

European Federation of Neurological Societies

4-7th September, 2004; Paris, France.

The excellent September weather in Paris which coincided with the 8th Annual meeting of the European Federation of Neurological Societies may, along with the charms of the city, have attracted some delegates away from the conference halls of the Palais des Congrès. Your correspondent, however, remained diligently at his post in order to compile this report (with just one brief exception, to be mentioned later).

A broad bill of fare was on offer: Main Topics (relatively didactic presentations from experts in the field), short communications (presenting new, or relatively new, information), focused workshops, posters (over 1000 presentations), special sessions, and satellite symposia sponsored by drug companies. As with almost all international conferences, the scheduling of multiple concurrent sessions means that any report is bound to be somewhat arbitrary, its selections dependent upon the author's particular interests and, possibly, prejudices. With this caveat in mind, I found the following presentations of particular interest:

Mendelow (Newcastle): The International Surgical Trial in Intracerebral Haemorrhage (ISTICH) randomised over 1000 patients in over 100 centres in 27 countries to either "early surgical intervention" or "initial conservative treatment" within 72 hours of ictus. Outcome at six months was determined with the Glasgow Outcome Scale. Favourable outcome occurred in 26.1% of the early surgery group and 23.8% of the conservative group, a difference which was not significant. Hence, the optimum management of intracerebral haemorrhage remains uncertain, and likely to be judged on an individual basis.

Ducros (Paris): Thunderclap headache (TCH) may be a reversible or benign angiopathy. Early angiography in patients with recurrent TCH may show "string of beads" appearances which resolve within 2 months. Prior use of vasoconstrictors prescribed for rhinitis, SSRIs, and recreational use of cannabis, may be relevant to TCH pathogenesis, and awareness of the angiographical changes may influence advice to patients about their subsequent use.

Mehrabian (Sofia): A family with autosomal dominant early-onset Alzheimer's disease (AD) was reported, in which progressive dementia was complicated by spastic paraparesis and extrapyramidal signs. A novel mutation in the presenilin-1 gene (L381V) was detected, but no pathological data were available.

Brandel (Paris): A review of the clinical and investigational findings in sporadic and iatrogenic Creutzfeldt-Jakob disease (CJD). Clinical criteria for the diagnosis of CJD are good, but nonetheless diagnosis is often late. An early marker of disease is still required. Iatrogenic disease may be due to cerebral inoculation (dura mater grafts much commoner than cornea transplants or stereotactic neurosurgery, especially in Japan) or peripheral inoculation (cadaveric growth hormone use much commoner than



gonadotrophin use, cases of the latter only in Australia). Cerebral inoculation produces a clinical picture similar to sporadic CJD, peripheral inoculation produces a syndrome more akin to kuru with dementia occurring late.

Gauthier (Montreal): A discussion of the use of cholinesterase inhibitors (ChEI) in Alzheimer's disease (AD), particularly possible disease-modifying effects. In the AWARE study, patients initially not thought to benefit from ChEI were randomised to either placebo or continued ChEI. Around two-thirds of the latter group showed benefit at 24 weeks. Hence initial deterioration does not necessarily imply lack of response to ChEI, nor does it preclude benefit in domains other than memory (eg behaviour). An observational study suggests time to nursing home placement is longer in those AD patients receiving ChEI. Use of ChEI in mild cognitive impairment to delay conversion to AD remains questionable: a 6 month study detected improvement but a longer trial (3 years) showed reduced conversion in the first 18 months but with curves converging by the end of the trial; any effect seems not to be sustained.

Marchini (Naples): Brain imaging of patients with unilateral asterixis following stroke suggested that damage to the contralateral corticospinal tract plus either the medial lemniscus or basal ganglia was the most common finding.

McGregor (London): An internet based survey of migraineurs showed that most had used OTC medication. Need for a second dose of medication was lower in those receiving triptans as compared with other treatments.

Cerbo (Rome): Headache accounts for about 1% of admissions to an emergency unit, yet the percentage with secondary headache (eg meningitis, subarachnoid haemorrhage) is low, perhaps 20%. Hence, some hospitals are developing headache centres within the emergency department to manage acute primary headache disorders. In this 3 month study, 190/237 (= 80%) of patients seen had migraine, of whom only 14% had seen a headache specialist prior to presentation and only 10% had used a triptan before presentation, suggesting that migraine is underdiagnosed and undertreated.

Mills (Liverpool): Hypothalamic involvement in multiple sclerosis is frequently noted in post-mortem tissue, yet brain imaging studies of MS with hypothalamic change are restricted to case reports. A retrospective study of 67 "MS protocol" MR scans found single hypothalamic plaques in 3 patients (4.5%).

Particular highlights of the EFNS meeting for

me are the sessions devoted to "Neurology and Art" and "History of Neurology". These were, appropriately for a meeting held in Paris, dominated by the life and work of Jean Martin Charcot (1825-1893). Both sessions featured talks by Professor Christopher Goetz from Chicago who has written on Charcot.¹ In the former session, he alluded to Charcot's drawings in patient case notes which often capture key clinical features. Subsequent speakers discussed Charcot's artistic interests and his possible influence on authors such as Daudet (his patient), Zola, Schnitzler, Tolstoy, Turgenev (another patient), Strindberg, Munthe and Bjornstjerne Bjornson. The History of Neurology session included talks on the development of neuropathology in Paris by Professor Boller, focusing particularly on the work of Hecaen and F Lhermitte, and the history of the Salpêtrière Hospital with its role call of neurological greats (Pinel, Vulpian, Raymond, Dejerine, Marie, Guillaumin). Professor Goetz gave the Clifford Rose Lecture, lucidly describing Charcot's "methode anatomo-clinique", adapting for the purposes of neurology the methodology of Laennec.

The subsequent History of Neurology Tour (my one desertion from the conference venue) visited both the Musée d'Histoire de la Médecine in the rue de l'École de Médecine and the Salpêtrière Hospital. At the former, there was a chance to see the original 1887 painting of Charcot's Lecture by Brouillet, featuring many attentive students who later attained renown (Babinski, Marie, Gilles de la Tourette, Fere, Brissaud). Exhibits in the museum adjacent record other contributors to the history of neurology (Pourfour du Petit, Itard, Meige, Lermoyez, and Brissaud: the latter apparently undertook, in 1896, the first skull X-ray to identify an intracranial projectile, requiring an exposure time of one and a half hours!). Professors Bonduelle¹ and Boller conducted the tour of the Salpêtrière, with a visit to the Charcot library (the famous painting of Pinel removing the chains of the patients is in the foyer) as well as a walk around the hospital site. Many ancient buildings remain cheek-by-jowl with more modern facilities, and I was interested to note the Cellule Nationale de Référence des Maladies de Creutzfeldt-Jakob was housed in one of the former. Charcot's statue no longer stands adjacent to the gate of the hospital, having been removed (like so many Parisian statues) during the Second World War. Vulpian, however, still stands (in stone) in the rue de l'École de Médecine.

Published posthumously in 1964, Ernest Hemingway's book memorably described Paris as a "Moveable Feast". Likewise the EFNS, which next meets in Athens in 2005.

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1. Goetz CG, Bonduelle M, Gelfand T Charcot: *Constructing Neurology*. Oxford: OUP, 1996.