Minutes of the Executive Committee Meeting held On 17.12.2004 at Sayaji Hotel, Indore

The following members attended the meeting:-

- Prof. S.R. Dharker
- Prof. V.K. Khosla
- Prof. Atul Goel
- Prof. A . K. Gupta
- Prof. S.Kumaravelu
- Prof. V . Puri
- Prof. C.U. Velmurugendran
- Prof. V.S. Mehta
- Prof. J.S. Chopra
- Prof. B.S. Sharma
- Prof. Suresh Nair

The following past President also attended the meeting:-

- Prof. S.N. Bhagwati
- Prof. A.K. Banerji
- Prof. M. Sambasivan
- Prof. A . D. Sehgal
- Prof. M.J. Chandy sent regrets for his inability to attend the meeting:-

The president, Neurological society of India called the meeting to order.

Dr. V.K. khosla presented the secretary's report which is published at Annexure-I

Minutes of the Executive committee meeting held on 23.5.2004 at Sayaji Hotel, Indore were circulated and published in the Newsletter of July, 2004.

Action taken on the minutes of the Executive Committee Meeting held on 23.5.2004 at Indore:-

The obituary on Prof. D.R. Gulati was published in Neurology India.

2003/EC1/01: Co-ordination of several Neurosciences conferences: The matter was discussed in detail. Since no responses were received by the Secretary, NSI in this regard it was decided that no further action need to be taken by the NSI in this direction.

2003/EC1/02: Stroke Therapy: Recommendation of Committee formed by the Neurological Society of India were received and are published at Annexure II.

Comments in this regard may be sent to the Secretary, NSI for further action.

2003/EC1/03: Letter from Dr. B. Ramamurthi regarding Neeraj Clinic at Haridwar: In the view of the current situation no further action required.

2003/EC1/04: 6 year M.Ch. Course: Reminders already sent to the Medical Council of India. Responses awaited. Letter of thanks written to Prof. P N. Tandon.

2003/EC1/05: Intraventional neuro-radiology training : Recommendation of the Executive Committee of the NSI sent to the Medical Council of India.

2003/EC1/06: DM/ M.Ch. Courses Emergency services: Recommendation of the Executive committee of the NSI sent to the Medical Council of India.

2003/EC1/07: Annual Oration Amount to be paid: The matter was discussed in detail and various view points taken into consideration. The Executive committee decided that all orators should be treated on par and hence each orator should be paid an amount of Rs. 30,000/-per oration.

EC/2004/2/1: Annual Conference: Science: Scietific Presentation

- A number of complaints were received regarding the sceientic paper presentation during the Annual conference and the methodology adopted for selection/ rejection of these presentations. The matter was discussed thoroughly by the Executive committee and it was reiterated that the **Byelaws in this regard should be strictly adhered to and the following guidelines were unanimously accepted for adoption:-**
- All abstracts must reach the concerned referees from the Chairman, Scientific Committee by 15th September.
- Having received the abstracts by 15th September, the refrees must return them, with comments, to the chairman, Scientific committee by the 1st October.
- Copies of abstracts of the papers selected for presentation must reach the Editor, Neurology Indian by 15th October for publication as a supplement of Neurology India.
- All communications made by the President Elect/ Chairman Scientific Committee in relation to the Scientific programme should be under full information to the Secretary, NSI.
- The publication cost of the abstract book (supplement, Neurology India) shall be born by the Organizing Secretary of the conference though published by the Editor, Neurology India.

  Inside of the front page and back cover shall be available for advertisement/ sponsorship to the Organizing secretary of the Annual Conference.

EC/2004/2/2: Naming symposium in honor of Neuro scientists: The matter was discussed the Executive committee unanimously decided that members wishing to honor such senior neuro scientists of the society at the Annual conference should write well in advance to the Secretary, NSI so that the matter is put up at the mid term Executive Committee (usually in may every year) for necessary implementation, if accepted, for the corresponding December Conference.

