

WORLD FEDERATION
OF NEUROLOGY

WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY



Left to right: John England, MD, FAAN, Kiran Thakur, MD, and Nischay Mishra, PHD.
Photo courtesy of the American Academy of Neurology

WFN, AAN Present Invited Science Session on Infectious Disease

BY JOHN ENGLAND, MD, FAAN,
AND KIRAN THAKUR

The American Academy of Neurology (AAN) held its 71st annual meeting in May in Philadelphia. During the meeting, the World Federation of Neurology (WFN) and the AAN co-sponsored a unique session on infectious disease and global health.

The session was co-directed by John England, MD, FAAN, Richard M. Paddison professor of neurology and chair of the Department of Neurology at the Louisiana State University School of Medicine, and editor-in-chief of the *Journal of the Neurological Sciences*, and Kiran Thakur, the Winifred M. Pitkin assistant professor of neurology

and neuroinfectious disease expert at Columbia University Irving Medical Center.

The session highlighted the joint efforts and partnership of the WFN and AAN to combat neurological diseases globally, and highlighted the work of world-renowned scientists on hot topics

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THE INTERNATIONAL BRAIN COMMISSION (1903-1914)

The International Brain Commission (founded in 1903) played an important role in the history of neurology and its international organization.

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WFN NEUROEPIDEMIOLOGY GROUP UPDATE

The Neuroepidemiology section of the World Federation of Neurology (WFN) has been particularly active in the area of teaching courses and research around the world, especially in areas where neurological research was at the starting point.

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NEUROSONOLOGY IN SHYMKENT, KAZAKHSTAN MEETING PROMOTES ULTRASONIC TECHNIQUES AND RESEARCH

The Neurosonology Specialty Group (NSG) of the WFN is dedicated to the promotion of science and research as well as of education and training in the field of ultrasonic techniques and its clinical utilization.

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PRESIDENT'S COLUMN

World Congress of Neurology 2019

As this issue of World Neurology is published, the excitement and tension surrounding the upcoming XXIV World Congress of Neurology (WCN) is building. All of those involved are readying their final preparations for what should be one of the most exciting, educationally informative, and varied gathering of speakers, attendees, and delegates from all over the world.

Being a true World Congress of Neurology, it will have all the local flavor, international participation, and

opportunity for collegial interaction that uniquely characterizes such meetings, setting it apart from the more regular annual regional meetings.

The Dubai WCN promises much. As a major travel hub, Dubai will reduce overall delegate travel time and offer a wide range of accessible quality accommodation and novel attractions. Most importantly, it has a first-class



WILLIAM
CARROLL, MD

scientific and teaching program, guaranteed to be of interest to all.

The World Federation of Neurology (WFN) is most grateful to all those who have accepted the invitation to speak and to teach during this meeting. By accepting both roles, most of the invited speakers have aided the organizers and the WFN in substantially reducing the faculty costs, thus allowing

more generous support in keeping with the recognition they deserve for their contribution. Furthermore, through reduced faculty costs and in partnership with the local Emirates Neurological Society, this WCN has been able to offer a record number of travel bursaries to assist the attendance of more than 200 young neurologists from low- and low-middle-income countries.

A further consequence of the modestly reduced faculty and the attempts of the program committees to engage more younger speakers (while also attaining topic, regional, and gender balance) is

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that some regular participants from past congresses may feel overlooked. To those who may feel this way, I would like to say that we have greatly appreciated their WCN contributions and in turn those to the WFN.

Other extraordinary highlights will include increasing the attractiveness of the Tournament of the Minds as described in my last column, the continuation of posters on poster boards rather than by e-format, the use of news conferences to disseminate important messages from the WCN, and upgraded social media. The decision to retain physical poster sessions is based on the observations at a number of other conferences of the relative sterility of e-poster sessions and the organic interactive environment seen at physical poster sessions. Delegate feedback here remains important.

There are three important press conferences planned. It is no coincidence that these will focus on the three largest contributors to the global disability adjusted life years. The first is the final activity for the successful 2019 World Brain Day – Migraine the Painful Truth. This press event will be co-hosted by the International Headache Society (IHS) and the WFN and will emphasize the impact that migraine has not only on the individual and on them as employees but also on their employers.

The second press conference will focus on the nexus between stroke and dementia, and the third on the recent alignment of the World Health Organization (WHO), WFN and the World Stroke Organization (WSO) through the change

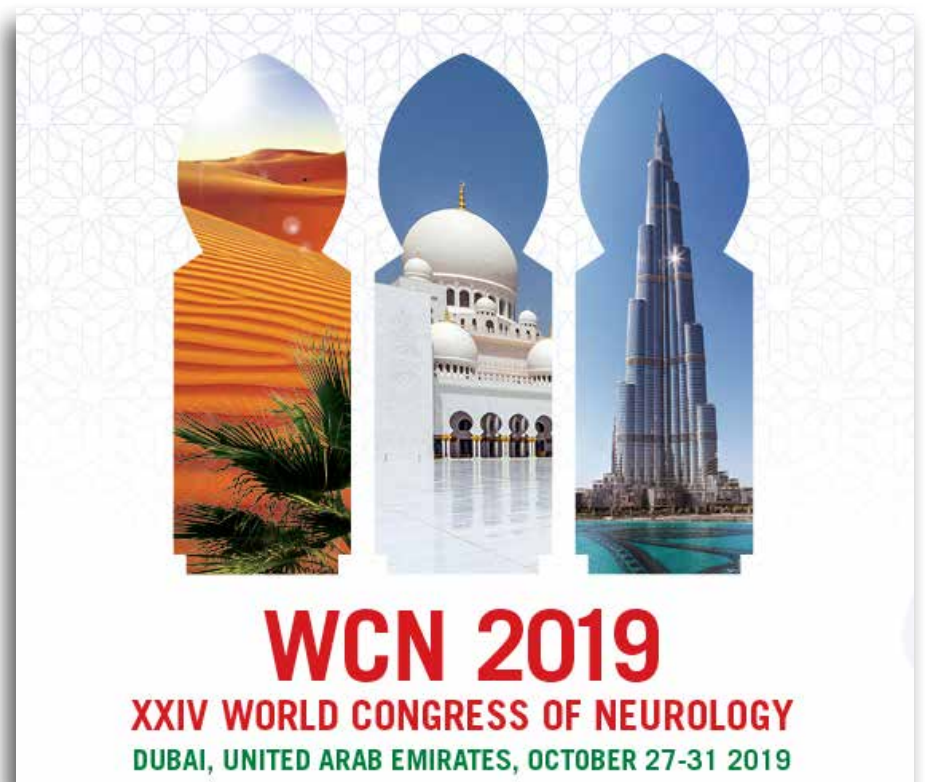
in categorization of stroke in ICD-11 from a circulatory disease to a brain disease and the implications of this.

