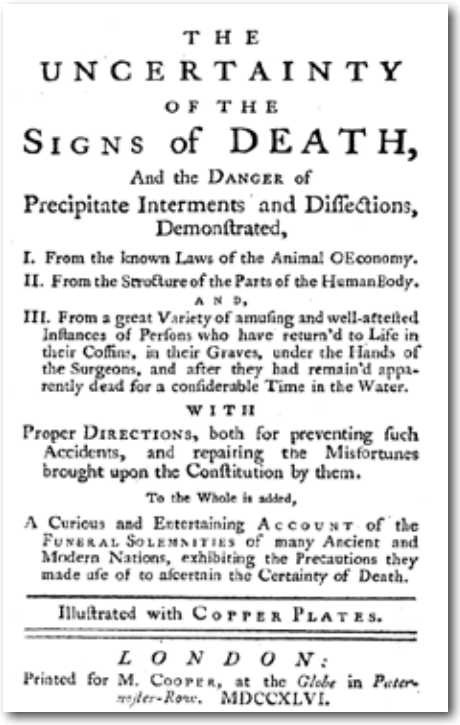

THE
UNCERTAINTY
OF THE
SIGNS of DEATH,
And the DANGER of
Precipitate Interments and Dissections,
Demonstrated,
I. From the known Laws of the Animal OEconomy.
II. From the Structure of the Parts of the Human Body.
AND,
III. From a great Variety of amusing and well-attested Instances of Persons who have return'd to Life in their Coffins, in their Graves, under the Hands of the Surgeons, and after they had remain'd apparently dead for a considerable Time in the Water.
WITH
Proper DIRECTIONS, both for preventing such Accidents, and repairing the Misfortunes brought upon the Constitution by them.
To the Whole is added,
A Curious and Entertaining ACCOUNT of the FUNERAL SOLEMNITIES of many Ancient and Modern Nations, exhibiting the Precautions they made use of to ascertain the Certainty of Death.
Illustrated with COPPER PLATES.
LONDON:
Printed for M. COOPER, at the *Globe* in *Paternoster-Row*. MDCCXLVI.

Figure 4. The Uncertainty of the Sign of Death (1746).

successful ones.

A case history (March 27, 1778, 10;30 a.m., Noordwaddingsveen): a 5-year old boy, Jan van Someren, was missed for half an hour and found in the water, apparently dead, by his parents Cornelis van Someren and Aagje Joosten Robberts. A surgeon, Pieter de Nick, was sent for, the child brought inside and warmed up. The usual resuscitation methods were applied and only after a prolonged period (one hour) the blue lips disappeared and he began to cry. He was laid in a warm bed with another person and after some time he started to speak. He recovered completely the next day and Pieter de Nick received the gold medal.

The Dutch example was soon followed by several other countries. In 1774, the English society was founded by physicians William Hawes and Thomas Cogan, the latter becoming interested after a visit to Amsterdam (Fig. 2). An American society was founded in 1787, notably The Institution of the Humane Society of the Commonwealth of Massachusetts (Fig. 3)[2-5].

Figure 5. Fear of being buried alive (1746).


LETTRES
SUR
LA CERTITUDE
DES SIGNES
DE LA MORT,
Où l'on rassure les Citoyens de la crainte d'être enterrés vivans.
AVEC
Des Observations & des Expériences sur les Noyés.
Par M. LOUIS, Conseiller & Commissaire pour les Extraits de l'Académie Royale de Chirurgie, Démonstrateur Royal, & membre de la Société Royale de Lyon.
A PARIS,
Chez MICHEL LAMBERT, Libraire, rue S. Jacques.
M. DCC. LII.
Avec Approbation & Privilége du Roi.

Figure 6. French book on Certainty of Signs of Death by Louis (1752).

