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From The Information Officer



This issue of *Epigraph* is appearing at a time when many things are happening in the League, things that require your attention and participation. Most importantly, there is the election of the new President, followed in short order by the election of the new Executive Committee. The new leadership will take office at the International Epilepsy Congress in Budapest. There is great symbolism in this transition, because the meeting also marks the closing of the League's first century and the beginning of our second. This transition also marks the progressive evolution of the ILAE from a small group of individuals who had a relatively limited set of goals to a truly international organization that is developing a global perspective and is working to enhance the transfer of knowledge and skills to places where there is an acute need for such expertise. To assure that the League continues to develop its world view it is essential that all Chapters have their voices heard. Please review the instructions for the election of the President and the Executive Committee from Giuliano Avanzini, the Chair of the Election Commission. Also please read the statements from the two presidential candidates, Martin Brodie and Nico Moshé, two well qualified individuals with long experience with the ILAE and service to the world epilepsy community. But, most importantly, be sure that your Chapter participates and places its vote by 11 November.

To provide you with a small sense of the many initiatives taken by ILAE members, we have reports about new projects such as the one to start specialized epilepsy care in Haiti with the assistance of the North American Commission. In Asia there has been an ongoing effort to enhance knowledge about various aspects of epilepsy through educational workshops in a number of countries that have been organized under the leadership of the Asian Epilepsy Academy. As is reported below, these efforts are having an effect and are bringing new physicians into the specialty as well. Although more such efforts are needed, these are examples of what is happening in the League as it develops a truly global perspective and programs that meet the needs of epilepsy patients across the world. They should be examples of what we can accomplish in our second century.

Edward H Bertram, MD
Information Officer

President's Message



Prof Peter Wolf

Dear friends,

One of the important activities in international epilepsy, and closely related to two of our present priorities, i.e. improvement of epilepsy care and education, is the Global Campaign against Epilepsy. In this Campaign our organization joins forces with the International Bureau for Epilepsy (IBE) and the World Health Organization (WHO).

Important projects have been done under this banner and others are running. A large project in China that was done in close cooperation with the Chinese Ministry of Health and local health authorities stands out because it started on a moderate scale but was then enlarged to cover several provinces and has improved epilepsy care in a population of several million.

However, when I talk with our members in all parts of the world I find that many have a feeling that the Global Campaign is not the success it could be because its activities are still too limited. I fundamentally agree with this view. To be really global, the Campaign would need to become palpable to everybody in ways that relate to everybody's problems. As it is, the Campaign is present in the minds of its leadership, of people who are involved in existing demonstration projects and of people who have taken local initiatives and found it helpful to let these refer to the Global Campaign. The latter projects at present don't always have the tripartite partnership which is essential for actions to be considered as belonging to the Campaign. We need to improve our assistance to our Chapters to achieve this structure. The WHO is a large and sometimes bureaucratic organization, and it has not always been easy to get the Mental Health Advisors of the WHO regional offices on board who are the responsible officers on the regional level. In principle, however, these Advisors are all informed about the Global Campaign and can be expected to support it.

On September 9, the Global Campaign leadership met in Geneva with Dr Ala Alwan, the new Assistant Director-General in charge of the sector Mental Health and Non-communicable Diseases to which epilepsy and the Global Campaign belong. He is the highest placed officer in the WHO to whom we refer, and without his support the Global Campaign would essentially have no future.

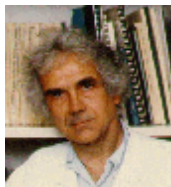
We were pleased to find in Dr Alwan an attentive and considerate partner in dialogue who had a very positive attitude toward the epilepsy campaign. He confirmed for us that he sees epilepsy as one of the priority issues of his department now and in the future. He also confirmed my view that neurocysticercosis, one of our coming foci of attention, would in addition relate epilepsy to the ambitious new goal of the WHO: to ensure the availability of clean water to everybody.