Council of Delegates

The WCN also provides an important opportunity for groups to meet and discuss a wide range of issues related to neurology and neurology specialties. For the WFN, this is one of the most important times. The WFN Council of Delegates (COD), comprising representatives from most of the WFN national member organizations, meets Oct. 26 to conduct its business.

On this occasion, there are two trustee positions to be filled. These are the treasurer and an elected trustee. An important vote will also be held to determine the site of the 2023 WCN. More on these important matters will be discussed in the next issue of World Neurology.

A final, and arguably the most important meeting, will also occur during the WCN. This will be the Global Neurology Alliance (GNA). The alliance represents most of the topic specialties of neurology, such as the World Stroke Organization, Alzheimers International, the International League Against Epilepsy, the International Parkinson's Disease and Movement Disorders Society, the Multiple Sclerosis International Federation, the International Headache Society, the International Federation of Clinical Neurophysiology, and the major associated organizations, such as the World Federation of Neurosurgical Societies, the World Federation of Neurorehabilitation, the International Brain Research Organization, the World Psychiatry Association, and



the International Child Neurology Association.

Also included are the major regional neurology organizations, such as the American Academy of Neurology, the European Academy of Neurology, the African Academy of Neurology, the Pan American Federation of Neurological Societies, the Pan Arab Union of Neurological Societies, and the Asian and Oceanian Association of Neurology.

WFN Specialty groups, such as Amyotrophic Lateral Sclerosis and Motor Neurone Disease, Huntington's Disease, Tropical and Infectious Neurology, Environmental Neurology, Migrant Neurology, Epidemiology, Functional

Neurological Disorders, and others, are also included.

At present, the GNA does not include solely neuroscience or patient advocacy groups. The GNA represents what is arguably the most comprehensive advocacy group for all aspects of neurology. Topics likely to be considered are increasing the importance of brain health, the inequities of access to neurological care, and the burden of non-communicable neurological disease.

All up, the 2019 World Congress of Neurology promises to be a most memorable event. It is, as the Global Neurology Alliance illustrates, a celebration of all things neurological. I look forward to seeing you all in October. •

INFECTIOUS DISEASE*continued from page 1*

in infectious disease and global health. The session included presentations on the current acute encephalitis outbreaks (AES) in India, the acute flaccid myelitis (AFM) outbreaks in the United States and other global regions, the central nervous system (CNS) reservoir in HIV infection, and the newly recognized spectrum of post-infectious cases of autoimmune encephalitis.

The session's first lecture was given by Prof. Manoj Murhekar, lead scientist and director of the National Institute of Epidemiology in Chennai, India, who spoke on acute encephalitis syndrome in Eastern Uttar Pradesh, India. His talk was followed by Dr. Nischay Mishra, a molecular biologist with expertise in advanced diagnostics and bioinformatics at the Center for Infection and Immunity at the Columbia University Irving Medical Center. He discussed molecular and serological discovery in CNS infectious diseases, highlighting his work identifying etiologies in AES outbreaks in India. Dr. Kevin Messacar and Dr. Kenneth Tyler

(both at the University of Colorado School of Medicine), two major leaders of AFM investigations and members of the Center for Disease Control and Prevention (CDC) AFM taskforce, discussed features of enterovirus-associated AFM.

Their presentations discussed human clinical features as well as an experimental mouse model, which was developed in Dr. Tyler's laboratory. Dr. Serena Spudich, professor of neurology and division chief of infections and global neurology at Yale University School of Medicine, spoke on "Tapping into CNS reservoirs: single cell RNA sequencing of CSF in HIV." She provided data on her recent studies using single-cell RNA sequencing, which identified a rare subset of myeloid cells that present a gene expression signature that significantly overlaps with neurodegenerative disease-associated microglia.

Prof. Josep Dalmau, director of the laboratory for the study of the pathogenesis of immune-mediated neuronal disorders at the University of Barcelona, Spain, and world authority on paraneoplastic disorders affecting the nervous system concluded the session with a lecture on viral triggers of autoimmune



Audience at the invited science session.

Photo courtesy of the American Academy of Neurology

encephalitis. He highlighted his work in a multicenter prospective study showing that autoimmune encephalitis subsequently occurred in 27% of patients afflicted with herpes simplex encephalitis.