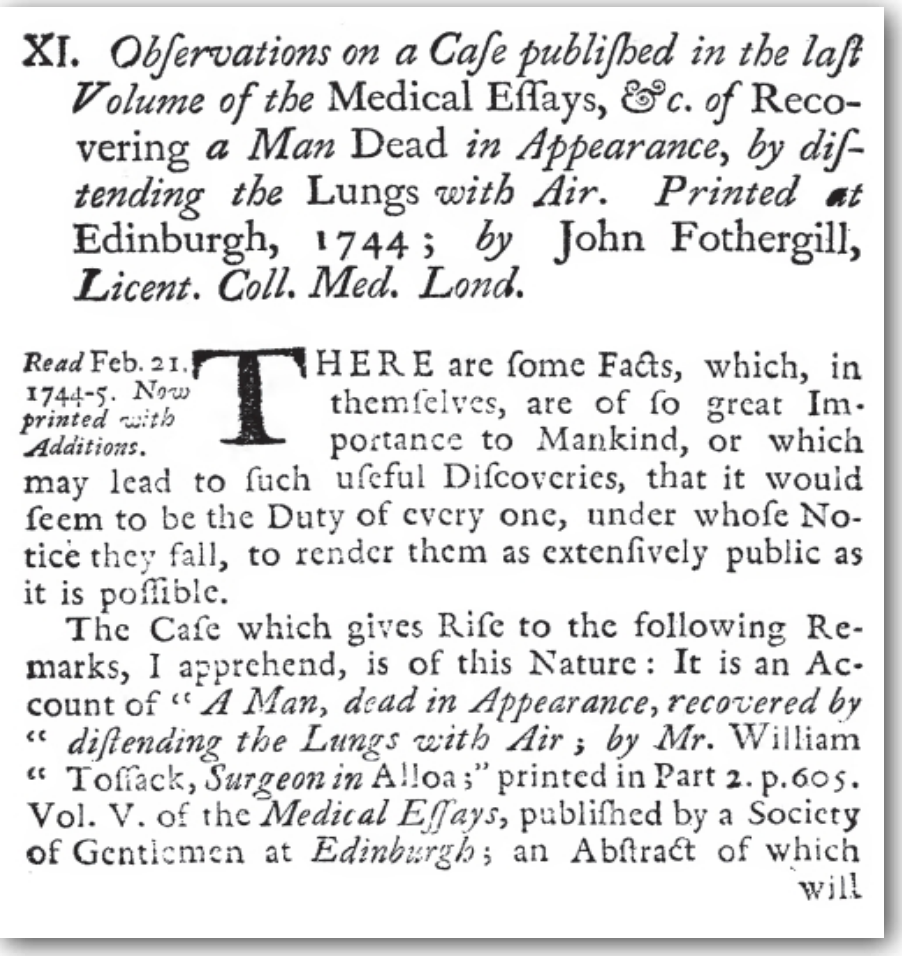
Although John Hunter (1776) suggested cessation of respiration was the primary cause of death and cardiac arrest secondary, and also wrote about ventilation, it would be more than a century before it was routinely applied (see also[6]).

Buried Alive

Next to coma in drowning persons, there was another aspect of apparently dead, notably a great fear for being buried alive, a.o. appearing from the titles of the publications, for instance, the book *The uncertainty of the signs of death, and the danger of precipitate interments and dissections ... with proper directions, both for preventing such accidents, and repairing the misfortunes brought upon the constitution by them.* The book contains chapter titles such as: "A woman, falling into a syncope, occasioned by a violent fit of passion, suppos'd to be dead, and put into a coffin" and "Precautions to be us'd in order to recover those who have been drown'd or buried alive" (Figs. 4 and 5)[7]. Another example is the French *Lettres sur la certitude des signes de la mort. Où l'on rassure les Citoyens de la crainte d'êtres enterrés vivans* (Fig. 6)[8].

