

EDITORIAL

Welcome to another issue of Epigraph. This introduces the new look and layout. You may have noticed that the format of the ILAE website and our logo have slightly changed in the last 6 months. This new look will be shown in Epigraph from now on and will also be used throughout ILAE official documents and stationery. We would welcome views on our new look!

This issue of Epigraph is almost wholly dedicated to the forthcoming Presidential Elections for ILAE. Indeed, on Pages 4 to 7, you will find bibliographic sketches together with mission statements from the three presidential candidates. The presidential election process is currently taking place and the new President will take office at the time of the next international epilepsy congress in Paris. It is very important that all members, and the leadership of the chapters, are aware of what our candidates have to say as this may help them to choose who should lead the International League over the next four years.

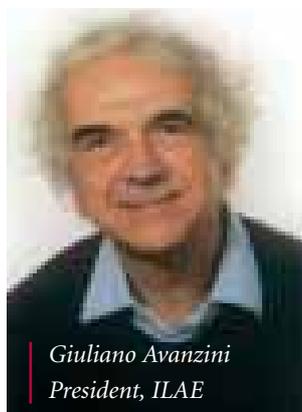
On page 2 the innovative work of the European Advisory Council is discussed.

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ILAE's Regional Approach and the Electoral Process



Giuliano Avanzini
President, ILAE

PRESIDENT'S MESSAGE

The second 2004 issue of Epigraph gives me the pleasure to address once again the members of the 92 ILAE Chapters across the world.

This nimble and elegant newsletter has substantially improved the communication within the ILAE community and I like to express again my appreciation to the editorial team and namely to Ley Sander and Juliet Solomon for their outstanding work.

During the first six months of this year two Regional ILAE Meetings, the European and the Latin American ones, took place in the short spell of one month.

The first one, organized in Vienna from May 30 to June 3 by the ILAE Commission of European Affairs (CEA), reiterated the great success of Firenze and Madrid, thus demonstrating once more the great value of CEA action in promoting the epileptologic activity in Europe and in developing a feeling of European identity. A substantial contribution in qualifying this Sixth European Congress of Epileptology at

both a scientific and organizational level came from the local organizers, namely Christoph Baumgartner (Chairman of the Scientific Advisory Committee), Gerhard Bauer and Bruno Mamoli.

The second regional meeting co-organized by the ILAE Commission of Latin American Affairs chaired by Juvenal Gutierrez Moctezuma (who also acted as chairman of the Scientific Committee) and by the IBE Latino-American Commission chaired by Carlos Acevedo was held in Mexico City from July 2 to 5. The Organizing Committee was co-chaired by Lilia N'Hez Orozco, president of the IBE Mexican Chapter and by Martin J. Brodie, who brought his important experience as president of the Regional ILAE Task Force and former CEA Chairman. Thanks to their work and to the enthusiastic contribution of the other members of the Organizing and Scientific Committees, who were representing overall nine Latin American countries, this third Latin American Congress on Epilepsy marked a further step forward in developing scientific and professional collaborations among the people working in the field of epilepsy in Latin America.

In acknowledging the merits of the local and regional congress organizers the crucial role played by the IDM Richard Holmes and his outstanding staff should not be forgotten in matching optimally scientific material with organizational requirements and in making them compatible with the financial constraints. The success of the ILAE Congresses

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demonstrates that the decision to create the IDM office was a good one and that the ILAE should proceed for the future along the route, taking into account the lessons that we learned during the first four year experience.

In one of my first presidential messages published in Epigraph I stressed the strategic importance that the present Executive Committee was attributing to the Regional Commission system. Now I am very pleased to see some results of this strategy. The Regional Commissions have contributed substantially towards establishing new ILAE Chapters in countries where they did not previously exist. Moreover they have effectively promoted exchanges of experiences and collaborative programmes among the members of the different Chapters belonging to the same region.

I am sure that the forthcoming fifth Asian and Oceanian Epilepsy Congress (Bangkok, August 28-31, 2004) organized by ILAE Commission of Asian and Oceanian Affairs will confirm my views and that the activities of the newly constituted Commission for Eastern Mediterranean Affairs and the Commission of African Affairs which is in the process of creating a constitution, will help in reinforcing them. I am also pleased to see that the idea of Chapter Conventions, which we proposed in Buenos Aires to provide a forum for interactive discussions involving ILAE EC, staff members, Commission Chairs and ILAE Chapters has been so successfully replicated in all International and Regional ILAE Congresses. During these Conventions held in Vienna and Mexico City the Chapter delegates had the opportunity to receive a detailed information about the services provided by the ILAE and to discuss the extent to which they meet

Chapter needs. Moreover the suggestions and criticisms raised by the participants can be very helpful in orienting ILAE policy at both regional and international levels.