We left the meeting assured that we have the further support of the World Health Organization for our priority goal to improve the diagnosis and treatment of epilepsy worldwide. There is clearly reason for optimism concerning the further development of this important joint initiative.

With my very best wishes,

Peter Wolf
ILAE President

About the election process for the ILAE President



Prof Giuliano Avanzini

ILAE Executive Committee Election

Since 4 April 2008, when all ILAE Chapters received the ballot for the nomination of ILAE President, the election process of the new Executive Committee entered its operative phase which consists of four stages:

- Nomination of ILAE President candidates
- Election of ILAE President candidates
- Nomination of ILAE officers
- Election of ILAE officers

A fifth stage (nomination and election of Regional Vice Presidents from the regions that might not be represented by the composition of the elected ILAE Executive Committee) could occur if necessary.

The first stage has already been concluded and the names of the two ILAE President candidates:

Martin Brodie
Solomon L (Nico) Moshé

have already been communicated to all ILAE Chapters with a letter circulated both by e-mail and regular mail on 11 August 2008. Attached to the letter was a ballot form, a description of the procedures, the CVs and letters of intent of the two candidates.

The deadline for this second stage is **11 November 2008**. Within this date the ballots for the election of ILAE President must be received by the notary office:

Attorney Arthur I Herold
ILAE Elections Notary
Webster, Chamberlain & Bean
1747 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20006 USA

As during the first stage, the votes will be counted by the notary who will then communicate the results to the Election Committee.

The first round of voting was completed as scheduled, but the number of voting Chapters (66 out of 95 Chapters) was lower than expected. Please remember that the election of the governing body is an essential component in the democratic life of a scientific association.

In response to requests of some Chapters to direct questions to the candidate for ILAE President, we have established a system to facilitate this interaction. Any Chapter that would like to put specific question(s) to the candidates should do so by sending the questions directly to the two candidates at the following e-mail address: election@ilae.org. This address will send your questions to the two candidates simultaneously as well as to me and the League's central office. This system worked well during the first stage and will continue to work during the following ones.

The candidates will have a week to post their answers on the League Web site. To see the responses, go to www.ilae.org and click on "ILAE Election Information" on the front page. On the Election Information page, click on the "Presidential Candidates Answer Your Questions" link. You can then follow the menu to the questions that are organized by chapter. If you have any problems finding the site, please contact Cheryl-Ann Tubby, Web Project Manager at ctubby@ilae.org.

For further information and in preparation of the following stages of the election, I am attaching here the full description of the procedures.

Election of Executive Committee Officers. Please note that the deadline for the receipt of nominations for the remaining officers for the Executive Committee is **15 January, 2009**, and the votes for the election of these officers are due 31 March, 2009. The instructions for nominating and selecting these officers is outlined below in the election procedures, starting at point 9.

On behalf of the Election Committee
Giuliano Avanzini, Chair

INTERNATIONAL LEAGUE AGAINST EPILEPSY ELECTION PROCEDURES

The election procedures for the 2009 - 2013 ILAE Executive Committee are as follows:

1. Eighteen (18) months before the end of the current term, the ILAE President authorizes the Election Committee to begin the process.
2. The Election Committee through the HQ office shall submit to the Chapters a list of persons fulfilling the requirements of the Constitution (Article VIII, 3), who are available and willing to serve as President.
3. Each Chapter is requested to send its vote to a designed notary. Each Chapter has from 1-6 votes according to the sliding scale reported below.
4. The notary will forward the results to the Election Committee. If one of the candidates receives more than fifty percent of the votes, the candidate shall be elected.
5. If no one candidate receives more than fifty percent of the votes, the Election Committee will

submit to the Chapters through the HQ office the names of two candidates who received the highest number of weighted votes asking each Chapter to send its votes to the notary.