The session emphasized the importance of groundbreaking scientific work to combat neuroinfectious diseases globally and the importance of the WFN

and AAN as organizations working together on global health initiatives. Further collaborative educational and scientific programs in infectious diseases, neuroscience, and world health will be presented at the upcoming World Congress of Neurology (WCN), which will be held Oct. 27-31 in Dubai, United Arab Emirates. •

HISTORY

The International Brain Commission (1903-1914)

Although often considered a predecessor of the International Brain Research Organization (IBRO, founded in 1961), the International Brain Commission (founded in 1903) played an important role in the history of neurology and its international organization. After all, many early brain researchers often were seeing patients with neurological or neuropsychiatric diseases, and the distinction between clinical and laboratory work was perhaps less evident.

In 1899, leading European academies and scientific societies, in cooperation with the Washington, DC, Academy, joined efforts and founded the International Association of Academies (IAA). International cooperation was considered important in several fields of science, including geophysics and astronomy.



Wilhelm His (1831-1904).

In 1903, the Central Commission for Brain Research, usually abbreviated as Brain Commission, was constituted in London. The IAA had accepted a motion, proposed by the Swiss-German (neuro) anatomist Wilhelm His (1831-1904) to this purpose a few years earlier, stating that the IAA:

Should set up a Special Commission to consider the ways and means of achieving the collection, preparation, and general utilization of reliable material for observation on the basis of common principles in the field of human and animal evolution, on the one hand, and on brain anatomy on the other (Richter, 2000).

The first part of the motion was dropped at the London meeting, limiting the purpose to brain research. The formulation accepted by the Brain Commission finally stated:

The several Academies and Societies, represented in the Association, should

bring by the name of the Association before their respective governments, or other appropriate authorities, a proposal to establish special institutions of departments of institutions, for the investigation of the Central Nervous System, where such organizations are not already in existence or cannot be created otherwise (Richter, 2000).

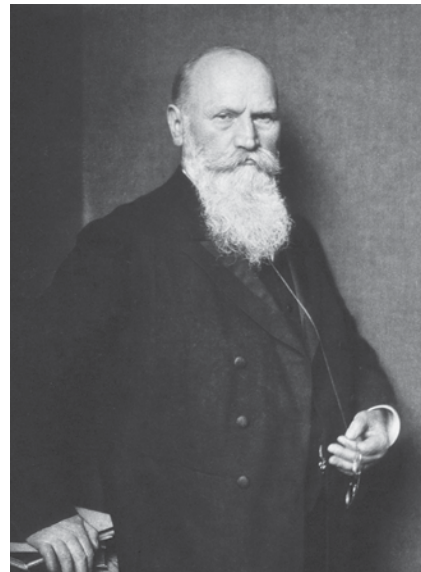
An important motivation was the time-consuming preparation of numerous serial brain sections for comparative neuroanatomic research, in which an international cooperation would be advantageous. A comparison was made with the cooperation in setting up an international network of astronomical observatories. The establishment of neuroanatomical research institutes was promoted with the purpose of providing brain banks and archives of histological preparations. The Constitution and Bye Laws of the Brain Commissions had 36 items, including one on the recognition of an institute:

Should an Institute desire to be recognized as an Interacademic Institute for Brain Study... application for this must be made to the President of the Central Commission. To the petition are to be added statements of the plan of work, organization, personnel, and financial resources. Action on this petition will be taken at the next regular meeting of the Central Commission. A simple majority of the members present decides, the President voting in case of a tie.

The Dutch neurologist Cornelis Winkler (1855-1941) wrote in his recollections that “they hoped, by influence from the academies, to convince the various governments of the importance of joint international work in this area and to motivate them to found central institutes for brain research,” and the Swiss Constantin von Monakow (1853-1930) wrote in his *Vita Mea* that the “most important task,” announced by the IAA would be the “mutual scientific assistance and cooperation and if possible methodic organization of brain research.” He hoped that the “mischief of brain research” with “lack of any organization, chaos concerning research and publications” would be reduced. The Swedish Salomon E. Henschen (1847-1930) was rather critical about the Brain Commission in his autobiography, and the German Paul Flechsig (1847-1929) was not satisfied about the lack of scientific fruitful ideas.

Well-Known Brain Scientists

Wilhelm His became the first president of the Brain Commission, and upon his



Wilhelm Waldeyer (1836-1921).

death in 1904, was succeeded by Wilhelm Waldeyer (1836-1921). The first nine interacademic institutes for brain research were soon acknowledged (1904-1912). The institutes were directed by well-known brain scientists, including Santiago Ramón y Cajal (Madrid, 1904), Paul Flechsig (Leipzig, 1904), Ludwig Edinger (Frankfurt am Main, 1904), Heinrich Obersteiner (Vienna, 1906), Constantin von Monakow (Zurich, 1906), Henry H. Donaldson (Philadelphia, 1906), Vladimir M. Bekhterev (St. Petersburg, 1908), Cornelius U. Ariëns Kappers (Amsterdam, 1909), and Károly Schaffer (Budapest, 1912).

The first three of this list (Madrid, Leipzig, and Frankfurt am Main) were already existing institutes for the study of the central nervous system. Monakow’s Zurich institute and the Wistar Institute in Philadelphia were recognized in 1906. At least four Brain Research institutes owed their existence to the Brain Commission, including the Central Institute for Brain Research in Amsterdam, the Brain-Histological Institute in Budapest, and Bekhterev’s Psychoneurological Institute in St. Petersburg (Richter, 2000). Obviously, not every country was endowed with this honor, and it was prestigious to be elected head of an institute.

The Brain Commission had seven special subcommittees, including macroscopic morphology and phylogenetic research. Up to 1914, over 50 well-known “neuroscientists,” including physiologists, had become members, of whom three became Nobel Laureates, notably Golgi, Cajal, and Sherrington. Led by Waldeyer, a new nomenclature of brain-anatomical terms was set up by the Brain Commission.