This Epigraph issue comes out during one of the most important phases of ILAE life: the election of the officers for the next Executive Committee. During the General Assembly held in Lisbon, some of the Executive Committee's proposals to improve the election process have been discussed and approved. The most important constitutional changes relevant to the elections were:

- the rules limiting the number of representatives of individual chapters and regions sitting in the ILAE Executive Committee
- the request to the candidates, nominated by the first voting phase, to officially declare their availability to serve as ILAE officers and to express their views about the ILAE in a written document to be

circulated among the voting Chapters

- the request to the Chapters, to which each candidate belongs, to agree with his Candidacy

These changes were aimed at preventing the risk of an overrepresentation of a given country/area in the Executive Committee, as had occurred earlier. Also they were intended to avoid previous problems due to uncontrolled circulation of misleading information about the candidacies.

As often happens the application of these new rules was not altogether trouble free and I am confident we will overcome them with the help of all of you, for the benefit of the democratic development of our association, which has always been the main goal of the present Executive Committee.

Giuliano Avanzini
President, ILAE

EDITORIAL

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Epigraph is reaching more individual members. We currently have a complete mailing list for over 65 countries and are working hard to update lists for the remaining countries. On behalf of the ILAE office, please may I remind Chapters of the importance of sending yearly updated membership lists to our central office in Brussels (dsartiaux@ilae-epilepsy.org).

Many thanks to all those who have contributed to Epigraph – as ever, any suggestions or comments you may have would be most gratefully received.

May I take this opportunity of thanking Novartis, who are coming to the end of their sponsorship of Epigraph. We are currently in the process of looking for new sponsors for Epigraph.

Ley Sander,
Editor

EUROPEAN ADVISORY COUNCIL

The European Advisory Council (EAC) is the council of the European chapters of the ILAE.

It meets regularly and provides a platform for exchange of information, discussion of supranational European issues, coordination of efforts to fulfil the objectives of the ILAE constitution, and development of concerted activities in all fields of epileptology, diagnostic and therapy, research, teaching and health politics.

The EAC consists of one delegate from each European national chapter; a chapter may be represented by its President, Secretary General or by a European delegate.

The EAC targets are to promote epileptology in Europe; to support the involvement of European Chapters in the ILAE and CEA activities; to carry out suggestions and meet the needs of the single Chapters.

In the field of educational programs, EAC supports and actively participates in all EUREPA activities.

The EAC organizes a European Convention during each European Congress.

During the last Vienna Congress the EAC decided to dedicate the Convention during the last Vienna Congress to themes proposed by the Working Group on Quality Care in Europe.

This group, which consisted of Peter Wolf, Alla Guekht, Kristina Malmgren and Federico Vigeveno, aim to arrive at a definition of the various models and levels of epilepsy care in Europe.

The meeting took place on 29 May 2004 and was a great success, thanks to the perfect organization of Nele Devolder and Verena Hézser – V. Wehrs.

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THE ILAE ELECTION PROCESS

The election process has begun for 2005-2009 officers of the ILAE. The ILAE has grown enormously over the past two and a half terms, from 40 to 92 chapters, from an annual budget of \$100,000 and a reserve of \$600,000 to an annual budget of over \$1,000,000 and a reserve of \$4,500,000, from biannual meetings with attendance in the hundreds to biannual and regional meetings with attendance in the thousands, and from very few projects apart from these meetings to extensive programs throughout the world in association with the International Bureau for Epilepsy and the World Health Organization. This transition has been achieved through the dedicated creative and time-consuming efforts of a large number of individuals headed by our Presidents and Executive Committees. We have greatly enhanced our ability to make a positive difference in the world for people with epilepsy, but at the expense of accruing the same problems and responsibilities inherent in any large international business enterprise. Expert management is required to maintain and take full advantage of our new capabilities.