6. The notary will forward to the Election Committee the results, and the candidate that receives the highest number of weighted votes cast in this run-off shall be elected.
7. If both candidates receive the same number of votes, the candidate with the highest number of unweighted votes will prevail. If the tie still holds after counting unweighted votes, the candidate who had been in the Executive Committee for eight years already will prevail. In the event that the tie still holds, the older candidate will prevail.
8. The Election Committee will officially inform the ILAE Executive Committee about the results of the presidential election and will circulate the name of the elected President to all the Chapters.
9. The Election Committee will circulate to all Chapters the request of sending to the notary a slate of five names from at least 3 different regions, without any ranking, as candidates for the remaining officer positions.
10. The notary will forward the names with the number of votes to the Election Committee, which will choose a slate of fifteen candidates on the basis of non-weighted multiple nominations from the lists submitted by the Chapters. The slate must include candidates from at least three regions. The slate may be smaller if less than 15 people are nominated.
11. The Committee shall ascertain that these candidates are available and willing to serve and submit the slate to each Chapter through the HQ office with the request to send to the notary their vote for five candidates from at least three different regions, without any ranking.
12. The notary will forward to the Election Committee the final votes that every candidate has received, which will be determined by the sum of the weighted votes received from all Chapters.
13. The Election Committee will choose five candidates from at least three regions who received the highest number of weighted votes. If two or more candidates obtain the same number of weighted votes, the candidate(s) from the ILAE region(s) with the least representation among the other elected officers will prevail. If a tie persists after consideration of regional representation, the candidate with the highest number of unweighted votes will prevail. If a tie still persists, the oldest candidate(s) will prevail.
14. The list will be forwarded to the ILAE Executive Committee and to the President-Elect.
15. The President-Elect with the advice of the Election Committee will appoint the Secretary-General, Treasurer, and the first Vice President from the newly elected slate.

Weighted Vote Scale

The number of votes accorded to each Chapter shall depend on the number of professional dues paying members in that Chapter according to the most recent statement provided by the Chapter. The number of votes shall be determined by a sliding scale as follows:

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

Chapters that do not collect dues shall have one vote.

2008 Presidential Candidates



Martin J Brodie

I would like to thank every Chapter who cast their vote in the first round and to encourage those 30 chapters who did not to take part in this important democratic process to vote in the second round. Of course, I would urge you all to vote for me but it is more important that all Chapters express their views on this presidential campaign.

What do I stand for? I stand for people with epilepsy. For most of my professional life, I have worked to improve the lives of

people with epilepsy and bring peace of mind to them and their families. Teaching and research are, of course, vitally important, but only if they are focused on scientific and clinical outcomes geared at advancing the understanding of epilepsy with the potential to influence patient care.

We live in challenging times, in which there are also substantial opportunities. ILAE needs to modernize its infrastructure, streamline its operation and devise ambitious but cost-effective programs. If elected, I will invite all Chapters, regardless of size, to become involved in our global agenda over the next executive term. Strategies will be customized for each region in discussion with the leadership of the Regional Commissions. My first step, therefore, will be to start a consultative process to develop a four-year strategic plan with clear funding priorities. A realistic assessment of our goals is particularly important since the League's financial status is likely to be more precarious over the next four years given an expected reduction in income in the face of ever increasing activity.

A vote for me is a vote for experience, ability and flair. It is a vote for someone who will work selflessly for our organization. You can be assured that whatever the outcome of the election, I will continue to serve the International League Against Epilepsy energetically, diligently and imaginatively. I believe that I can do this most effectively if you do me the great honor of electing me as your President for the next four years.