International Brain Atlas

In the correspondence between Winkler and Monakow, kept in Amsterdam and

Zurich (207 letters), activities of the Brain Commission were often subject of discussion. Winkler wrote to Monakow that subsequent to the planned neurology congress in September 1914 in Bern, he, in his function as member of the Brain Commission, intended to visit laboratories in Copenhagen, Kiel, and Hamburg to judge whether they would be eligible to become interacademic brain institutes. He also hoped to be able to receive Dutch grants for the International Brain Atlas project (Winkler to Von Monakow, July 26, 1914), a project initiated in particular by Waldeyer and Edinger.

This ambitious project was not successful, however, because of WWI. Moreover, an important disadvantage of such a project became evident. There were too many differences between the Zurich (made by Gennosuke Fuse [1880-1946] and Von Monakow) and Amsterdam contribution (made by Ada Potter [1878-1961] and Winkler). Nevertheless, the Zurich part of the microscopic atlas on the medulla oblongata was published in 1916. With respect to the Amsterdam part, Winkler met with several problems and was

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Plate from the Swiss part of the International Brain Atlas (1916).



Plate from the Dutch part of the International Brain Atlas (1929).



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 all neurologists from around the globe to the May-June 2019 issue of *World Neurology*, the official newsletter of the World Federation of Neurology (WFN). This issue begins with the report from Profs. John England and Kiran Thakur about the American Academy of Neurology and WFN co-sponsored invited science session on neuroinfectious disease and global health recently held at the AAN Annual Meeting in Philadelphia, Pennsylvania.

In this issue's President's Column, WFN President Prof. William Carroll provides a glimpse of the many important activities, and particularly the many important meetings, that will be held at the upcoming XXIV World Congress of Neurology (WCN) in October in Dubai.



STEVEN L. LEWIS, MD



WALTER STRUHAL, MD

Also in this issue, Prof. Nazira Zharkinbekova reports on the recent successful neurosonology teaching course held this past April in Shymkent, Kazakhstan.

Profs. Raad Shakir, Susumu Kusunoki, and Hidehiro Mizusawa report on the Japanese Society of Neurology's successful annual congress held in late May in Osaka, coming on the heels of the remarkably successful WCN held in 2017 in Kyoto.

Prof. Giancarlo Logroscino reports

“We would like to thank you for your interest in this publication for, by, and about neurologists around the globe. We look forward to reports from the many activities surrounding this year's World Brain Day, which we will publish in an upcoming issue of *World Neurology*.”

HISTORY

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looking for help from abroad: “Would it be possible that [Frederick] Mott and [Ludwig] Edinger and Pierre Marie also take care of drawing some of the plates?” (correspondence of Winkler to Monakow, Oct. 16, 1919). Furthermore, he wrote in the 1929 preface, “The war was the cause of financial obstacles, opposing themselves to the printing of the second volume, that had been drawn in Holland. There were so many that the publication of the second volume of the atlas was postponed from year to year. At the moment when the Royal Academy of Sciences was able to give a solution to the financial difficulties, in 1929, the second volume of the atlas was published.”

Collapse and Attempts of Reanimation

The Brain Commission more or less collapsed after the outbreak of WWI, and in January 1919, Winkler wrote to Monakow: “Wouldn't it be time that you, Ramón y Cajal, and me attempt to bring together the Brain Commission again?” (correspondence of Winkler to Von Monakow, Jan. 10, 1919). The subject lapsed until 1927, when Monakow (then 74 years old) in his correspondence with Winkler (at age

72) expressed his regret that (Frederic) “Mott cannot be moved to install this again.” Furthermore, in 1927, Winkler asked two of his Dutch colleagues in Amsterdam, Cornelius U. Ariëns Kappers, director of the Amsterdam Brain Institute, and Bernard Brouwer, professor of neurology, to use their positions to help resuscitate the Brain Commission (correspondence of Winkler to Von Monakow, April 19, 1927).

Several more letters were exchanged between Monakow and Winkler to discuss resurrection of the Brain Commission. (See Jagella and Koehler, 2018.) The Swedish Henschen (then 82 years old; he had been consulted by Lenin, who had suffered a stroke, six years previously, with Foerster, Nonne, Bumke, and Strümpell), from his side, also made attempts to revive the organization, proposing the name *Academia Neurologica Internationalis*. (See Holdorff, 2011.) He received endorsements from Mingazzini, Cushing, Minor, Elliott Smith, and Pavlov.

In his correspondence with Cécile Vogt, he proposed to hold a conference in Amsterdam or Utrecht, but later changed to Stockholm. Eventually, neither of the proposals succeeded. In the meantime, a number of younger neurologists were preparing an International Congress of Neurology to be held in Berne, Switzerland (where the 1914 meeting

on activities of the Neuroepidemiology Group of the WFN at the conclusion of his term as chair. WFN thanks Dr. Longroscino immensely for his service to these important scientific and educational endeavors.

In this issue's History column, Prof. Peter Koehler provides a detailed report of the history of the International Brain Commission, an early neuroscience organization that was in existence in the early part of the 20th century.

Finally, as in many other issues of *World Neurology*, this issue features reports of young trainees who have participated in WFN sponsored Training Centers (including reports from the WFN training centers in Cairo and Dakar), and the Department Visit programs, including reports from the WFN co-sponsored department visits in Trento, Italy, and Innsbruck, Austria. Unique to the Innsbruck report is that the trainee looks back on his successful department visit and its effect on his career development four years after the life-changing experience.