The election process is beginning with the selection of the next ILAE President, and the three candidates for this position have now been selected according to the Constitution Article VIII, each have a page in this issue of Epigraph. The continued success of our organization, particularly in the face of what may be increasingly difficult political and economic times ahead, requires a sustained effort by someone with not only leadership skills, but demonstrated administrative and organizational abilities. Furthermore, the next President must be willing to set aside a significant portion of academic, financial, and personal pursuits for eight years, to volunteer considerable amounts of time and energy to serve the League. Consequently, this all-important election of the next President can not be merely a popularity contest, or a reward for previous contributions, but rather a deliberate effort to identify an individual who is truly capable of effectively managing the complex and diverse affairs of the League, who will be responsible to the needs of the overall organization as well as the individual chapters in a timely manner, who will be able to serve actively until 2013 (four years as

President and four as Past President), and who has a vision to carry us into the future.

Two changes in the voting procedure were approved by the General Assembly in Lisbon last year. The essence of the changes are as follows: First, geographic distribution is now specified. Each of the five elected officers (President, Secretary-General, Treasurer, and two Vice Presidents) must be primary members of different chapters. Primary membership is defined by the location where professional activities are performed. No more than two members of the Management Committee (President, Secretary-General, and Treasurer) can come from the same region, as defined by the ILAE regional commission structure, and no more than three of the five elected officers shall come from the same region. Second, all candidates must have the support of their own primary chapter, in addition to being available and willing to serve. Votes are distributed among the chapters on a sliding scale based on the number of active members, as indicated on the red panel.

Questions about the election process can be addressed to the ILAE Executive Office <info@ilae-epilepsy.org>.

ELECTION DEADLINES

- Deadline for receipt of votes for President – 31 October, 2004
- Deadline for receipt of nominations for remaining officers – 15 January, 2005
- Deadline for receipt of votes for remaining officers – 31 March, 2005

The deadlines for registration, receipt of nominations, and voting will be strictly followed. All deadline dates end at midnight Greenwich Mean Time.

MEMBERS OF THE ILAE ELECTION COMMISSION

Jerome Engel, Jr., Chair (USA)

Esper A. Cavalheiro (Brazil)

Harry Meinardi (Netherlands)

Amel Mrabet (Tunisia)

Masakazu Seino (Japan)

REGIONS OF ILAE

Africa

Asia and Oceania

Eastern Mediterranean

Europe

Latin America

North America

VOTING SCALE

Up to 50 members: 1 vote

51-150 members: 2 votes

151-350 members: 3 votes

351-750 members: 4 votes

751-1500 members: 5 votes

Above 1500 members: 6 votes

ILAE PRESIDENTIAL NOMINEES

PROF. PETER WOLF

BIOSKETCH

CURRENT POSITION

Professor of Neurology (Epilepsy Research) at Rigshospitalet (Copenhagen University) and the Danish Epilepsy Centre Dianalund.

EDUCATION

Munich University 1957-60

Vienna University 1960-61

Heidelberg University (graduation) 1961-63

MD Heidelberg University 1968

PhD (Neurology) Free University Berlin 1977

TRAINING

Heidelberg University Hospital, Departments of Neurology (1966-68), Psychiatry (1968-70) and Neurosurgery (1970-71). Acknowledged as Neurologist and Psychiatrist in 1971.

RESEARCH AND SCHOLARLY INTERESTS

All aspects of epilepsy, in particular: psychiatric aspects; nosology of the epilepsies; clinical pharmacology of AED; epilepsy and sleep; the epileptic aura; non-pharmacological treatments; EEG in epilepsy.

At present: First seizure/ beginning epilepsy; reflex epilepsies; decline of seizure propensity in seizure-free patients.

Also: Epilepsy in fiction; history of epilepsy.

MOST IMPORTANT NATIONAL AND INTERNATIONAL SERVICE

National: Chair of the German Chapter of the ILAE 1988-89

International: Chair, ILAE Commission on Classification and Terminology 1981-87

Secretary General of the ILAE 1993-2001

Chair, European Epilepsy Academy 1996-present

MOST IMPORTANT BOOK

Reflex Epilepsies: Progress in Understanding (to appear later this year)

MOST IMPORTANT RECENT PAPER

Wolf P. Of Cabbages and Kings: Some Considerations on Classifications, Diagnostic Schemes, Semiology, and Concepts. *Epilepsia* 44 (2003) 1-4



STATEMENT

Contributions to ILAE and the International Epilepsy Community

1981-1989 as Chair of Commission on Classification and Terminology responsible for the international syndrome classification.