EC/2004/2/3: Letter from Librarian W.H.O., Regional office, New Delhi: The Executive Committee had no objections provided necessary clearance / permission is obtained from the authors of the publication and the Editor, Neurology India.

EC/2004/2/4: 54th Annual conference of the Neurological Society of India, 2005: Dates of the 54th Annual conference of NSI will be 15-18th December, 2005 at Visakhapatanm. Early bird dates and the registration fee were discussed and accepted as under:-

Guideline	Deadline	Registration Charges	CME
Early bird	30th June, 2005	Rs.2000.00	Rs.400.00
Routine	31st August, 2005	Rs.2800.00	Rs.400.00
Late	30th November,2005	Rs.3500.00	Rs.600.00
Spot At Venue after	30th Nov.2005	Rs.4000.00	Rs.800.00

EC/2004/2/5: 55th Annual Conference of Neurological Society of India, 2006: Birds for the Annual Conference for NSI 2006 were presented. The Conference was awarded to the **Maduri Neuro Association with Dr. D. Kailai Rajan as the Organizing Secretary for the Neurocon 2006.**

EC/2004/2/6:

The executive committee unanimously decided to co-sponsor the 6th Asian Conference of Neurological Surgeons to be held at Mumbai from **26-29th January, 2006** without any financial implications.

EC/2004/2/7: Training in India at cross road: It was decided that the letter to be circulated once again to the members of the executive committee and the matter to be put up for discussion in the mid term executive committee meeting to be held in may, 2005.

Dr.S.R. Dharker Dr. V.K. Khosla Dr. V.S. Mehta

Dr. Atul Goel Dr. S. Nair

EC/2004/2/8:The Secretary, NSI to interact with the Neuro nurses association.

EC/2004/2/9: Elections for the post of President Elect: The elections for the post of President Elect, 2004 were held in 2004. The sub committee consisting of Prof. Chopra, Dr. V. Puri, Dr. B.S. Sharma, Dr. Kumararavelu was appointed to count the votes. Dr. Ganapathy was declared elected as the President Elect for the Year 2004-2005.

EC/2004/2/10: Annual Orations for 2005: The following were unanimously nominated for 2005 orations to be deliverd during the Annual Conference of NSI at Visakhapatnam.

- Prof. J.S. Chopra Baldev Singh Oration
- Prof. V K. Kak Ramamurthi Oration

EC/2004/2/11: Symposium for 2005 conference: The following symposia have been accepted for the Annual conference of NSI at Visakhapatnam.

- Movement disorders
- Minimal invasive neurosurgery: concepts and operative nuances

Secretary's report was presented by Dr. V. K. Khosla and published at Annexure I. It was accepted, proposed by Dr. Velmurugendran and seconded by Dr. B.S. Sharma .

Treasurer's report was presented by Dr. V .S. Mehta and published at Annexure III .It was accepted and Proposed by Dr. V.k. Khosla and seconded by Dr. S. Nair.

Editor's report was presented by Dr. Atul Goel, published at Annexure-IV. The same was proposed by Dr. Mehta and seconded by S. Nair.

CME's report was presented by Dr. B.S. Sharma and published at Annexure V. It was accepted proposed by DR. V.K. Khosla and seconded by Dr. V.S. Mehta.

Webmaster report is published at Annexure –VI.

The meeting ended with a vote of thanks to the Chair.

Secretary's report

Annexure I

Dear Colleagues,

It was a matter of great pleasure to place before you activities of the Neurological Society of India. The Strength of the Society now stand at 1593 members. A total of 94 members were enrolled over the last one year. This included 24 Neurosurgeons., 13 neurophisicians; and 7 allied members. 50 associate members were enrolled during the same period.