Martin J Brodie, MD
Treasurer, ILAE
Professor and Director, Epilepsy Unit
Western Infirmary
Glasgow, Scotland



Solomon L Moshé

Since becoming Secretary-General, I have had the opportunity to speak with many of you about your ideas for the League and how we can take these ideas to build for the future. Your many thoughts and suggestions will shape the ILAE's mission in the next four years should I become your President. As the League enters its second century we need to work together, through consensus, to develop worldwide strategies to enhance care and eliminate the burden of epilepsy from all our patients. To achieve this ambitious goal, I am proposing the following five-point plan:

1. To improve the representation and input from members, Chapters, and Regional Commissions in the pursuit of the ILAE mission to "achieve a world in which no person's life is limited by epilepsy."
2. To ensure that all professionals involved in the care of persons with epilepsy benefit from membership in ILAE.
3. To enhance collaborative international education, training, and research to improve the quality of life for all persons with epilepsy regardless of gender, age, or place of birth.
4. To identify, mentor and develop the next generation of leaders, who should reflect the global constituency of the ILAE.
5. To modernize League operations by applying state-of-the-art management methods and capitalizing on the newest information technologies to speed and simplify collaborations, communication and information exchange between the League, our Chapters, regional organizations and especially with IBE, our partner in the delivery of epilepsy care and services.

No one person can achieve these goals alone. It will require the collaboration and participation of our international epilepsy community. I look forward to working with the entire ILAE organization to develop closer ties between the League elected officials and our Chapters to achieve this ambitious plan.

Best regards

Nico
Solomon L Moshé, MD
Secretary-General, ILAE

Vice Chairman of Neurology, Director of Child Neurology
 Albert Einstein College of Medicine
 Bronx, NY USA

Michael Prize 2009

The Michael Prize is an international award in epilepsy which reflects a body of work. Awarded by a jury of peers, the Prize emphasizes the importance of carrying out laboratory research that can be translated into the care for patients. It is awarded biennially and is designed to recognize younger scientists (up to 45 years of age). The Michael Prize, supported by Belgian pharmaceutical company UCB, carries with it a monetary award of EUR 15,000. Nominations and applications for the 2009 Michael Prize are based on manuscripts or publications which have appeared in 2007/2008 (in either English or German). Each nomination should include the CV of the nominated investigator along with the relevant manuscripts or publications. Submissions should be sent, before **31 December 2008**, to: Stiftung Michael, Muenzkamp 5, D-22339 Hamburg, Germany. Further information is available at: e-mail stiftungmichael@t-online.de or <http://www.stiftungmichael.de>.

Morris-Coole Prize 2007



Nicola Marchi

Epilepsia and the International League Against Epilepsy (ILAE) are pleased to award the 2007 Morris-Coole Prize, for an outstanding paper in *Epilepsia* that helps advance knowledge in the field of epilepsy, to **Nicola Marchi**. The award-winning paper, from Volume 48 (*Epilepsia* 48: 732–742 2007) is entitled: "Seizure-promoting effect of blood–brain barrier disruption."

The Prize, which carries a EUR 10,000 award, was established through the generosity of Mr and Mrs Christopher Morris-Coole, with the intention of stimulating epilepsy research and encouraging young researchers in the field. The winning paper is chosen by the *Epilepsia* Editors-in-Chief and the ILAE President, from a short-list of nominations submitted by the *Epilepsia* Associate Editors. This year, that short-list, covering full-length research reports from Volume 48 of *Epilepsia*, included the following papers:

Nicola Marchi is a Research Associate in the Department of Cell Biology in the Lerner Research Institute of the Cleveland Clinic. He received his doctoral degree from the University of Pisa in 2000. Dr. Marchi then worked as a postdoctoral fellow at the Cleveland Clinic (with Damir Janigro) and at the Institute Mario Negri (with Annamaria Vezzani). In 2005, he returned to the Janigro laboratory at the Cleveland Clinic, where his research focused on inflammation and disruption of the blood–brain barrier associated with seizure activity. According to Dr Janigro, "Nicola was the first to notice focal motor seizures in patients undergoing blood–brain barrier disruption," an observation that suggested "a novel mechanism for seizure generation" involving changes in vascular integrity. Dr. Marchi subsequently examined this mechanism in a variety of clinical and basic research investigations. The study for which Dr Marchi has been awarded the Morris-Coole Prize is notably collaborative in its approach, involving a neuroradiologist, a neurologist, a brain tumor expert, and basic and clinical scientists — all working toward "true translation ... into a cure" for epilepsy.