We would like to thank you for your interest in this publication for, by, and about neurologists around the globe. We look forward to reports from the many activities surrounding this year's World Brain Day, which we will publish in an upcoming issue of *World Neurology*. Finally, we look forward to seeing so many of you at the upcoming WCN Oct. 27-31, in Dubai. •

had been cancelled due to the outbreak of WWI in 1931. (See *World Neurology* 2018;33:1.) The reanimation of the Brain Commission had failed. •

More Reading

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The Success of the JSN 60th Congress

BY RAAD SHAKIR, SUSUMU KUSUNOKI, AND HIDEHIRO MIZUSAWA

Neurology typically flourishes in the country that hosts a World Congress. It was most evident during Japan's annual congress held May 22-25, 2019, in Osaka. The sense of achievement of holding the largest ever WCN in Kyoto 2017 is clear to see.

There may also be a sense of internationalism and globalization driving the Japanese Society of Neurology in its efforts to showcase what is happening in Japan generally, and in neurology specifically.

The specific issues related to the Japanese aging population coupled with a diminishing workforce are much on the minds of all. Neurology will play a major role in supporting this rather specific situation. It is clear that neurology needs to expand on the service side as well as in research and development. This will happen with the dedication and perseverance of JSN to show government that neurological diseases are a major cause of disability, especially in an aging population.

This year's congress is the first in the new imperial era Reiwa, which best translates to "peaceful harmony." It is clear that the future of neurology is secure and prospering. The congress attracted 7,900 participants, which is another record. There were sessions in English throughout with 47% of scientific symposia and 43% of oral sessions being in English.

What was noticeable is that not only international speakers, but more importantly, Japanese neurologists and neuroscientists were presenting in English to packed halls. This trend extended to poster sessions, and 40% were in English. This makes international publication of Japanese work easier for all concerned. It was easy for the non-Japanese speakers to have a choice of topics throughout the day.

Prof. Susumu Kusunoki, congress president; Prof. Tatsushi Toda, president of JSN; Prof. Hidehiro Mizusawa, president of WCN 2017; and members of the board have worked hard to produce a rich program with 718 oral presentations and 1,200 posters.

The Japanese scientific output is impressive and increasing, which was reflected in the topics of the congress. Work on neurogenetics, neuroimmunology, and other neuroscience new frontiers was most impressive, and the session halls offered standing room only. There were 55 international invited speakers enriching the program.

It is most noticeable that East Asian original work was evident, and the support provided to neurologists from China, Korea, Mongolia, and Taiwan, among others, was important to showcase the involvement of the JSN in promoting regional neurology.

Post-WCN Kyoto 2017, neurology in Japan has definitely grown and prospered. Perhaps more importantly, it created a sense of even more internationalist engagement, which will prove to be crucial for the progress of neurology in Japan as well as globally.

The involvement of JSN in the Asian and Oceanian Association of Neurology (AOAN) is longstanding and fundamental. It is important to note the Japanese neurologists are founding members, and their continued support has been cemented by the success of WCN Kyoto 2017. The region certainly needs all of the support both financial and scientific as it has the largest world populations with its clear and enormous needs. In order for neurology to flourish, the JSN has always played its role in support and participation in all regional and international activities.

The JSN currently has 9,169 members, which makes it one of the larger national societies and this places an obligation on the JSN board to advise, guide, and support neurologists from across the world especially those from low and low middle income countries. This is certainly advanced by large congresses and



The plenary session.



Some of the speakers and the JSN board.

provision of grants to young neurologists to attend and present their work. It is in a way the duty of larger societies in more prosperous countries to provide support and guidance to those from not so scientifically and economically advanced.

Although scientific congresses are by and large copies, there is always something unique about the Japanese ones. Multiple simultaneous sessions are a norm, but having them in two languages and seeing the delegates move seamlessly for one language to the other is impressive. The aim of the JSN is to attract more international participation with work not only from the region but from further afield.

Compared to other large annual national society meetings, the JSN congress compares favorably with others having the depth and breadth of science and educational values. It would be important for the JSN to obtain CME accreditation from the international bodies, such as the AMA and the EACCME, for certification. With the program as it stands, there should be no issues at all.

Promotion of all congresses is crucial; this depends on the aim of the organizers.

How far should the JSN go in promoting and attracting speakers who will come under their own steam to present their work in Japan? On the other hand, does the JSN need to do this; the answer is simply yes. The material presented is definitely of high caliber and would easily pass the muster. However, the JSN has to decide if its aim is to promote neurology nationally only or go on to a long-term aim of even more globalization. There is no doubt that serving the national need is made that much easier by creating a vibrant and rich international dimension.

The JSN has been in existence initially combined with psychiatry since 1902, and on its own for 60 years. It has certainly stood the test of time. Proving its credentials has long happened, and now is the time to move on with ambitious zeal to the next horizon. The stage is set for such a move in order to further neurology in Japan, regionally and globally. •



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Founded in 1960

Raad Shakir is with the Imperial College London UK and is immediate past president of the WFN. Susumu Kusunoki is president of the 60th JSN congress Osaka 2019. Hidehiro Mizusawa was president of the WCN 2017 Kyoto.

WFN Neuroepidemiology Group Update

BY GIANCARLO LOGROSCINO, MD, PHD

The Neuroepidemiology section of the World Federation of Neurology (WFN) has been particularly active in the area of teaching courses and research around the world, especially in areas where neurological research was at the starting point.

The involvement of WFN members in the neurological group to the Global Burden of Disease (GBD) project has been an important asset. The GBD neurological group has been led by Valery Feigin from Auckland, New Zealand.

Two papers on the GBD of neurological diseases have been published by *Lancet Neurology* (Neurological Disorders Collaborator Group. *Lancet Neurol.* 2017 and 2019).

Lancet Neurology has launched an initiative to publish a special issue on specific neurological disorders. Disease-specific papers have been published on stroke, dementia, Parkinson disease, motor neuron diseases, and epilepsy. The activity of the GBD in the areas of the neurological disorders, even if not officially linked to WFN, have been carried out by active members of the WFN group, including Dr. Feigin, Beghi and myself.