As a member of the Commission on European Affairs since 1993, I was intimately involved with most of its initiatives, and chair the working group of quality care that keeps updating a master plan for the region. I conceived, and in 1996 established the European Epilepsy Academy ("EUREPA") as the educational arm of the Commission, and have been chairing it since then. EUREPA is increasingly taking global educational responsibility, and I have assisted with the establishment of regional Academies in the Asian/Oceanian and Eastern Mediterranean regions. A francophone section is active in Africa, distance education has started this year, and education for professions allied with medicine is being developed.

Administrative Experience

1985-2003 Medical Director of Epilepsy Centre Bethel (Bielefeld/Germany); development of a comprehensive programme including epilepsy surgery, psychotherapy and rehabilitation.

1993-2001 Secretary General of the ILAE. First establishment of an ILAE Secretariat, reorganisation of the internal structure and communication. Initiatives for the establishment of new chapters in many parts of the world led to doubling of our membership within my term of office.

For the Global Campaign against Epilepsy (with IBE and WHO) I initiated the series of regional conferences "Epilepsy as a Public Health Priority" and co-authored/edited the five regional Declarations on Epilepsy.

Future Plans for ILAE

My highest priorities would be in the fields of education and structural improvements.

Education

Education is the key to any progress, and good educational offers attract and bind young talent. Here is the best investment we can make of our resources, both considering funds, and the enormous educational goodwill of epileptologists which I keep encountering everywhere. From the development of an educational agenda for Europe, I have learned that

- we need to direct educational efforts to both the primary, secondary and highest levels of health care (new didactic formats are under development with EUREPA),
- this must include the other professions involved in patient care along with the doctors,
- a large group of teachers and tutors need to be mobilised in all countries, which is very efficiently achieved by train-the-trainers courses for the "middle generation", and
- the optimal structure is one which combines on-site teaching in the good centres and labs, high-quality educational courses, and distance education. We are now establishing first such packages via EUREPA, as a pilot activity for global use.

I would appoint a new Commission on Education, with representation of all regions, to advance rapidly towards a worldwide, regionally balanced, comprehensive and interdisciplinary educational system which will be unmatched by any other medical speciality.

Structural improvements

To give the growing ILAE a regional structure was a great success. Regional commissions have been highly active and innovative, but there is always room for improvement. In my view, the President should closely follow the work of the regional commissions and attend their meetings, to always have a full understanding of the specific problems of epilepsy in the different parts of the world, and contribute to their solution.

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DR. NATALIO FEJERMAN



BIOSKETCH

CURRENT POSITION

- Consultant, Service of Neurology, "Juan P. Garrahan" Children's Hospital, Buenos Aires
- In project: Chief of the Comprehensive Epilepsy Program. Institute of Neurosciences, Hospital de Clínicas, University of Buenos Aires

EDUCATION

Buenos Aires University, Buenos Aires, MD 1956

TRAINING

Rotating Internship at "E. W. Sparrow Hospital" Lansing, Michigan, 1957-1958

Fellow at the Seizure Unit, Children's Hospital Medical Center, Boston, 1972

RESEARCH AND SCHOLARLY INTERESTS

- Mainly clinical research focused on pediatric epileptology: nosology of epilepsy syndromes and differential diagnosis with non-epileptic disorders (e.g.: Benign myoclonus of early infancy).
- Benign partial epilepsies in infancy and childhood and their atypical evolutions.

MOST IMPORTANT NATIONAL AND INTERNATIONAL SERVICE

- President of the Argentine Society of Child of Neurology, 1978-1980, 1990-1992
- President of the Argentine League Against Epilepsy, 1986-1988, 1988-1990.
- Vice-president of the International Child Neurology Association, 1990-1994, 1994-1998, 1998-2002

ILAE

- Member of the Pediatric Epileptology Committee 1990-1993
- Vice-President, 1997-2001
- Chair, Working Group on Classification of Epileptic Syndromes and Diseases of the Task Force on Classification, International League Against Epilepsy, 1997-2001, 2001-Present
- Secretary General, 2001-present
- Chair, Task Force on Constitution & Bylaws, 2004-Present

MOST IMPORTANT BOOK

Fejerman N, Medina C. *Convulsiones en la Infancia (Seizures in Infancy and Childhood)*. 2nd. Edition. Buenos Aires, El Ateneo, 1986. (Spanish)

Most Important Recent Paper *

Fejerman, N., Caraballo, R., Tenenbaum, S.N. "Atypical evolutions of benign localization-related epilepsies in children: are they predictable?" *Epilepsia*. 2000; 41(4):380-90.