The Morris-Coole Prize was presented to Dr Marchi at the Awards Symposium at the European Congress on Epileptology (Berlin, 21–25 September 2008), during which Dr Marchi presented a lecture on his research.

Excerpted from *Epilepsia* Volume 49 Issue 9 , Pages 1487 - 1488 (September 2008)

ASEPA Continues its Broad Educational Program

The Asian Epilepsy Academy (ASEPA) has been dedicated to bringing a broadly-based educational program about the many facets of epilepsy and epilepsy treatment to the many countries that are in the Commission on Asian and Oceanian Affairs. Over the years ASEPA has visited many of the countries of the region to bring the latest information about epilepsy to the local medical community. In addition, ASEPA has a goal to encourage physicians in the early stages of their training to consider epilepsy as a focus of their careers by introducing them to the field and by providing additional support and training to those who express a true interest in or show an aptitude for the specialty. In this article we wish to highlight several recent educational programs and the additional training that came about because of a young physician's participation in an earlier ASEPA program.

Dr Yushi Inoue (Japan) reported that the third ASEPA workshop on epilepsy surgery was held in Semarang, Indonesia 22 and 23 September of this year. The first was in Shizuoka, Japan in 2006 and the second in Xian, China in 2007. Semarang, a beautiful city of 4 million in central Java, was chosen in part because almost all epilepsy surgery in Indonesia is performed there. The local organizing committee (Drs Zaniel Muttaqin, Dede Gunawan and Endang Kustiawati) worked closely with ASEPA, which helped organize the content of the meeting. The program included lectures on the timing of surgery and presurgical evaluation, surgical procedures, surgical outcome and rehabilitation and the status of epilepsy surgery in Indonesia. There were over 100 participants in the event, of which over 80% were neurologists, and most of whom came from across the country



of Indonesia. The goal of the workshop was in part to encourage the development of epilepsy surgery more broadly in the country, but also to emphasize the need for additional training for those who wish to participate in the evaluation and treatment of patients who may be candidates for surgical intervention.

Dr Zaniel Muttaqin of Semarang welcomes participants to the 3rd ASEPA Workshop on Neurosurgery held in Semarang, Indonesia.

The 3rd ASEPA Workshop on Antiepileptic Drug Therapy on 5 and 6 September in Tagaytay City, Philippines was also a great success, according to Dr. Patrick Kwan (Hong Kong). This meeting was a follow-up to the earlier AED workshops in Kuala Lumpur, Malaysia in 2005 and Guangzhou, China in 2006. The main objective of these workshops was to improve the knowledge and skills of Asian neurologists, particularly those in training, in the use of antiepileptic drugs. The workshop director, Dr Kwan, worked closely with the Chair of the local organizing committee, Dr Leonor Cabral-Lim, in developing the program that consisted of didactic lectures by invited speakers and interactive discussions of cases presented by the delegates. Of the 100 delegates, almost all came from the Philippines, although the faculty came from across the Asian and Oceanian region.



Philippines meeting, left to right: CT Tan (Malaysia), SH Lim (Singapore), Leonor Cabral-Lim (Philippines), Mark Cook (Australia), and Patrick Kwan (Hong Kong).

As noted earlier, one of the goals of these programs is to encourage the participation in the field of epilepsy by young physicians. One such success came from a workshop in Guangxi Province, China in 2006. Dr Lu Yu of the First Affiliated Hospital of Guangxi Medical University had attended that workshop. She subsequently received a competitive fellowship supported by the Epilepsy Research Foundation of Japan for a half-year training program in clinical epileptology and electroencephalography at the National Epilepsy Center — Shizuoka Institute of Epilepsy and Neurological Disorders. Starting in October 2007, she spent a very intensive six months involved in clinical care, electroencephalography and video monitoring including the complete evaluation of patients for surgery. The program was very structured to provide her with the entire range of epilepsy care, including EEG with implanted electrodes. In addition there were regular directed readings in the literature with Drs Inoue and Terada, who put in a considerable effort to assure that Dr Yu received extensive training and exposure to many of the resources in the literature. Her experience, which she reported as quite valuable for her career and for helping patients with epilepsy, is an example of the transnational collaborations that are taking place within the Asian and Oceanian region.