Unfortunately 422 members had to be removed from the rolls of the society, as per the bye-laws. At the moment there are 59 defaulting members who need to clear their dues on time so that the name are not deleted from the rolls. This list has been put up on the website and is currently being displayed at the conference also. The NRI members as per the bye-laws should pay Rs. 1000/- per year as postal charges. Only 4 have paid this amount till date. We are slowly improving the NSI website. As of today each member can access his personal profile on the website through an individual password. This would help him to update his contact address/ numbers and also his dues to the society.

Instructions which each member is to follow to access his personal profile are below:

This facility would required members to log in with a user name and password. The username is the membership number. A default password is assigned to all members, which can also be subsequently changed to one of their choice after login. Detailed instructions have also been posted on the website.

The society congratulate the following members for the laurels won by them

Orations/Awards

Prof. Gauri Dev – Amir Chand Oration

Prof. Mathew Chandy - col. Sangham Lal Award

Prof. V.K. Radhakrishnan- Jagdish Chandra Bose Award

Prof. M.M. Mehndiratta –FRCPSG Glasgow

Dr. Anupam Das Gupta – ERCP London

Dr. R. Sridharan – FRCP Edinburgh and Glasgow

The NSI co-Sponsor the WFNS tumor meeting at Jaipur.

As a Secretary of the Neurological Society of India I thank all the members for their constant support and would request each member of the society to actively participate in the scientific presentation as well as in the elections of the society.

STROKE THERAPY

Annexure II

A PERSONAL FOR EVOLVING NEUROLOGICAL SOCIETY OF INDIA GUIDELINES FOR THROMBOLYTIC THERAPY FOR ACUTE ISCHEMIC STROKE

Stroke is a leading cause of death and long – term disability all over the world. In developing countries, nearly one –third of stroke victims are young adults (1). The socio-economic burden of stroke therefore is much more in developing countries than in developed countries.

Thrombolysis with recombinant tissue plasminogen activator (TPA) administered intravenously (IV) within 3 hours of Stroke onset is the time only available pharmacological therapy proven to improve the outcome of acute ischemic stroke. The United states food and

Drug Administration approved the TPA for treatment of acute. Ischemic Stroke in 1996(2) on the basis of findings of National Institute of Neurological Disorders and Stroke (NINDS) Trial (3).

The NINDS randomized control study shower that patients who received IV TPA within 3 hours of stroke onset were -30% more likely than placebo-treated patients to have minimal or no disability at 3 and 12 months of follpow-up, although there was no significant difference in the mortality rates(3). Post marketing studies of TPA at university hospitals and community hospitals in the USA and Europe have more or less replicated the results of NINDS trial (4-8). These studies have also sown that TPA therapy related intracerebral hemorrhage (ICH) and ICH-related mortality is largely influenced by the time of treatment, the presence of hypodensity in the computed tomography (CT), does of TPA, and co-administration of aspirin or heparin (4-8).

Although hailed as a major therapeutic breakthrough in acute ischemic stroke and being in use for over 8 years, impact of TPA on stroke victims in the general population has been very limited. Even in the USA, less than 2% of ischemic stroke patients in community hospitals and 6% in university hospitals receive TPA (9)

Table 1. Frequently encountered problems in developing countries with IV TPA therapy for acute ischemic stroke

- Failure to recognize early stroke symptoms by the Patient and family
- Delayed referral by primary and seconded care physicians
- Lack of rapid transport facilities
- Inadequate infrastructure in tertiary referral centers for speedy investigation
- Indiscriminate usage of IV TPA and protocol violations
- Inability to afford the cost of therapy

Failure of patients to present within the therapeutic window of 3 hours, nonavailability of the infrastructure to intensively monitor the patients during and immediately after TPA ad ministration, and lack of faith in its effectiveness is the factors responsible for poor utilization of this therapeutic intervention (10,11) Frequently encountered barriers of IV TPA therapy in developing countries are listed in table 1. In developing countries like India, where the awareness among the general population of stroke is poor. There will be delay in recognizing the early symptoms of stroke. The general physicians, to whom the patients are likely to seek medical helps first, may not be aware of the availability, indications and contraindications of TPA therapy. Because of lack of availability of rapid transport, even if recognized and referred, the patient may not be able to reach a tertiary referral center, where the therapy is likely to be available, within 3 hours. The infrastructure and expertise to execute and monitor IV TPA may not be available in a majority of referral centers. In

developing countries, where the practice of medicine is large unmonitored, indiscriminate usage of IV TPA and protocol violation with the resultant mortality and morbidity is more likely to happen compared to developed countries. Very few people in developing countries will be able to afford the cost of TPA therapy.