The group has succeeded to get a small pilot grant to develop an epidemiologic course in low income countries. The first country where the WFN neuroepidemiological group decided to implement the course was Cambodia. The course with the endorsement of the WFN was held in February 2017 in Cambodia.

The overall goal was to train neurologists interested in neuroepidemiologic research and support their research activities. The chairs of the course were Giancarlo Logroscino, Italy; Pierre Marie Preux, Limoges, France; and Benoit Marin, Limoges, France.

The course was an intensive five-day course on research methods with focus on practice in low- and medium-income countries.

The course was conceived to help Cambodian neurologists to establish clinical and population-based research programs in topics of utmost interest including epilepsy, stroke, dementia, and infectious disease.

Cambodia is still experiencing a transition characterized by rapid increase both of expectation of life and incidence and prevalence of chronic diseases. In this context, neurology has a major role within medicine but has to change direction rapidly in education, clinical work, and research.

The course was held at the University of Health Sciences of Phnom Penh. It was attended by 14 out of 16 members of the Cambodian Neurological Society (eight neurologists out of nine). There was also attendance by 14 students of the School of Medicine, chosen by the faculty.

Prof. Samleng, chair of neurology in Phnom Penh, expressed the strong wish that the Cambodian Neurological Society could join the WFN, a process still ongoing.

With the same goals, we organized two courses in Albania with the endorsement of the WFN but no WFN financial support. The support was provided by a research and training grant of the University of Bari. Both courses were promoted and organized by Prof. Jera Kruja, from the University of Medicine Tirana and Prof. Giancarlo Logroscino from the University of Bari.

The first course, which was held in June 2017, focused on ALS and motor neuron diseases. The course focused on several aspects of amyotrophic lateral sclerosis: epidemiology, new classification and staging systems, biomarkers and advanced diagnostic technologies, multidisciplinary management of the disease (nutrition, pneumological

assessment and supports, end of life approaches), cognition in ALS, and neuropsychological evaluation in subjects with motor impairment.

The role of hospital neurologists outside the academic centers was emphasized. The model for the care of neurodegenerative diseases patients choosing the patient home as the center of care was described. In this model, the role of the general practitioners and specialists working in the territorial unit (district) was emphasized.

Albanian and Montenegrin neurologists illustrated the available resources and the disease approach in their countries.

The second course was held in October 2017 in Albania on dementia for neuropsychologists and neurologists with the participation of Thomas Bak, Edinburg, United Kingdom, chair of the aphasia and dementia group, and Prof. Raad Shakir, former WFN president. Prof. Shakir outlined the link of the public health and economic perspective in the dementias and other neurological diseases areas in the future.

The implementation of clinical care models for dementia in countries with limited resources was discussed. The changing epidemiology of dementia in the world with the general aging population has been debated with special focus on countries of the Balcanic area.

These courses were the initial framework for research for rare neurodegenerative diseases in Albania, pursuing the application of a model already established in Puglia region in Southeast Italy. A network of collaborators for the project has been established, including Albania, Kosovo, and Montenegro. An initial collection of data was started in Albania after the course.

Similar courses were held in Serbia (January 2019) and in South America, in



Giancarlo Logroscino, MD, PhD

Uruguay and Panama (August 2016 and April 2018). Both courses were primarily organized by Dr. Carlos Ketzoian from the University of Montevideo and Walter Rocca from Mayo Clinic.

I hope that the neuroepidemiological group will pursue further actions along these lines established in the next few years. It has been an honor and exceptional experience to serve for an extraordinary organization as the WFN, and the specialty group committee with interactions with recognized leaders in neurology as Prof. Shakir and Prof. Grisold.

In this perspective, Dr. Carlos Ketzoian, the new chair, has the background and the abilities to pursue the expansion of neuroepidemiology as areas of training and research all around the world with a specific emphasis in low- and medium-income countries. I will continue to serve the section with the same enthusiasm under the new leadership. •

Giancarlo Logroscino works in the Center for Neurodegenerative Diseases and the Aging Brain, Department of Basic Medicine, Center for Neuroscience and Sense Organs Department of Clinical Research in Neurology of the University of Bari at Pia Fondazione Card G. Panico Hospital Tricase (Le) University Aldo Moro Bari.

DEPARTMENT VISIT REPORT

Visit to Santa Chiara Hospital in Trento

BY DR. SOLOMIE AYALEW TEGEGNE

My visit to the Santa Chiara Hospital in Trento was interesting and educational. I stayed in the stroke unit for one week. During this time, I was able to observe and appreciate the organization and coordination needed to take care of stroke patients.

From the moment the patient arrives in the emergency department, it takes a highly trained team of paramedics, nurses, radiologists, neurologists, and physical therapists working together to achieve the best possible outcome for the patient.

I was able to see the effects of IV thrombolysis and endovascular surgery in preventing disability. In my home country

of Ethiopia where stroke treatment and neurology as a whole is in its infancy, seeing patients benefit from stroke treatment inspires me to do more to improve the care I give to patients. My stay in the stroke unit also taught me rapid evaluation of patients to determine eligibility for IV thrombolysis.

I was fortunate enough to be able to spend time in the outpatient clinics for general neurology, epilepsy, multiple sclerosis, and movement disorders. I saw cases which we rarely see or diagnose in my country. The last week of my visit, I spent in the outpatient electrophysiology laboratory. This was most informative for me because EEG and NCS/EMG is not readily available for use in our setup.

The number of women neurologists

in the hospital impressed me. I was able to make many good friends and learn a lot from these women.