For 2008, eleven ASEPA courses are being held in various parts of Asia on EEG, imaging, syndrome, translational research as well as surgery and drug treatment. For 2009, 18 courses are being planned. Fellowships from Epilepsy Research Foundation of Japan and ASEPA will also continue to be offered.

VIREPA Announces Distance Learning Courses

VIREPA, the Virtual Epilepsy Academy, is announcing the distance learning courses for the academic year 2009 / 2010. The four courses are "**Genetics of Epilepsy**", "**EEG in the diagnosis and management of epilepsy**", "**Neuroimaging**" and "**Clinical Pharmacology and Pharmacotherapy**."

The course format, on an e-learning platform, is the same for all courses: The learning material (textbooks and references) is available for download and print. To achieve credit, tasks to be worked on in each unit are to be solved within an active communication process among all participants, guided by the experts in the discussion forum for each course. These tasks strengthen the theoretical knowledge gained from the learning material and enable the transfer of knowledge to the clinical practice of each learner.

All courses will start in the fall of 2009. Introductions to these courses for potential participants will be presented in four early morning sessions during the 28th International Epilepsy Congress in Budapest 28 June - 2 July 2009.

Deadline for application for all courses is **31 July 2009**.

For detailed information and an application, please see www.epilepsy-academy.org or contact the Epilepsy Academy Office at office@epilepsy-academy.org.

Request for Nominations for IBE and ILAE Awards

During the 28th International Epilepsy Congress next year in Budapest, the International Bureau for Epilepsy and the International League Against Epilepsy will be proud to bestow awards to honor a few outstanding individuals in the field of epilepsy. These awards are: the Ambassador for Epilepsy Award, the Award for Social Accomplishment in Epilepsy, the IBE Volunteer Award and the Lifetime Achievement Award.

The **Ambassador for Epilepsy Award** is a unique award introduced by the International Bureau for Epilepsy (IBE) and the International League Against Epilepsy (ILAE) in 1961. The award acknowledges an individual's extraordinary actions in the field of epilepsy. Ambassador Awards are presented every two years at the time of the International Epilepsy Congress and a maximum of 12 Awards are presented at any one time. The Award is given to recognize outstanding personal contributions to activities that advance the cause of epilepsy. These contributions and activities should either have been performed at an international level or have an international impact or significance. The Award reflects worldwide peer recognition and is given for the lifetime of the recipient. The name of each recipient is added to the Ambassadors' Hall of Fame maintained by IBE and ILAE. For more information on the Ambassador for Epilepsy Award, please logon to <http://www.ibe-epilepsy.org/activities/About+the+Ambassador+for+Epilepsy+Award>.

The **Award for Social Accomplishment in Epilepsy** is also given jointly by the IBE and the ILAE. The Award will be made not more than once every two years. The Award is given to an individual to recognize his or her outstanding personal contribution to activities that have resulted in a significant advance in the social well being and or quality of life of people with epilepsy. These contributions and activities should either have been performed at an international level, or they should have had worldwide impact or significance. The Award, a symbol of international peer recognition, consists of an engraved glass trophy, a financial prize of US \$5,000 and a certificate. In addition the name of each recipient is added to the Award winners' Hall of Fame maintained by IBE and ILAE. In the event that the Award winner is not already an Ambassador for Epilepsy, this Award will also be given but will not be counted as one of the maximum of 12 Ambassador Awards given that year. For more information on the Award for Social Accomplishment in Epilepsy, please logon to <http://www.ibe-epilepsy.org/activities/About+the+Social+Accomplishment+Award>.