This proposal to evolve guidelines for IV TPA therapy for acute ischemic stroke is being prepared by considering the above described special problems in developing countries. If the Neurological Society of India (NSI) intends to get involved in this process, careful consideration should be given to following step-wise approach (Table2).

Table 2. A step wise approach to implementation of IV TPA therapy for acute ischemic Stroke

- Enhance stroke awareness among the public and general physician
- Implement IV TPA therapy in selected model centers
- Continued intensive surveillance

STROKE AWARENESS PROGRAMS

Understanding stroke awareness

The NSI should evolve an active campaign to gather information about the existing knowledge, attitude and practice (KAP) on stroke the general population. Five centers representing different regions of India may be selected for a KAP survey Utilizing uniform structured proforma in regional languages.

Public education campaign

The NSI should actively get involved a persistent campaign to educate the public about the early recognition of evolving symptoms of " brain attack" and emphasize the need for emergency medical care of the brain attack victim. These could be done though television, newspapers, posters and lectures in schools, colleges and public forums.

Educating Primary and secondary care physicians

The need for educating the primary and the indications and secondary care physician cannot be overemphasized. The NSI could work in collaboration with Indian Medical Association (IMA) in achieving this objective.

Educating neurologists

Many neurologists are not aware of the indications and contraindications of IV TPA therapy which results in protocol violations. In addition to periodic continuing medical

education (CME) programs, like in the Annual Conference of the American Academy of Neurology, Literature vividly describing all aspects of TPA therapy could be made available during the annual national conferences. Pharmaceutical companies will be willing to help in this venture.

IDENTIFYING NODAL CENTERS FOR STROKE THROMBOLYIC THERAPY

Representing differ regions of the country, the NSI can select 5 reputed neurology centers for implementing IV TPA therapy Protocol. These centers, in addition to being capable of undertaking IV TPA therapy on their own, should be willing to take part in active stroke awareness campaigns and in monitoring the outcome from other centers.

MONITORING STRATEGY

The NSI should appointed a committee to monitor the uptake of IV TPA therapy, protocol violations, and outcome in a uniform manner. The committee should have the authority to collect information from the centers for IV TPA therapy recognized by NSI. Such information should be published periodically through Neurology India and Annuals of Indian Academy of Neurology, and through newsletters and posters.

PROPOSED GUIDELINE FOR IV TPA THERAPY

The infrastructure

The hospital infrastructure undertaking IV TPA therapy should fulfill the following 3 requisites:

1. A 24-hour emergency facility to receive the patient and quickly initiate the process.
2. A CT scan facility operational for 24 hours a day, and 7 a week.
3. A skilled care facility (intensive care unit or acute stroke care unit) that permits close observation. Frequent neurological assessment, and cardiovascular monitoring.

Personnel

The IV TPA therapy requires a team comprising a neurologist, a radiologist, and a cardiologist. They should be available on call or for telephone consultation for hours a day.

Patient selection

Inclusion criteria

1. Clinical diagnosis of stroke with a defined time of onset of not more than 180 min before treatment
2. CT head showing no evidence of intracranial hemorrhage.