In conclusion, my visit to Santa Chiara hospital benefited me not only in terms of improving my clinical knowledge and experience but gave me added energy and inspiration to improve the care we give to patients. I now understand that teamwork is important in stroke treatment and indeed in the treatment all neurologic diseases. My experience in Trento will help in planning and operating stroke units and other neurologic services in my hospital. •

Dr. Solomie Ayalew Tegegne is assistant professor of neurology at Addis Abeba University Department of Neurology.



Neurosonology in Shymkent, Kazakhstan Meeting Promotes Ultrasonic Techniques and Research

BY NAZIRA ZHARKINBEKOVA, MD

The Neurosonology Specialty Group (NSG) of the WFN, formerly known as the Neurosonology Applied Research Group, is dedicated to the promotion of science and research as well as 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 NSG WFN activities.

In April, the South Kazakhstan Medical Academy (Shymkent, Kazakhstan) in cooperation with NSG of the WFN, successfully conducted a five-day transcranial doppler (TCD) workshop. There were 42 participants, mainly neurologists and a few neurosurgeons, surgeons, and neurointensivists from nine cities (Astana, Almaty, Shymkent, Aktobe, Karaganda, Ust-Kamenogorsk, Turkestan, Kostanay, and Tara). This course was designed for individuals who are interested in performing and interpreting TCD studies.

The faculty discussed the current status of TCD and some specific clinical applications, including the clinical value of TCD for confirmation of total

cerebral blood flow cessation in patient with clinical diagnosis of brain death. Part of the meeting was dedicated to the hands-on practice.

The lectures were delivered by A. Razumovsky, PhD, FAHA, who currently serves as a secretary for NSG of the WFN.

At the closing ceremony when the local course directors (Dr. Zharkinbekova, MD,

Dr. Z. Bapayev, MD, first vice rector for strategic development and innovation for South Kazakhstan Medical Academy; K. Kabulov, dean of the faculty of advanced training; and Dr. Alexander Razumovsky, PhD, FAHA, as a representative of NSG of the WFN) delivered the participation certificates, there was much cheer and enthusiasm.

The next NSG WFN accredited course will take place at the WFN XXIV World Congress Oct. 27, 2019, in Dubai, UAE. •

Dr. N. Zharkinbekova, MD, is the head of the department of neurology, psychiatry, and psychology of the South Kazakhstan Medical Academy in Shymkent, Kazakhstan.



Participants of the first NSG of the WFN meeting in Kazakhstan.

WFN TRAINING CENTER REPORT

Fellowship Experience at Cairo University Neurology Department 2018

BY WAEL ALWAHCHI

I would like to thank WFN deeply; it was a good program that I hope will make a difference in my career, and change my future vision regarding neurology and the way of approaching and managing of neurological disorders.

My scientific trip started Jan. 5, 2018, when I arrived to the Kasr Al Ainy Hospital. I was so impressed with regard to this old and historical place, which was big and great.

I met Dr. Husam Salah, a nice gentleman who was kind and welcomed me. He helped me to get settled regarding the accommodations.

The first week, I met the head of department and my supervisor, Prof. Mohamed El Tamawy and Prof. Maged Abdel Naseer, respectively, who provided a tour and introduced me to the staff of Kasr Al Ainy.

My training program then started. I had rotations in different subspecialties. My first three months targeted the Stroke Unit, where I was involved in the duties there, and I was also in the ER for one day. I also attended rounds in the ICU at

the beginning of the week, and in the intermediate ICU at the end of the week. I was so impressed and satisfied in the discussions and management approach with Prof. Fouad Abdullah.

I saw a lot of cases of acute stroke management with rTPA and participated in post-stroke care. I was also in a variety of emergency neurological cases, such as myasthenic crisis, AIDP, SAH, coma, and stroke in the young.

I also had the opportunity to learn neurosonology, including carotid Doppler and transcranial Doppler, which were really interesting. Through this, I had the opportunity to understand vascular neurology more easily.

By the end, I was practicing how to assess a stroke patient using the NIHSS and recognized the indications for rTPA.

I then turned to the next subspecialty, which was epilepsy, where I spent about three months. I attended regularly epilepsy outpatient clinics, examined a huge number of patients and discussed the management plan and approach. I observed long-term EEG monitoring; at the beginning, it took time to understand the principles, but by the

end, I found myself easily understanding EEG reporting and semiology of epilepsy. I also felt more confident dealing with pediatric epilepsy. I was involved in a variety of different cases of focal and generalized epilepsies, including Lennox Gastaut and JME. I then shifted to the multiple sclerosis unit for two months. I attended daily and learned how to treat acute exacerbations and how to manage symptomatic complaints and how to differentiate between multiple sclerosis and NMO. After finishing my MS rotation, I transferred to the neurophysiology department where I stayed for 55 days. I saw different neurological cases and observed nerve conduction studies and electromyography; during my first four weeks, I was an observer only, and then in the last two weeks, I was hands-on and participated in evaluating cases of carpal tunnel syndrome and repetitive nerve stimulation for myasthenia gravis. After finishing my rotation in neurophysiology, I rotated through movement disorders,



WAEL
ALWAHCHI

dementia clinic, and general neurology.

I had an opportunity to attend most of continuing medical education programs, which were presented by different professors and lecturers, as well as the summer course, epilepsy school, multiple sclerosis conferences, and stroke and headache conferences.

In summary, it was a successful year! It was a nice experience, not easy, but I would like to thank all staff for helping me to finish my fellowship with success. The only concern is the delay of some official papers, which I hope will be resolved with the arrival of the next candidate. I will be so happy to help in sharing my experience for the next candidate. In the future, I hope to improve my hospital and construct a stroke unit, and raise our team of providers to the international levels.