IBE is also aware of the tremendous efforts of volunteers working with IBE member associations at local and national levels to improve conditions for all those affected by epilepsy. To recognize the spirit of these steadfast volunteers, the International Executive Committee has launched the **IBE Volunteer Award**. The purpose of this award is to highlight the dedication and selflessness of those who work without financial reward to improve the quality of life for people with epilepsy. The award will be presented every two years to an individual who has carried out outstanding activities, on a voluntary basis, which have made a difference at national level. For more information on the **IBE Volunteer Award**, please logon to <http://www.ibe-epilepsy.org/activities/About+the+Volunteer+Award>.

And last but not least, the **Lifetime Achievement Award**, which is the ultimate award, given to those truly exceptional persons, internationally acclaimed and with a long record of exemplary work. Only when an individual is deemed to reflect the criteria required for consideration adequately will this award be presented. For more information on the Lifetime Achievement Award, please logon to <http://www.ibe-epilepsy.org/activities/About+the+Lifetime+Achievement+Award>.

Forms for the nominations may also be found at the ILAE Web site <http://www.ilae.org>.
Deadline for receipt of nominations is 19 December 2008.

Ann Little
Executive Director
International Bureau for Epilepsy

Changes to the Web site

In the last several months, a number of changes have been made to the League's Web site, some cosmetic, some substantive. There are a few new items as well. The cosmetic changes include a new landing page as well as a reorganization of some of the pages to give some topics greater visibility (e.g., classification, position papers, regions and chapters).

There has been, largely through the efforts of Anne Berg, Chair of the Commission on Classification and Terminology, a significant reorganization and rewriting of the classification material, a change reflecting the evolution of thought that is taking place about the classification system. This section also provides links to a number of articles regarding many of the syndromes so that visitors can find more information about many of the syndromes listed. In addition, this section provides the visitor with an historical perspective with access to many of the important publications regarding classification and terminology that have appeared in *Epilepsia* over the last three decades. There are also published debates regarding the purpose, strengths and weaknesses of proposed classification systems. This section of the League's site should be a good resource to the members who wish to have up-to-date information as well as an historical overview.

Two new items, both in their infancy, are the Bookstore and the Farewells sections. The Bookstore is intended to provide people who are interested in epilepsy with a place to find books that will answer their questions or stimulate their thoughts. It is still in its early stages as we convince publishers that it would be worth their efforts to place their books on view for the international epilepsy community. The League itself will not get into the business of selling books, but the publishers will be providing links to sites where books can be purchased. The League is also not endorsing any books. It is our intent only to provide a place where books of interest can be found.

The second new item is the Farewells section, in which we place obituaries of our departed colleagues in the epilepsy community. The success of this section will depend entirely on the your efforts. There are no real restrictions on who can be commemorated. The only real requirement is that the individual was active in the efforts to improve the lives of people with epilepsy through social or clinical care or through research. We will also include obituaries of colleagues who passed from the scene some time ago, as we also wish to use this section as a means of creating an historical record of those who have made so many different and valuable contributions to epilepsy care. If you wish to make a contribution, please send articles or questions to farewells@ilae.org, and we will be happy to help. Although we would prefer that this section grow very slowly, we do wish to make known to the epilepsy community the contributions made by our colleagues when the inevitable does strike.

Finally, we will be adding in the very near future a section on initiatives and projects of the ILAE. This section will let members know what the League is doing to advance the cause of improved epilepsy treatment around the world. Many of these projects are just getting started, but we will use the Web page to keep everyone up to date and allow each to know how the projects are evolving. The Web site will continue to change. To help us improve the Web site we also need your feedback about what we should do differently. Please let us know.

Edward H Bertram, MD
Information Officer

News from the Hispaniola Task Force

On 4 June 2008, la Clinique d'épilepsie de Port-Au-Prince, an outreach initiative of the North American Commission (NAC) opened its doors to patients. Haiti, the French-speaking half of the island of Hispaniola, had no neurologist or trained electroencephalographers. There were only two conventional EEG machines (one of which is 8-channels), to serve a population of 8 million, and the recordings were reviewed outside of the country.