* Since 2001, my group has published 23 papers in refereed journals in which I am not the first author.

STATEMENT

Contributions to ILAE and the International Epilepsy Community

I will first discuss my contribution to the International Epilepsy Community and then to ILAE. The difficulties we have in Latin America, as in other developing regions of the world, should be acknowledged in the process of evaluating a CV and a candidate for a position in an International Organization. If such a candidate has been able to be considered a peer among the leaders of opinion in any field it means that he had to struggle much more than any colleagues from Europe or North America to achieve his training, to be updated in bibliography, to make himself known. I was first known in my region through my book on Epilepsy in Infancy and Childhood, and lectures given in different countries in Latin America. This book was also published in Spain and it was a way to meet pediatric epileptologists from other countries of the world. Those people helped me in being elected as Ambassador for Epilepsy in 1995 and my incorporation to the Executive Committee of ILAE since 1997. My most important international contribution was the organization of the 24th International Epilepsy Congress in Buenos Aires in 2001. I received very good feedback regarding the scientific quality of the meeting and the nice social atmosphere perceived by all the attendees. We also had a very well attended half day meeting devoted to relatives of patients with epilepsy.

Administrative experience

Since my incorporation as Second Vice-President of ILAE in 1997 I attended all the Executive Committee Meetings. However, the strongest experience dates from 2001, when I started acting as Secretary General. An important step undertaken by the previous and present Executive Committees was to create the Headquarters in Brussels. Not only has it demonstrated to be of great help to the Executive Committee, mainly to the Management Committee, but also to significantly improve the

way of communicating with all the chapters. The success of the "Chapters Convention" in the last Regional and International Congresses has been attributed to the President, but I was also a strong supporter of the idea and gained great experience in participating.

I was very active in the preparation of the Constitution & Bylaws amendments. I believe that the amendments approved in our last General Assembly meeting in Lisbon are crucial to the improvements in the Election process we are currently following. At present, I am the Chair of a new Task Force to work on eventual amendments of the Constitution & Bylaws.

Future Plans for ILAE

The mission of ILAE is to enhance the quality and effectiveness of care of persons with epilepsy by fostering excellence and professionalism in the medical practice. Our vision is "to achieve a world in which no persons life is limited by epilepsy". We worked on a list of goals and objectives, published in ILAE's 2003 Annual Report (pp 20-23). In accordance, the following will be my Strategic Priorities:

- 1) Reinforce the functioning of strategic planning which must be integrated across members of the Executive Committee, Commissions and Task Forces. Its success is dependent on continuous communication, feedback, and evaluation.
- 2) Maintain the performance of Chapter Conventions in every Regional and International Congress, and to include in these meetings the discussion of strategies to develop new programs and products focusing on the needs of chapter members.
- 3) Make available to all the chapters the material gathered in the International Epilepsy Resource Centre (IERC) and in our website.
- 4) Keep the support of the Global Campaign applying the experience gained with the Demonstration Projects in other countries with clear needs of better quality of life for patients with epilepsy.

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PROF. MARTIN J BRODIE



BIOSKETCH

CURRENT POSITION:

Professor of Medicine and Clinical Pharmacology, University of Glasgow, Glasgow, Scotland.