Finally, in addition to my professors in Cairo, I would like to thank Mrs. Jade Roberts, Prof. Riadh Gouider, and Prof. William Carroll for their support. •

WFN AND AUSTRIAN NEUROLOGICAL SOCIETY: DEPARTMENT VISIT PROGRAM

4-Year Followup Report of Department Visit

BY DR. KALPESH DERAJI JIVAN

In 2015, I was one of the inaugural recipients of the Austrian Neurology Department Observership Program facilitated by the World Federation of Neurology (WFN) and the Austrian Neurological Society.

I spent one month in the neurology intensive care unit at Innsbruck Medical University under the supervision of Dr. Bettina Pfausler and Prof. Erich Schmutzhard. During that month, I also met with Prof. Wolfgang Grisold in Vienna.

Recently, I attended the Neurological Association of South Africa (NASA) 2019 Congress held in East London in the Eastern Cape province of South Africa from Feb. 26-March 1, 2019. This was a joint congress held with the African Academy of Neurology (AFAN) Second Congress. Profs. Schmutzhard and Grisold were present at the meeting representing the WFN and European Academy of Neurology (EAN) education committees. They were both invited speakers at the meeting. It was an absolute delight to once again meet them. They were interested to know

how the observership assisted me and urged me to write a brief follow-up report.

Four years have passed, and I am still a consultant in the neurology department at the University of the Witwatersrand. The staff of this department services four academic hospitals in Johannesburg. Four years on, and public health care in South Africa is still severely underresourced.

There have been times when basic equipment is not available; equipment such as lumbar puncture manometry sets. In fact, for a few weeks earlier this year, our hospital had no intravenous anti-epileptics. Four years on, and there are still no specialised neuro-ICUs in South Africa. Critical care for patients with acute neurological illnesses still remains in the domain of our pulmonologists and anaesthetist. Does this mean my observership was a waste of time?

Certainly not! While in Innsbruck, Prof. Schmutzhard recommended that I look at their acute stroke ward. The ever-helpful Dr. Pfausler obliged and introduced me to the acute stroke unit. I was shown their approach to the management of acute strokes; their unit boasting a world-class door to needle time. I have since



Left to right: Prof. Wolfgang Grisold, Dr. Dera Jivan, and Prof. Erich Schmutzhard.

implemented some of these strategies at our neurology unit. Although we do not have a formal acute stroke ward, we have certainly thrombolysed more patients in the past four years and have reduced our door-to-needle time.

The point is that nothing goes in vain. I have bettered my neurological career.

Were it not for the generosity of the Austrian Neurological Society, I would not be the neurologist I am today. I would definitely advise all young neurologists in low-income countries to apply for these department visits to empower themselves, their departments, and enhance the care for their patients. •

WFN TRAINING CENTER REPORT

WFN Training Center, Dakar, Senegal

BY ABOUBACAR NAHANTCHI
ABDOURAHAMAN

Thanks to the World Federation of Neurology's support, I participated in the University Diploma of Epileptology, organized by the Cheikh Anta Diop University in Dakar-Senegal.

The training took place in the only neurology department in Senegal. I.P Ndiaye Neurosciences Clinic is composed of a hospitalization block, a neuroradiology section, a section of physical medicine and rehabilitation, a neuroreanimation unit, and a neurophysiological exploration unit (EEG, ENMG, EP).

The neurophysiology unit includes two EEG recording rooms with three EEG machines and a replay room with four machines for interpreting EEG plots and an ENMG and EP room. During the training, we received advanced theoretical lessons, and we were involved in the preparation of the different themes developed. The theoretical teaching took place in three seminars (fundamentals on epilepsy, diagnosis of epilepsies, and management of epilepsies).

Each seminar is composed of about 20 topics. For my part, the themes that focused on newborn, infant, and

child epilepsy were instructive in my experience as an attending physician in pediatric neurology. Clinically, I attended epileptology and neuropediatric consultations.

Thanks to these, I have gained practical experience both in establishing a diagnosis and in the management of epilepsy. On a neurophysiological level, I attended over a period of six continuous months the learning of the techniques of acquisitions of the EEG traces and interpretation of the EEG traces. Practical learning has been interactive and didactic. Indeed, I had the opportunity and the privilege to be framed on the interpretation of EEG routes by expert teachers in the field. Thanks to these quality frameworks, I have acquired a practical competence on the interpretation of the EEG traces.

Dear committee, your support has been invaluable. Thanks to this training, you have allowed my country, Niger, to have a qualified human resource in epileptology. This training allowed me to considerably improve the management of epileptic patients (especially newborns, infants, and children). By my voice and on behalf of all the people of Niger, I will be eternally grateful to you. •

JUNIOR TRAVELING FELLOWSHIPS

Spanish Society of Epilepsy in Málaga, Spain

BY PÁMELA AYALA

Thanks to the World Federation of Neurology, I had the opportunity to attend the fifth Congress of the Spanish Society of Epilepsy in Málaga, Spain.

Throughout the conference, I exchanged ideas and established contacts with great professionals in the field of epilepsy. During the lectures and discussions, news advancements in epilepsy were presented, and I became familiar with some medications that are not yet available in Latin America.

I also had the opportunity to present my work as a poster and oral presentation. My work was entitled "ENCEFALOPATÍA EPILÉPTICA SENSIBLE A URIDINA ASOCIADA AL GEN CAD," or Epileptic Encephalopathy Sensitive to Uridine Associated with CAD Gene."

Epilepsy is one of my passions, and day after day I try to perfect my technical scientific skills. I just have to thank the WFN for promoting my growth. •



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This year, when your WFN member society signs up your team, you will receive free registration to WCN 2019 in Dubai. The winning team of the tournament will also receive free registration for our next congress in 2021.

The full details are available on the Congress website:

www.wcn-neurology.com

Start building your team.