The English physician John Fothergill suggested that in some situations it might be profitable to "distend the lungs with air," in particular in "sudden Deaths from some invisible Cause; Apoplexies, Fits of various Kinds, as Hysterics, Syncope's, and many other Disorders, wherein, without any obvious Prae-indisposition, Persons in a Moment sink down and expire" (Fig. 7)[9]. Next to artificial ventilation, the use of electric shock, not unexpected in this age of medical electricity, was recommended[10].

The fear of being buried alive led to curious practices including the one advised by the English lawyer and philosopher Jeremy Bentham to nail a wooden pin through the brain or heart for the prevention of interment of apparently dead ("require that a spike of appointed length, kept for the purpose, be run either through the heart, or into the brain, through the secket of the eye") (Fig. 8)[11]. The Danish-born French anatomist Jacob Winslow wrote a thesis about the uncertainties of the signs of death (translated and augmented by Jacques-Jean Bruhier), which contains


XI. *Observations on a Case published in the last Volume of the* Medical Essays, &c. *of* Recovering *a Man* Dead *in Appearance, by distending the* Lungs *with Air. Printed at* Edinburgh, 1744; *by* John Fothergill, *Licent. Coll. Med. Lond.*

Read Feb. 21. 1744-5. *Now printed with Additions.*

THERE are some Facts, which, in themselves, are of so great Importance to Mankind, or which may lead to such useful Discoveries, that it would seem to be the Duty of every one, under whose Notice they fall, to render them as extensively public as it is possible.

The Case which gives Rise to the following Remarks, I apprehend, is of this Nature: It is an Account of "*A Man, dead in Appearance, recovered by* "*distending the Lungs with Air*; *by Mr.* William "Tossack, *Surgeon in* Alloa;" printed in Part 2. p. 605. Vol. V. of the *Medical Essays*, published by a Society of Gentlemen at *Edinburgh*; an Abstract of which will

Figure 7. John Fothergill's publication (1744).

stories of persons, who were buried almost too early. Huston was critical about Winslow's and Bruhier's "fabulous stories of recovery"[12]. Winslow himself would have escaped a premature burial two times and concluded that putrefaction is the only real sign of death[13]. He referred to the well-known (but controversial) case, autopsied by the 16th century physician and anatomist Andreas Vesalius, who appeared to be alive, after which Vesalius was prosecuted for murder[12]. The king of Spain changed the sentence into a voyage to the Holy Land.

Later, even Charles Dickens was concerned about the apparent dead, as can be read in a contribution in his weekly journal, in which he warned against prematurely buried persons while still alive[14]. Coma, in drowning persons as well as the fear of being buried in such condition was an issue among physicians as well as lay persons for centuries in many countries. •

Dr. Koehler is neurologist at Atrium Medical Centre, Heerlen, The Netherlands. Visit his website at www.neurohistory.nl

This article was adapted from a section of Koehler PJ. The history of coma. In: Boes CJ (ed.). The History of Certain Disorders of the Nervous System. American Academy of Neurology, Philadelphia, 2014.

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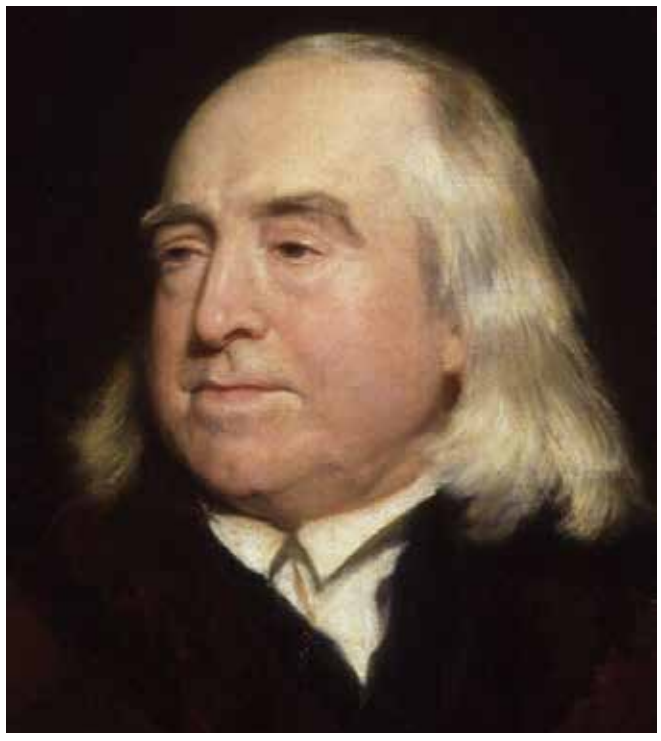