Clinical and Research Director, Epilepsy Unit, Western Infirmary, Glasgow, Scotland

QUALIFICATIONS:

1971 MB.ChB University of Glasgow

1973 MRCP Member of the Royal College of Physicians, UK

1977 MD Doctoral thesis, University of Glasgow

1985 FRCP Fellow of the Royal College of Physicians of Glasgow

1991 FRCP Fellow of the Royal College of Physicians of Edinburgh

TRAINING:

1971-74 Senior House Officer, Medical Rotation

1974-77 Lecturer in Materia Medica, University of Glasgow

1977-81 Lecturer in Clinical Pharmacology, Royal Postgraduate Medical School, University of London

2001/03 Certified as an epileptologist by and trainer for the European Epilepsy Academy

RESEARCH AND SCHOLARLY INTERESTS:

Pharmacology and therapeutics of antiepileptic drugs

Clinical trials in newly diagnosed and treated epilepsy

Identification and development of pharmacoresistance

MOST IMPORTANT NATIONAL AND INTERNATIONAL SERVICE:

ILAE

1993-1997 Secretary, Commission on European Affairs

1997-2001 Chair, Commission on European Affairs

1997 – present Member of Executive Board and now Vice Chair, European Epilepsy Academy

1998 – present Chair, Management Group and Scientific Advisory Board, European Concerted Action and Research in Epilepsy (EUCARE)

2001 – present 2nd Vice President, Executive Committee

Chair, Taskforce for Regional Commissions

2003 – present Co-chair, Scottish Epilepsy Initiative

MOST IMPORTANT BOOK:

Brodie MJ & Schachter SC. Fast Facts: Epilepsy. First edition 1999, second edition 2001,

third edition in development

MOST IMPORTANT RECENT PAPER:

Kwan P & Brodie MJ. Early identification of refractory epilepsy. *New England Journal of Medicine* 2000; 342: 314-319

STATEMENT

The International League Against Epilepsy is a success story. We now have chapters in 92 countries and it is my hope that we will reach 100 in time for our centenary celebrations in 2009. Thus, we are a truly global organisation with all the appropriate challenges and opportunities. The League not only provides a forum for doctors and scientists working in epilepsy but, arguably as important, has a mission to help improve the lives of people with epilepsy across the world. Seizure freedom, although often not attainable, should be the universal goal. This can only be achieved by understanding better the processes causing seizures and, thereby, making pharmacological and other treatment modalities less empirical and more targeted.

One of my major goals as president would be to encourage the greater involvement of more chapters and their members in the work of the League. Each chapter should have at least one representative taking part in commission activities. Linked to this would be the development of a global education programme to improve the knowledge base among doctors treating epilepsy. Substantial investment needs to be made in producing "League-approved" teaching modules. These could be translated into different languages and made available free to all interested parties. Ideally, these teaching tools should be electronic to facilitate worldwide distribution. These ideas have come from my work within the European Epilepsy Academy on whose executive board I have served since its inception.

Over the past decade while working as secretary and then chairman of the inaugural Commission on European Affairs and more recently as chair of Taskforce for Regional Commissions, I have become increasingly convinced of the importance of regionalisation in the League's activities. This approach splits up an unwieldy 92 chapters into smaller more manageable groups of like-minded individuals with similar regional problems. If elected to the presidency, I pledge to help each region help itself.

This would include not just financial support as necessary, but helping to develop local ideas and projects with the aim of facilitating greater regional autonomy. To guarantee cohesion in this process, I will propose that the chairs of the regional commissions be co-opted onto the Executive Committee to allow them to represent their chapters in person at that table.

Over the past decade I helped devise the rules and structures governing the European Congresses. These are now widely regarded as scientifically successful, particularly in terms of their increased support for basic research. I have helped this year to set up similar regional meetings in Mexico and Bangkok. These congresses, together with the biannual international meetings, bind together all chapters and their members. I would like to strengthen them further by increasing their educational content and supporting actively the attendance of more young scientists and clinicians. They are the future of our organisation.

All this needs money. With this in mind, the League should look beyond the pharmaceutical industry for its funding and establish a strong financial base that does not rely on sales of antiepileptic drugs. As president, I would appoint a fundraiser to head a team, whose goal would be to seek support from multinational companies, philanthropic organisations and generous individuals. These funds would be raised under the twin banners of underwriting the professional educational materials and supporting the setting up of global scientific and clinical research programmes.

The next challenge would be to pursue a political agenda geared at making investigation and treatment more widely available to people with epilepsy. A good start has already been made in publishing the regional "Declarations of Epilepsy". In addition, the European White Paper on Epilepsy was launched at the European Parliament on March 22, 2001 under my auspices as part of European Concerted Action and Research in Epilepsy (EUCARE). This has led to the formation of a political lobby group called Parliamentary Advocates for Epilepsy. Part of this agenda would also be aimed at closing the treatment gap for the estimated 35 million people with

untreated epilepsy by strengthening the Global Campaign against Epilepsy.