At its first business meeting in 2006 the NAC, chaired by Dr Samuel Wiebe, identified Haiti as a region with some of the most urgent needs for improved epilepsy care. The Hispaniola Task Force was therefore created to assess the needs for Haiti to see how we could help meet those needs.

The Task Force is chaired by Lionel Carmant, past President of the Canadian Chapter, and include Diogenes Santos Viloría, President of the Dominican Chapter, Alix Elie, a neurosurgeon from Haiti

who follows most of the patients with epilepsy, Marco Tulio Medina, President of the Latin American Commission and Michel Baldy Moulinier, Past President of the French League who had agreed to share with us his experience in the African Region.

The Task Force rapidly identified the most significant needs of the Island. First there had to be access to proper epilepsy care for the Haitian population. Second, there is a great need to eradicate neurocysticercosis from the Island of Hispaniola. As an ultimate goal we would like to support the development of an Epilepsy Surgery program, which would ensure the continued presence of epilepsy expertise in the country. To reach these objectives, we invited collaboration from three additional individuals: Dr Marcel Sévère, a young Haitian pediatrician eager to learn how to interpret EEGs, Dr Hector Hugo Garcia from Peru, a leader in the epidemiology of neurocysticercosis, and Dr Diones Rivera, a Dominican neurosurgeon leading the effort in epilepsy surgery development in the Dominican Republic.

During the third teleconference, we put together a plan of action looking at simple and attainable goals. For the Haiti epilepsy clinic, we needed a local nurse and EEG technologist. Dr Santos Viloria kindly agreed to provide the necessary training in Dominican Republic. We also needed to train Dr Sévère to read EEGs, and he agreed to come to our EEG laboratory in Montreal. Finally, we needed to provide the clinic with modern EEG equipment. To this end, Dr Jean Gotman, owner of the Montreal-based EEG Stellate company, and also a member of the North American Commission, generously provided an EEG system. He also offered to provide training for the technologist to operate and repair the system. Unfortunately, a Canadian visa could not be obtained for the technologist despite numerous attempts and letters of support.

These activities took place between January and May 2008. On the 4th of June, Dr Carmant and Genevieve Arbour, a Canadian EEG technologist, visited the newly established Clinique d'épilepsie de Port-Au-Prince, to install the new equipment, to provide support for launching the clinic, and to train the local technologist on operating the new Stellate system. During that first week, we were able to evaluate 12 patients from a variety of backgrounds. Not only did we make new diagnoses (8), but we also were able to diagnose nonepileptic events (4) and to discontinue unnecessary medication in these patients. The clinic remains busy, and performs from 2-5 studies per day. The task force will be providing ongoing support via quarterly visiting professorships from North American Commission members and long-term support by improving the neurology curriculum at the National University. The latter will be done in collaboration with the Association of Haitian Physicians (AMHE).

Our task force is now ready to tackle the neurocysticercosis project by assessing its prevalence in the endemic region at the border of the Dominican Republic and Haiti. A pilot study has been designed to this end. We also hope to launch the epilepsy surgery program in 2009. We wish to acknowledge the contribution of our two latest additions to the Task Force, Dr Farah Lubin, who helped us look for funding for the Haiti clinic, and Dr Jose Ferreira who at the 2007 AES meeting agreed to provide additional expertise to both the neurocysticercosis and epilepsy surgery projects.

We are extremely pleased with strides made in a relatively short period of time, and we expect this project to develop further as it gains momentum. We wish to thank all the Task Force members as well as the NAC members for their availability, support and devotion to these projects.



Elie (neurosurgeon, director of the Epilepsy Clinic)

Lionel Carmant, MD
for the North American Commission

From left to right first row: Marcel Sévère (pediatrician who will review the EEGs), Daphnée Doussous (EEG technologist), Geneviève Arbour (provided support to EEG technologist), Nathalie Charles (Epilepsy nurse); second row: Lionel Carmant and Alix

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