Caution:

1. Sometimes the precise onset time cannot be determined with certainty, for example, in a patient who awakens with the deficit after a night's sleep. The onset time is taken as last time the patient was known to be well. Caution should be exercised in patients with neglect syndromes who might not have observed their onset time reliably.
2. CT should be the primary diagnostic imaging in patients with stroke. Patients with early signs of ischemic injury involving more than 1/3 of the middle cerebral artery territory must be excluded. Early signs of ischemia include : a) loss of grey white differentiation in cortical ribbon and lentiform nucleus, and b sulcal effacement.

Exclusion criteria

The patients fulfilling any of the following criteria are not eligible for IV TPA therapy:

1. Current use of oral antiplatelet drugs and PT > 15 secs and INR greater than 1.7
2. Use of heparin in the previous 48 hrs and a prolonged thromboplastin time
3. Platelet count less than 100,000/mn3
4. Stroke or head injury in the previous 3 months
5. Major surgery within preceding 3 months
6. Systolic BP≥185 mm Hg and diastolic BP ≥110 mm of Hg
7. Rapidly improving neurological signs
8. Isolated mild neurological deficits like ataxia alone, sensory loss alone or dysarthria alone
9. Blood glucose ≤ 50 mg/dl or≥ 400 mg/dl
10. Seizure at onset of stroke
11. Gastrointestinal or urinary bleeding within preceding 21 days
12. Recent myocardial infarction
13. Patients with severe stroke (NIHSS score≥22) (see Appendix 1)
14. History of hereditary or acquired hemorrhagic condition

TREATMENT PROTOCOL

Emergency department protocol for initial management presumed acute ischemic stroke

1. Obtain vital signs including temperature, Pulse, blood Pressure and continue to monitor every 15 minutes.
2. Ensure adequate airway/ respiratory status, being oxygen at 2 liters per min via nasal cannula.
3. IV access, start 0.9 normal saline at 50 ml/ hr.
4. Send blood for laboratory studies:

- Serum glucose
- Complete blood count with platelet count
- Chemistry profile
- Coagulation studies (prothrombin time activated partial thromboplastin time)
- Urine pregnancy test for females of child bearing age

5. Establish patients weight (measure or estimate).
6. No aspirin or other antiplatelet agents, heparin or warfarin to be given to potential thrombolytic therapy patients
7. Order head CT without contrast, notify CT technician that study is for possible thrombolytic therapy (to ensure speedy scheduling)
8. Notify radiology staff of possible thrombolytic therapy and need for emergent CT interpretation
9. Complete history and physical examination
10. Complete NIH stroke scale (see Appendix 1)

Protocol for TPA administration

1. Reconfirm exact date and time of stroke onset (or time patient last seemed normal)
2. Reconfirm that all inclusion criteria have been met and no exclusion criteria are present if all inclusion criteria “no”, proceed to treatment:
1. Obtain informed consent from patient or family (if required by institution)
2. Arrange for ICU admission for post-thrombolytic patient
3. Calculate total does of TPA as 0.9 mg/kg (do not use cardiac does)
4. Give 10% of total does of TPA over 1 Minute as IV bolus
5. Start IV infusion of remaining 90% of total does to infuse over 1 hour
6. Maintain systolic BP<185mm Hg and diastolic BP<110mm Hg, per protocol (see appendix2)
7. Consider possible intracerebral hemorrhage for any sudden increase in BP, decline in mental status or neurological function, or complaint of several headache; obtain urgent repeat head CT as indicated.

Precautions to be taken:

1. During the infusion and next 24 hrs, BP should be monitored 15 min for 2 hrs and every 30min for 6 hours and every 60 min till 24 hours after starting TPA treatment.
2. Careful management of arterial BP is critical during administration of TPA and the ensuring 24 hrs (see Appendix 2). An excessively high blood pressure might predispose the patient to bleeding, while excessive lowering of blood pressure may worsen ischemic symptoms.

3. Central venous access and arterial punctures are restricted during the first 24 hrs.
4. Placement of an indwelling catheter should be avoided drug infusion and for at least 30 min after infusion.
5. Insertion of a nasogastric tube should be avoided during the first 24 hrs after treatment.