How then are these ambitious goals to be achieved? We live in a world with unparalleled opportunities for communication. The League is not about individuals but about teams and teamwork. We must refine further our professional infrastructure. We need to be able to reach out to every member of every chapter and, as importantly, ensure that they can access the president's office and those of the other members of the Executive Committee. We live in exciting times. There is much to do and we have the potential to make great strides over the next 4 years. I hereby submit my vision of the immediate future of the League under my stewardship and respectfully request your chapter's support.

Martin J Brodie

PROF. PETER WOLF

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All regions should always be represented on the ILAE Executive, which will necessitate a revision of our Constitution.

Epilepsy care needs to become structured to help to close treatment gaps and make adequate management accessible to all patients in all countries. Both the developments which we initiated in Eastern Europe, and Global Campaign projects like in China, have shown that, with well-conceived projects, substantial progress can be made even with moderate funds.

My vision is a world where nobody needs to suffer from epilepsy just because he or she does not have access to the diagnostic and therapeutic possibilities which exist, and are constantly being improved by the international community of epileptologists. An initiative towards this end is what I would want to mark my Presidency with. A commission would be appointed to survey the situation with all chapters (and non-chapter countries, in cooperation with the regional commissions), and develop planning on the global and regional levels. This should also be understood as a new impetus for the Global Campaign.

Other priorities

Research: Epilepsy is full of most varied research possibilities. We need to do more to attract the best talent to epileptology, e.g. by facilitating transnational networking, providing scholarships, and

organising more advanced courses and mentorship. These activities would be closely linked to education. The excellent opportunities, at our international and regional congresses, to identify and encourage young talent can be better exploited, and some of the surpluses from congresses should be allocated here.

Classification: The aims are to finalise the ongoing work on the international classification within the next 4-year period of office, and to include both a revised taxonomy for science, and a flexible diagnostic manual for practical purposes.

Peter Wolf

DR. NATALIO FEJERMAN

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5) Develop strategies to heighten the attractiveness of Epileptology for medical students and young physicians. The best technology to provide information, continuing education and practice management tools should be used.

6) Ensure excellence in medical care: ILAE will lead aggressive advocacy efforts on behalf of members and patients for ethical, high-quality, compassionate and evidence-based medical care.

7) Special emphasis should be given to achieve the dissemination of information globally using all available means and to stimulate the development of Epileptologists and Epilepsy Centers in the developing world.

These aims will require funding and ILAE has now enough money to fund the functioning of the International Epilepsy Resource Center (IERC) and the website, and also to develop a worldwide teaching program to grant training for active young professionals throughout the world and their participation at Regional and International Meetings.

Finally, I will encourage our Administrative and Financial Offices to use any available language to reach all our chapters through permanent communications. The best use should also be given to the solidarity funds in order to allow dues payments to the economically disadvantaged countries. Our present 92 chapters should also participate in helping to incorporate their neighboring countries into the International League Against Epilepsy.

Natalio Fejerman

—European Advisory Council continued from page 2 —

The meeting was attended by 63 delegates from 29 of the 42 countries that are part of the EAC.

After greetings from the president of the ILAE, Giuliano Avanzini, the Chair of EAC, Federico Vigeveno, and the Chair of the Commission of European Affairs, Svein Johannessen, the other members of the Working Group on Quality Care in Europe presented the objectives of the meeting and the role of EUREPA.

The delegates were divided into 4 groups, coordinated by a chairman and a moderator, to discuss the following themes:

- How are the different levels of epilepsy care to be defined?
- How can the interaction between second and third level of epilepsy care be improved?
- What are the necessary prerequisites for a third and fourth level epilepsy centre?

- How can epilepsy research be improved on a national as well as on a European level?

Detailed results of the discussion as well as the degree of satisfaction with this type of meeting will be the subject of the specific report.

Participation of countries from Eastern Europe was very good thanks, above all, to the promotion and active interest of Alla Guekht. This permitted a useful exchange of views among representatives of countries with different levels of economic development. What clearly emerged is that it is becoming ever more necessary to prepare models based fundamentally on health care and scientific networks.

The basis was also set up for scientific research projects to be carried out in collaboration among countries with different levels of development.

