

mine how it influenced Svabinsky's production. We studied Svabinsky's personal correspondence, graphic artefacts, and newsreel films preserved in the archives.

Chronological analysis of Svabinsky's handwriting and signature shows a progressive deterioration since the 1930s, with angular and uneven script. After 1950, the writing is considerably altered, with scattered characters and coarse lines. The listing of Svabinsky's art works demonstrates a definite change in graphic techniques, since 1944 moving to chalk lithography that is less sensitive than other techniques to uneven hand movements and shaking. Newsreel shots show significant action tremor of hands, however it scarcely interferes with Svabinsky's drawing. Svabinsky never sought medical care for tremor. He was cognitively intact and artistically active until his last days.

Based on typical symptoms including action tremor of hands, preserved cognitive and creative faculties and longevity, we believe that Max Svabinsky suffered from essential tremor. Despite its high prevalence, few cases of essential tremor were reported in artists (1). Curiously enough, different brain mechanisms might be involved in handwriting and drawing. We hypothesise that tremor may more interfere with automatic action of handwriting than with volitionally controlled drawing.

Literature

1. Stein R. Magnus Berg – the sculptor with the “strong trembling hands”. A contribution to the history of essential tremor. *Tidsskrift Norsk Laegeforening* 1997;117:4415–4417.

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Jan Evangelista Purkinje (1787–1896), Founder of modern neurophysiology and mediator between two countries

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Purkinje, born in Libochowitz (Bohemia), aroused interest with his thesis submitted to the University of Prague, entitled “Knowledge of Visual Impressions from a Subjective Point of View” – based on Goethe's “Theory of Chromatics”. In 1823 he was called to Breslau but returned to Prague in 1849. He founded Institutes of Physiology at both universities.

Purkinje established basic scientific knowledge – but not only in the fields of physiology and microscopic anatomy. He improved the techniques applied in microscopy and also made contributions to cell research in general; the term protoplasm was coined by him. Most important were his achievements in neurology and neurophysiology. He described cells and various structures of nerves, but mainly he was the first to discover cells in the CNS which were later named Purkinje cells located in the cerebellum. He published several studies about vertigo and about experimentally induced lesions in the brain to facilitate neurological diagnosis. He also performed self-experiments to test substances acting on the nervous system and revealed previously unknown interactions between brain function and localisation, explaining waking state, sleep and dream. Purkinje (in Czech: Jan E. Purkyně) presented his lectures in Prague both in German and Czech yet he was not only concerned with the Czech language as an instrument of scientific communication but has also made important contributions to improving mutual understanding between the Czech- and German-speaking population in Bohemia and Moravia. His tireless and fruitful efforts resulted in the founding of the Czech Karls-Universität in Prague.

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Neurology – myth and reality

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Since the age of enlightenment the sovereignty of reason had always claimed to be scientifically pure, but the objectivity claimed by this science is not entirely free from subjectivity. These subjective aspects may be traced not only to empirical art and literature, called realism and naturalism, and not only to socio-economic theories that claim to be scientific, but also to fields which by nature must be scientific and devoid of subjectivity. This brief summary sets out to trace the string of illusions in describing maladies. The descriptions of those illnesses have been proven to be developed by myth and fancy-like spermatorrhea to maladies. Their subjective origin is highly suspicious, but yet many neurologists use them like TOS. It must be noted however that emergence of these diagnoses as mixture of objectivity and subjectivity at any given time has had its particular economy and often served as needed.

The spectrum of these neurological diagnoses are from spermatorrhea – a strange diagnosis very popular at the beginning of 20th century today not well known – to a diagnosis like TO – a very weakened concept but yet living to RSD – a very loose concept of symptoms and signs – to other diagnoses such as pronator teres syndrome with an apparently strong basis but doubtful in the view of some well-known electrodiagnostic specialists.

In this paper I will review the evolution of these concepts in literature and the current situation of them with objective viewpoints.

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Epilepsy

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MR-volumetry of subcortical structures in temporal and extratemporal epilepsy

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Introduction Animal and human data suggest a crucial role for subcortical structures in the modulation of seizure activity, mostly as seizure-suppressing relays. There is, however, little knowledge about the actual size of implicated subcortical structures in epilepsy patients.

Method Using high-resolution MRI, we measured the volumes of subcortical nuclei, such as the thalamus, caudate nucleus, putamen and pallidum, in both hemispheres of 27 patients with temporal lobe epilepsy (TLE) and 31 patients with extratemporal lobe epilepsy (ETLE). ETLE patients were further subdivided in patients with a left and right anterior, left and right posterior focus. 16 volunteers served as controls.

Results Compared to the control group, TLE patients showed significantly smaller striatal and thalamic volumes, predominantly on the ipsilateral side ($p < .01$). In contrast, ETLE patients as a whole did not differ from the control group. However,

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