APPENDIX 1

THE NATIONAL INSTITUTE OF HEALTH (NIH) STROKE SCALE

1 A.	**Level of consciousness (LOC)**		**Drift before 5 sec**	**1**
	Alert	**0**	**Falls before 10 sec**	**2**
	Drowsy	**1**	**No antigravity effort**	**3**
	Obtunded	**2**	**6. Motor function leg (right/left)**	
	Coma /unresponsive	**3**	**No drift**	**0**
1B.	**Orientation to questions(two)**		**Drift before 5 sec. Falls**	
	Answer both correctly	**0**	**before 10 sec**	**1**
	Answer one correctly	**1**	**No antigravity effort**	**2**
	Answer none correctly	**2**	**7. Limb ataxia**	
1C.	**response to commands(two)**		**No ataxia**	**0**
	Performs both correctly	**0**	**Ataxia in one limbs**	**1**
	Performs one correctly	**1**	**Ataxia in two limbs**	**2**
	Performs none correctly	**2**	**8. Sensory**	
2.	**Gaze**		**No sensory loss**	**0**
	Normal	**0**	**Mild sensory loss**	**1**
	Partial gaze palsy	**1**	**Several sensory loss**	**2**
	Complete gaze palsy	**2**	**9. Best language**	

3.	**Vsual fields**		**Normal**	**0**
	No field defect	**0**	**Mild aphasia**	**1**
	Partial hemianopia	**1**	**Several aphasia**	**2**
	Complete hemianopia	**2**	**Mute or global aphasia**	**3**
	Bilatral hemianopita	**3**	**10. Articulation**	
4.	**Facial movement**		**Normal**	**0**
	Normal, symmetric	**0**	**Mild dysarthria**	**1**
	Minor unilateral weakness	**1**	**Severe dysarthria**	**2**
	Partial unilateral weakness	**2**	**11.Extinction/ inattention**	
	Complete unilateral weakness	**3**	**Absent**	**0**
5.	**Best Motor arm (right/left)**		**Mild (loss of 1 modality)**	**1**
	No Drift	**0**	**Severe (loss of 2 modalities)**	**2**

APPENDIX 2

Emergent management of Arterial Hypertension for Persons Receiving Thrombolytic Drugs for Acute Ischemic stroke (Adapted from the NINDS study Group)3

Monitor arterial blood pressure (BP) during the first 24 hours after starting treatment

- Every 15 min for 2 hours after starting the infusion, then
- Every 30 min for 6 hours ,then
- Every 60 min until 24 hours after starting treatment
  If systolic BP is 180-230 mm Hg or diastolic BP is 105-120mm Hg for two or more reading 5-10min apart
  Give intravenous labetalol mg over 1-2 min. the does may be repeated or doubled every 10-20 min up to a does of 150 mg .

- Monitor BP every 15 min during labetalol treatment and observe for development of hypotension.
- If systolic BP is > 230mm Hg or diastolic BP is 121-140mm Hg for two or more readings 5-10 min apart:
- Give intravenous labetalol 10 mg over 1-2 min. The does may be repeated or doubled every 10 min up to total does of 150 mg.
- Monitor BP every 15 min during labetalol treatment and observe for development of hypotension.
- If no satisfactory response is seen, infuse sodium nitroprusside (0.5-1.0 mg/kg/min)
- Continue monitoring BP.

If diastolic BP140 mm Hg for two or more readings 5-10 min apart:

Infuse sodium nitroprusside (0.5-1.0 mg/kg/min).

- Monitor BP every 15 min during infusion of sodium nitroprusside and observe for development of hypotension.

Annexure- III

Treasurer's Report

When Dr. V.K. Khosla took the charge of Treasurer the NSI had no positive balance. When treasurer ship was transferred to me in March, 2003 by Dr. V.K. Khosla, NSI has further improved in the last one year and at the present NSI assets(till September 2004) have arisen to Rs. 71 lakhs. Out of this a sum of Rs. 50 lakhs has been invested in RBI 8% saving bond which will earn an interest of Rs. 4 lakhs per year.in addition 7.57 lakhs has been put in MOD.