Prof. Federico Vigeveno, Chair, European Advisory Council of ILAE
Dr. Kristina Malmgren, Secretary, European Advisory Council of ILAE

OCTOBER 2004

7-10 8th Asian & Oceanian Congress of Child Neurology
 Hotel Taj Palace in New Delhi.
 Child neurologists from 30 countries are expected to participate. The official language is English. Scientific sessions include neurogenetic, neurodegenerative, neurometabolic and seizure disorders; EEG and neurophysiology; neuroradiology and imaging; CNS infections and encephalopathies.
 Details of online registration can be found at URL:
<http://www.8thaoccn2004.com>.
 Please contact: Prof. Veena Kalra at the All India Institute of Medical Sciences in New Delhi.
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21-23 Beijing International Epilepsy Conference
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 Email: caepsjwz@public.bta.net.ch

NOVEMBER 2004

18-20 8th Mediterranean Epilepsy Meeting (EPIMED Marrakesh 2004)
 EPIMED Marrakesh 2004 is hosted by the Moroccan League Against Epilepsy. For further information please contact the Congress Secretariat
 Tel: +212 3777 1072
 Fax: +212 3777 0568
 Email: evenementiel@menara.ma

OR the Morocco League Against Epilepsy, Hôpital des specialties, BP 6444 Rabat-Instituts-Morocco
 Phone and Fax: +212 3777 6755
 Email: epimed2004@menara.ma
 URL: <http://www.epimed20004.ma>

FEBRUARY 2005

10-12 ILAE and ICNA 2nd Pan African and Pan Arab International Pediatric Epilepsy Conference
 Sharm El Sheikh, Egypt.
 For further information:
www.enps-eg.com/conference

APRIL 2005

29 - International Symposium on
 May 1 "Epileptic Syndromes in Infancy and Early Childhood. Evidence-based Taxonomy and Its Implications in the ILAE Classification.
 Tokyo Women's Medical University Campus, Tokyo, Japan
 Hosted by the Infantile Seizure Society, Japan
 Abstract deadline: January 31, 2005
 Early registration:
 February 28, 2005
 Contact: ISS-8 Secretariat, c/o Child Neurology Institute, 6-12-17-201 Minami-Shinagawa, Shinagawa-ku, Tokyo 140-0004, Japan
 Tel: +81-3-5781-7680
 Fax: +81-3-3740-0874
 Email: yfukuyam@sc4.so-net.ne.jp
 Website: www.iss-jpn.info

30 - 5th Spring Epilepsy Research
 May 7 Conference
 April, 2005, Grand Cayman, British West Indies
 For further information:
www.caymanconferences.com/epilepsy

NOVEMBER 2005

5 - 13 World Congress of Neurology
 Sydney, Australia.
 To receive more information as it becomes available, log on to URL:
<http://www.wcn2005.com>

ILAE BULLETIN BOARD:

News from correspondents

SWITZERLAND

In July 2003, the Swiss Chapter of the ILAE initiated an opinion poll about the attitudes towards Epilepsy in the general population. This survey was based on nine questions which had already been used in earlier studies in the United States as well as several other countries world-wide. The results were very encouraging and favourable. Out of 2053 persons, 92% had already heard or read about epilepsy, 68% know an affected person, and 60% had witnessed a seizure. Only 4% believed it to be some sort of mental illness, on the other hand 60% knew that epilepsy is a disorder of the nervous system. 2% and 5% respectively, would object if their children played with or married a person with epilepsy, and 90% agree that affected children should attend a regular school. Ninety three per cent agree with the integration of affected persons into the work place. The Swiss Chapter of the ILAE aims to repeat the opinion poll at regular intervals and believes that a comparison will demonstrate where the activities and public relations work of the league needs further emphasis or modification. - *Claudia Muehlebach* -

TURKEY

The National Epilepsy Congress organised by the Turkish Epilepsy Society was held from 9th to 12th June 2004 in Ankara. Three hundred and fifty participants attended the congress.

The program 'SPIKE' organised in the method of Problem Oriented Learning was a series of lectures on epilepsy delivered to doctors from all over Turkey by instructors studying epilepsy from many centres.

'SPIKE' was approved as a course on problem oriented learning by EUREPA and it received 8 points.

Between 19-20 February 2004, postgraduate training was given to 70 EEG and EMG technicians in Istanbul. They have successfully completed their training and received certificates. - *Candan Gurses* -