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Epilogue

It is an honor for me to write this epilogue to the book prepared by Professor Masatoshi Takeda and his group after the excellent Meeting held in Osaka at the Sun Palace Hotel in October 5–6, 2002, under the title of ‘Molecular Neurobiology of Alzheimer Disease and Related Disorders’. Many colleagues from different countries responded to the invitation to attend the meeting, one more among the many scientific events that are organized every year all over the world, with the difference that Japan is always an attractive country to be visited and that the organizer is a leading scientist in the field of dementia and chairman of one of the Japanese Departments of Psychiatry with an extensive tradition in research on Alzheimer disease (AD).

From the early times of Professor Kaneko to the productive leadership of Professor Nishimura in the 1970s and 1980s, the Department of Psychiatry at Osaka University Medical School underwent a progressive transformation, adapting educational programs and research projects to the specific demands of the Japanese society and the rapidly evolving challenges of scientific progress. I had the privilege of joining the Department of Psychiatry in 1982, which was then chaired by Professor Nishimura, when Professor Takeda – then a PhD student – was initiating his successful career as a bright scientist and psychiatrist. I spent a beautiful time of my life (almost a decade) in the Department of Psychiatry at Osaka University Hospital, when the University Hospital and the Faculty of Medicine were separated by the calmed waters of the Yodogawa river as the physical frontier between Fukushima-ku and Nakanoshima-ku. During those days, I eagerly absorbed the flavor of science transmitted through the walls of the old buildings, the historical reservoirs of the scientific knowledge

and scholarly mind of the Japanese colleagues with whom I shared years of fruitful studies and in whom I have discovered the deepest values of the Japanese mentality. This is my psychological debt to Professor Takeda and other Japanese colleagues who influenced my Western personality, transforming me into a quasi-Japanese *gaijin* brother, of which I feel very proud.

Besides the fruitful human experience in Japan during the 1980s, when the Japanese economy was in an almost perfect shape, and my baldness was still to appear, I could also realize how education and correct political decisions can distinguish a developed country. I remember that in the late 1970s, *Koseisho* (the Japanese Ministry of Health and Welfare) had launched a national program to investigate untreatable diseases, including AD and Creutzfeldt-Jakob disease, almost 20 years before prion disorders became a popular topic in Western countries and mad cow's disease burst into our lives as an international threat with unpredictable consequences. During the past 50 years, Japanese neuropathologists have importantly contributed to our understanding of the spongiform encephalopathy, but many reports from Japanese scientists were never translated into other languages. The Department of Psychiatry at Osaka University also participated in this research, and at that time a modest brain bank multidisciplinary was already available. Group cooperation was always cultivated; regular seminars and lectures were organized with the participation of staff members and invited speakers from other Japanese and foreign institutions, including neuropsychologists, pathologists, pharmacologists, biologists and scientists from many other disciplines. At the same time, the progression of the Department in research on AD was always outstanding, with important contributions in different areas ranging from aluminum studies, to β -amyloid, tau protein, neuropeptides, biogenic amines, behavior, molecular biology, oxidative stress, genetics and proteomics for the past 20 years. The Department was also involved in the development of different therapeutic strategies for AD, including synthetic neuropeptides and cholinesterase inhibitors as well as novel strategies with newer compounds. In addition, the Department has always been a reference institution for specialized training in psychiatry and clinical care of patients with mental disorders.

Basic and clinical neurosciences, in which psychiatry and neurology are immersed, are constantly faced with new challenges to cope with the socioeconomic and health problems posed by an aging population. The remodeling of universities, hospitals, and departments is under way worldwide, and new models of funding for both research and clinical care have to be developed due to the economic crisis of the old national security systems that are still operative in many countries reluctant to change under political pressure. Japan is no exception to this phenomenon, and the remodeling process will affect structural, functional, and personal aspects of the academic life. Research on AD is

pursued in many different areas of knowledge: epidemiology, social science, neuropsychology, molecular biology, genetics, neuroimaging, neuropharmacology, functional genomics, proteomics, pharmacogenomics, and health care in nursing homes, specialized centers, day care facilities and home care programs. The ‘alzheimerization’ of our society is like a Damocles’ sword, with conflicts of interest in many different sectors and limited resources to satisfy the needs for the care of patients and the implementation of competitive research programs with immediate benefit on patient’s health and welfare. The pharmacological treatment of AD is still far from successful, and the delay (and resistance) in introducing predictive markers in AD does not help to postulate preventive strategies aimed at delaying the onset of the disease or to stop neuronal death in the population at risk prior to the development of the first clinical symptoms. Therefore, it appears that there still is a long way ahead to overcome AD as a medical, social, familial and economic condition.

As the Spanish writer and Jesuit Baltasar Gracián (1601–1658) pointed out long ago: ‘self-reflection is the school of wisdom’. In this regard, I wish the best to Professor Takeda and his team in their daily effort to understand the mechanisms responsible for neurodegeneration in dementia. I would also like to thank the friend behind the scientist to whom life capriciously brings sad moments to test his wisdom. Hermann Hesse (1877–1962) had written in *Siddharta* that ‘knowledge can be communicated but not wisdom’. That was probably one of the reasons why Oliver Wender Holmes (1809–1894) said that ‘it is the province of knowledge to speak and it is the privilege of wisdom to listen’.

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