More funds will be invested after this conference in the month of January 2005

1. The balance sheet for the year 2003-2004 already published in the July, 2004 newsletter. During this period Rs. 14 lakhs was received as membership dues inspite of removing 422 members from the roll of the society for non- payment of dues.
2. During the first half of the financial year 2004-2005 i.e. till 30th September, 2004 NSI has received Rs. 3.40 lakhs as life membership fee Rs. 0.94 lakhs as associate membership fee Rs. 5800/-as annual subscription from full member.

3. A sum of Rs. 1 lakhs was received from NSI annual conference of Neurocon 2003 from the organizers of Chandigarh. Besides this a cheque of Rs. 2 lakhs was received from neurocon 2002(Cochin Conference). The cheques has not been encashed so far because of insufficient funds 2) reminders have already been sent to the Prof. Sree Kumar in this regard reply is awaited).
4. For the first time in the history of the CME the CME convenors have saved and donated RS. 150 lakhs (1.35 lakhs by Dr. V.S. Mehta and Rs. 15000/-by Dr. B.S. Sharma) to the NSI.
5. A sum of Rs. 1.34 lakhs has also been received as 20% of registration fee for Neurocon 2004.
6. A sum of Rs. 1.87 lakhs was paid as subscription to WFNS for the year 2004 and a further sum of Rs. 1.25 lakhs has remitted to them for the year 2002 as the same was not paid earlier.

Annexure -IV

Editor's Report

Neurology India: Brief Performance Report (march 2002)

Number of articles submitted

	2002	**2003**	**2004**	**2005***
Neuro India	185	338	490	115

*Till 10th March 2005 (project number of articles for 2005=608)

Performance in 2004

	% of Original Papers from Abroad	**No. visitors on journal web site per day**	**No. of refrees with journal**	**% growth in subscriptions over Previous yr.**
Neurol India	43	1500	864	123

New Features in Website:

- Rss feeds for current issue available from a non-dynamic link <http:// www. Neurologyindia.com/ rssfeed.asp>

- Table of contents are available in XML format from <http://www.neurologyindia.com/backissuesxml.asp>

New Bibliographic Indexing:

- The journal has been selected for inclusion into the Index Copernicus bibliographic databases.
- The Journal is now part of ISI Current web Content through Bioline International.

Annexure –V

CME Convenor's Report

The Annual CME of 53rd Annual Conference of NSI was held on 16th December,2004. It was a great success and over 500 members participated. The total income was Rs. 97,500/- and expenditure was Rs. 75,500/-. The remaining amount of Rs. 22,000/-was donated to the NSI. In this year's CME is at Visakapatnam and eminent national and international faculty would be participating.

Annexure –V

Web master's Report

The NSI site Continues to be hosted at www.neurosocietyindia.com http://www.neurosocietyindia.com

the site can now also be accessed from www.neurosociety.org <http://www.neurosociety.org>, which was the old address of the NSI site. This address was not accessible for quite sometime due to problems with the domain registration. These issues have been sorted out and the site is now accessible from both the addresses.

The new facility has been introduced on the site that would permit members to make changes to their personal profiles (address and other contact information). Members would also be given information about details of pending dues, if any. This facility would require members to log in with a user name and password. The username is the membership number. A default password is assigned to all members, which can be subsequently changed to one of their choice after login. Detailed instructions have been posted on the website.

A provision has been made available for the secretary and Treasurer to access the online membership database and add, delete or edit member's details.

To give the office bearers access to the latest address list of member, a provision has been introduced to make the current address list available to the secretary, Treasurer and Journal Editor, who can download the list to their computers. It is expected that his facility would ,in due course of time reduce the incidence of incorrect mailing addresses. Members are requested to visit the site and give their feed back on this facility.