

transcranial doppler. Complex, as the author points out, because of difficulties in validating various animal models. Chapter 6, 7 and 11 correlates the sonographs of vascular and ischemic-hypoxic lesions in immature and more mature brains with pathological specimens in an instructive way.

Chapter 8 discusses ventricular size and the monitoring of hydrocephalus. This list of different etiologies at different ages is helpful. Various measurements, as described, are likely to be most useful in connection with monitoring hydrocephalus, but not for the primary diagnosis. I realize that a discussion of the recent theories about the causes of hydrocephalus is not within the scope of this book, however it might be mentioned that the classical concept of how CSF circulates is undergoing a challenge. Recent publications by D. Greitz et al. and might be of interest to the readers.

The short chapter 9 gives some aspects on infectious diseases.

Chapter 10 describes brain malformations; some correlation with CT images has been performed. Again I would like additional sonographic planes and also correlation with MRI, which gives excellent information in these cases, and which may also be performed antenatally.

Chapter 12 summarizes the difficulties in using ultrasonographic diagnosis for prognosis of the clinical outcome. It is excellent that this topic is discussed, however, it should be pointed out that there are hardly any good studies with correlation between different neuro-imaging modalities. For example, it is not adequate to have performed ultrasonography one day and CT several days later as 24 hours is a very long time in the life of a newborn. Several events, as well as evolution of ischemic change may have occurred during the

interval. I think we need a study consisting of serial multimodality [US, CT and MRI] studies performed within hours of each other to be correlated with each other in multiple patients and with their clinical outcome before we can be confident of our interpretations and prognoses based on a single examination performed in a single modality at a given time.

This book contains a lot of useful clinical information in context of brain sonography. The information regarding brain anatomy and imaging is of slightly inferior quality. This is, I think, a natural reflection of the author's main occupation as a neonatologist and not a neuroimager.

The unfortunate state of affairs at many institutions is that neuroradiologists do not perform neurosonography, and that neonatologists or general paediatric radiologists perform neurosonography, but never any other kind of neuroimaging. This is bad for both groups and for the patients. There is no doubt in my mind, that a combined effort between neonatologists and neuroradiologists would be better for the patients.

It is time to regard ultrasonography as one of many neuroimaging modalities and not an isolated method, and to combine the wealth of neuroanatomical and neuropathological knowledge of neuroradiologists with the vast clinical knowledge of the neonatologists to tailor the most appropriate imaging modality to the patients condition, and to control the quality, sensitivity and reliability of different imaging methods.

*M. Mosskin,
Stockholm, Sweden*

Notes and Announcements

Epilepsy Canada/Parke-Davis Canada Research Fellowship

The Epilepsy Canada/Parke-Davis Canada Research Fellowship is offered to develop expertise in clinical or basic epilepsy research and to enhance the quality of care for epilepsy patients in Canada. The award is \$35,000 annually. Epilepsy Canada will present the award at the annual meeting of the Canadian Congress of Neurological Sciences.

Research must be carried out at a Canadian facility, with project emphasis on the study of epilepsy itself and not on epilepsy as part of the study of another field. The Fellowship is primarily a training program and is not intended for individuals holding faculty appointments. Applicants must have an M.D. or a Ph.D. Those with an M.D. must have completed residency training.

Application forms will be available September, 1998. The deadline for submission is December 1, 1998. For further information, please contact Rebecca Rupp, National Director of Programs, Epilepsy Canada, 1470 Peel St., Suite 745, Montreal, QC H3A 1T1

Tel: (514) 845-7855, Toll free: (800) 860-5499, Fax: (514) 845-7866 e-mail: epilepsy@epilepsy.ca Website: <http://www.epilepsy.ca>

Bourse De Recherche Épilepsie Canada/Parke-Davis Canada

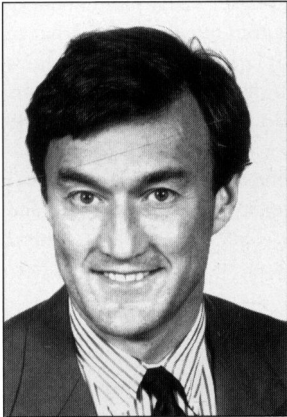
La bourse de recherche d'Épilepsie Canada/Parke-Davis Canada est offerte en vue d'encourager la recherche fondamentale ou clinique sur l'épilepsie et d'améliorer la qualité des soins aux personnes atteintes d'épilepsie au Canada. Le montant de la bourse, accordée annuellement, est de 35 000\$. Elle sera présentée à l'assemblée annuelle du Congrès Canadien des Sciences Neurologiques.

La recherche doit être effectuée dans une institution canadienne; le projet doit porter sur l'étude de l'épilepsie proprement dite et non sur l'épilepsie en tant que partie d'une étude sur un autre sujet. Il s'agit d'une bourse de perfectionnement et ne s'adresse pas aux chercheurs détenant déjà un poste dans une université. Les candidats doivent détenir le titre de M.D. ou de Ph.D. Ceux qui ont un M.D. doivent avoir terminé leur entraînement en spécialité.

Les formulaires de demande seront disponibles à compter de septembre 1998. Les demandes devront être soumises au plus tard le 1er décembre 1998. Pour de plus amples renseignements, s'adressez à Rebecca Rupp, Directrice nationale des programmes, Épilepsie Canada, 1470 rue Peel St, bureau 745, Montréal, Québec H3A 1T1.

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John H. Noseworthy



John H. Noseworthy MD, FRCPC has been named Professor and Chair of the Department of Neurology at the Mayo Clinic, Rochester MN, USA. Dr. Noseworthy is a medical graduate of Dalhousie University. He completed a neurology residency at the University of Western Ontario in 1991. From 1991-1993, he was a Centennial Fellow with the Medical Research Council of Canada at Harvard Medical School. He was then a member of the neurology faculty at the University of Western Ontario until 1990, when he moved to the Mayo Clinic to direct its Division of Neuroimmunology. His research interests focus on clinical trials of multiple sclerosis. Dr. Noseworthy is a member of the Editorial Board of the Canadian Journal of Neurological Sciences.

Dr. Barnett holding his award, with Dr. J.W. Norris (CSC Chairman) on his right and Dr. A. Shuaib (Secretary-Treasurer) and Ms. Patty Djan (Executive Director) on his left.



Dr. Barnett holding his award, with Dr. J.W. Norris (CSC Chairman) on his right and Dr. A. Shuaib (Secretary-Treasurer) and Ms. Patty Djan (Executive Director) on his left.

Dr. H.J.M. Barnett gave a talk entitled **“The Intangibles and the Unexpected in Clinical Trials”** when he received the Award of Excellence in stroke at the 4th Annual General Meeting of the Canadian Stroke Consortium held in Toronto on March 20, 1998.

This award is the first of its kind, and the members were unanimous in their decision that Dr. Barnett would be the ideal candidate. He has made major contributions to Stroke research over three decades, as the principal investigator in several major international trials including the Canadian Collaborative Aspirin Study, the ECIC By-pass Study, and North American Symptomatic Carotid Endarterectomy Trial. All of these have had a major impact on clinical practice around the world.

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