Figure 8. Jeremy Bentham, English philosopher and jurist.

Neurology Fellowship: UC San Francisco/Yale University

A neurology fellowship is offered by the Memory and Aging Center at the University of California, San Francisco, and the Neurology Department at Yale University (position can be filled at either location) through the NeuroHIV Cure Consortium, which operates numerous neurological research studies in acute HIV infection and cure strategies in Thailand and Africa. The Consortium is a research collaboration directed by Victor Valcour, MD, PhD (UCSF), Serena Spudich, MD (Yale University), and Jintanat Ananworanich, MD, PhD (U.S. Military HIV Research Program).

The NIH-funded work gives a neurologist opportunities to conduct research. The fellow will provide at least six months of neurological expertise at research sites in Thailand, including neurological evaluation of subjects and lumbar punctures, while developing a personal research portfolio. The incumbent will be expected to actively participate in manuscript preparation and analyses for publication as lead author, and apply for awards and other funding to support continued involvement.

The Consortium leaders have extensive experience as career and research mentors and will provide guidance and assistance in data analysis and preparation of presentations and manuscripts, as well as in independent fellowship and grant applications. The position is for one year, with opportunities for extension. The fellowship may be combined with a neurobehavioral fellowship at UCSF.

For more information: www.inhcc.net/opportunities.html •

eNS

continued from page 4

entists. Furthermore, we have assembled a diverse group of expert editors and editorial board members to steer the journal into prestige and prominence.

Given all of the aforementioned factors, *eNS* should be of considerable interest to researchers in the fields of neuroanatomy, neurochemistry, neuroendocrinology, neuroepidemiology, neurogenetics, neuroimmunology, neuroophthalmology, neuropathology, neuropharmacology, neurophysiology, neuropsychology, neuroradiology, neurosurgery, neuro-oncology, neurotoxicology, neurovascular diseases (stroke), epilepsy, movement disorders, neuromuscular diseases, cognitive/behavioral neurology, restorative neurology, tropical neurology, neuro-infectious diseases, and neurology-related health services research. •

Dr. Ovbiagele is the Admiral Pihl Professor and Chairman of Neurology, Medical University of South Carolina. He is the Editor-in-Chief of *eNS*.

PRESIDENT'S COLUMN

continued from page 3

two fantastic venues in contention: Cape Town, South Africa, and Dubai in the UAE. We wish the two societies the best in their endeavors to present the best case to the Council.

Following the decision of the Council of Delegates in 2014, a new position of WFN treasurer has been approved. The nominating committee under the chairmanship of Prof. Marianne de Visser (Netherlands) will receive nominations from member societies for this post and the vacated post of trustee. The nominating committee will publish the names of candidates six months prior to the WCN. Elections for both will be very important for the WFN management structure.

The close collaboration with the WHO is continuing in earnest. The two projects now are firstly, the second edition of the Neurology Atlas, which was first published in 2004, and the second is the work on ICD-11, which is coming to fruition in the next year or so.

All societies have been asked by the WHO to provide data on neurological services and practicing neurologists as well as training. The atlas is a unique and most valuable asset and the information is crucial for the advancement of neurology across the world. I urge all member societies to fill in the questionnaire supplied by the WHO so that we can have a meaningful atlas as soon as possible.

One of our major neurological societies held its annual congress in November.

The 22nd Annual Conference of Indian Academy of Neurology IANCON 2014 was held in the Postgraduate Institute of Medical Education and Research, Chandigarh, India, November, 6-, 2014 (Fig. 3). The conference was attended by 1,300 delegates in addition to 200 faculty members both from India and abroad. There were 340 oral presentations in addition to posters and e posters. I had the privilege to pair with Prof. Sarosh Katrak from Mumbai in conducting a grand round session with lively discussion from the floor. Rather fiendishly difficult cases were presented from across India. Prof. Vivek Lal, the chair of the organizing committee, was most active in making sure that all arrangements went smoothly. I was most impressed with the level of papers presented and most grateful to Prof. Chandrashikhar Meshram, President of the Indian Academy of Neurology, for the invitation.

A unique and novel phenomenon affecting neurology occurred in 2014. The Ice Bucket Challenge went viral and the money raised for amyotrophic lateral sclerosis passed $115 million. The probable reason is the use of social media and the fact that most individuals across the world participated within a very short time for this money-raising activity. Many of our families and friends were nominated and indeed participated. It only emphasizes the enormous power of social media in our daily lives.

I wish all neurologists and their families across the world a happy and healthy 2015.•

Figure 3. A group of attendees at the Indian Academy of Neurology Conference November 2014 in Chandigarh.

EAN

continued from page 7

patients all over Europe. One of the great past achievements of the cooperation between the professional body (Section of Neurology, UEMS) and the scientific society (at that time EFNS and ENS) has been the organization of the European board examination in neurology, which EAN will continue to support.

EAN has also kept the ties previously established by EFNS to the leading voice of neurological patients in Europe, the European Federation of Neurological (patients') Associations (EFNA), and is already planning coordinated actions aimed at improving patient care across Europe.

Looking back at the short interval since the establishment of EAN much has already been achieved in the past months, thanks to the good preparatory efforts of the parent societies in the past and the ambitious team leading the European Academy of Neurology. •

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INVITATION

12th International Meeting Society of Neuroscientists of Africa

Southern Sun Elangeni & Maharani Hotel

Durban, South Africa

26-30 March 2015

Brain Sciences: Addressing Research Needs and Priorities in Africa

Dear Colleagues:

The 12th International Conference of the Society of Neuroscientists of Africa (SONA) is only a few months away. The biennial SONA meeting is a premier neuroscience conference in Africa. In this regard, it brings together clinicians (among others neurologists, psychiatrists and psychologists) and puts them into contact with basic neuroscientists (physiologists, anatomists and pharmacologists) under the same roof to showcase research advances in the different neuroscience research fields.

As an affiliate of the International Brain Research Organization, SONA also has managed to draw interests from scientists living outside of Africa. In keeping with the theme of the conference “Brain Sciences: Addressing Research Needs and Priorities in Africa,” our plenary speakers will give lectures covering topics ranging from neurological consequences of HIV infection to neurodegenerative disorders and addiction.

For the first time at a SONA meeting, we also will be looking at ways to move research from the bench-top to the marketplace, i.e., looking at ways to generate income in order to sustain research in Africa.

The conference will be held March 26-30, 2015, at the Southern Sun Elangeni and Maharani hotel, which is situated on the Durban beachfront. The city of Durban is found on the east coast of South Africa. It has a rich cultural and natural heritage. It is home to four universities with close links to a number of academic hospitals. The University of KwaZulu-Natal, which is one of the sponsors for this conference is home to the world-renowned Center for the AIDS Program in South Africa (CAPRISA) and the KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH).

It gives me great pleasure to invite you to attend the SONA Congress in 2015.

Dr. Musa Mabandla
SONA President

SONA
SOCIETY OF NEUROSCIENTISTS OF AFRICA

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INTERNATIONAL BRAIN RESEARCH ORGANIZATION

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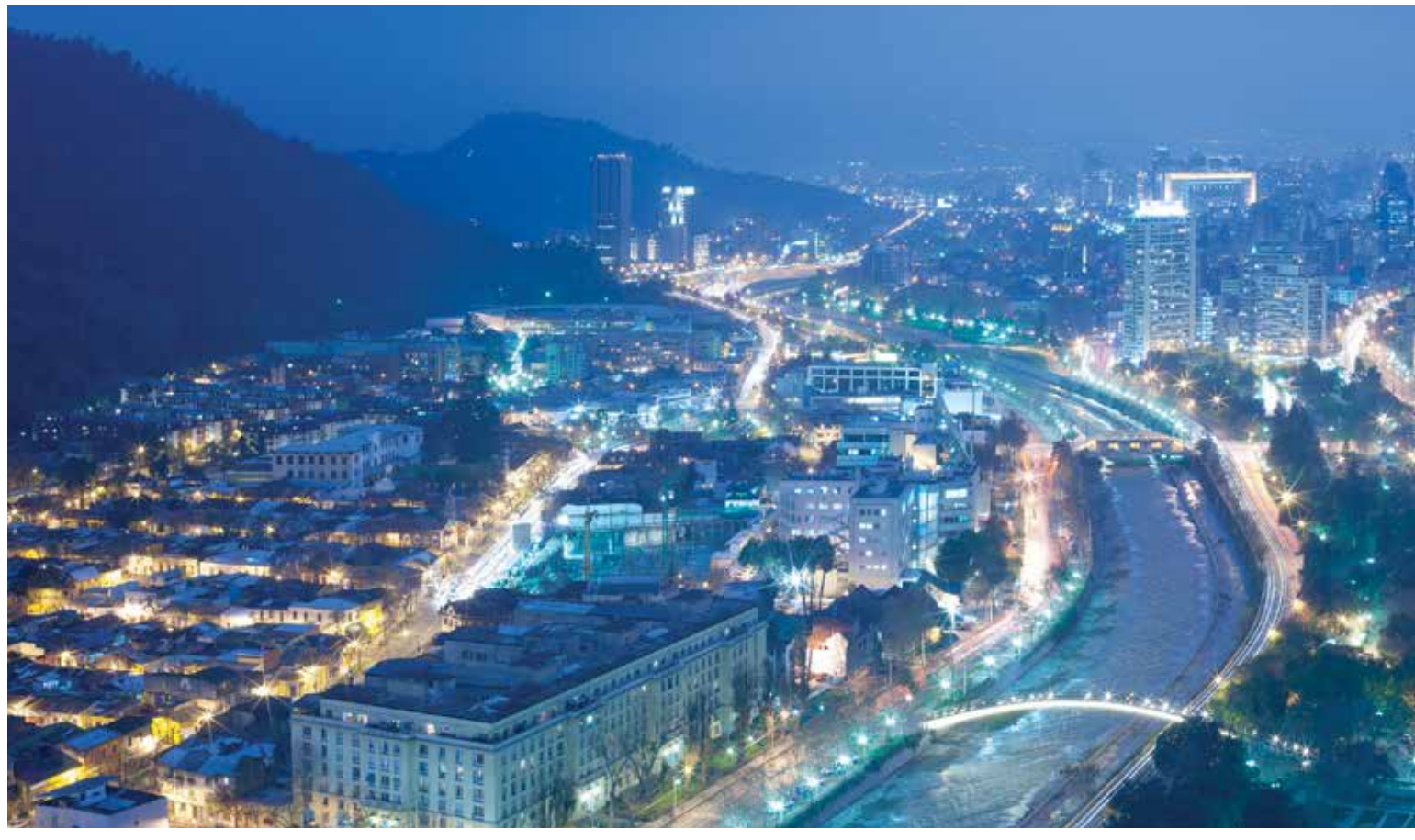
Santiago, Chile, October 31 - November 5, 2015



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WEDNESDAY, APRIL 8, 2015

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