Obituary

Domenico Pisani: 1896-1985

Domenico Pisani was always a neuropsychiatrist in the true sense of the term, ever student of as well as authority on the nervous system in its proper dimension, that of underpinning the personality that emerges at psychic level. He did not do neurological research as an end in itself or practise as a psychiatrist without constant reference to neurological mechanisms, a close study of which was his starting-point.

His work was always dominated by problems of synthesis and conjunction, in the broadest sense, of both interests: neurological and psychological. Even when, after a tough apprenticeschip in the field of neurology, in which he made noteworthy contributions on the structures and functional modalities of the nervous system, he devoted his attention to problems of psychiatry and psychology, but without aver leaving the terrain of neurophysiology.



So it is impossible not to remeber that Pisani, past-master of psychiatry, was a serious and distinguished neurologist. Proof of this was his presidency of the Società Italiana di Neurologia with its emphasis on integration and complementarity of the two disciplines, though this today may no longer seem within reach.

His undoubted merits in the field of psychology and of the most advanced forms of it — he was well versed in psychoanalytical ideas and promoted them when were really useful and not trendy, as now, when they have outlived their usefulness — led him to be an innovator, above prejudice. Thus he was able to develop and encourage the development of several disciplines: from child psychiatry to mental health, from neuropathology to neurophysiology, and to view pedagogics and mental health as sister disciplines, at a time when pedagogics in Italy was little more than a tailpiece of philosophy.

He was the first to see the right use of the "associate professorschip", which he regarded not just as a stepping-stone to full professorschip but as memberschip of an interdisciplinary (interdisciplinarity was another enthusiasm of his) teaching team embracing neutopsychology, neuropathology, neuropsychology and psychotherapy.

Pisani's work will continue to be a model of interest in and study of psychopathology and neuropathology, seen as two facets of a single whole.

A. Nigro.

Obituary

André Barbeau: 1931-1986

André Barbeau, a very well known clinician and researcher in the field of Neurosciences, died on March 9, 1986. He was born on May 27, 1931 in Montreal, Canada, of a French-Canadian family. He had been able to recontruct his family's pedigree back to the fifteenth century, with the same skills he used to study several neurological illnesses in the French-Canadian population of Quebec. Although be was proud to be a Québecois and a strong defender of their rights and heritage, he was nevertheless convinced that Neurology, like the other Medical Sciences, must speak one language, that in English, and that racial and political disagreements among investigators have no place in scientific research.

André Barbeau's curriculum vitae is filled with acknowledgments, diplomas, honors and tributes. It is impossible to list them all: they bear witness to his remarkable scientific contributions. He was the author of more than 450 articles, which have broadened our knowledge of extrapyramidal disorders and inherited ataxias. Director of the Department of Neurobiology at the Clinical Research Institute of Montreal since 1967 and Full Professor of Neurology at the University of Montreal since 1970, he curtailed his clinical activities in his last years to devote himself exclusively to research. He was vividly aware tht his life span would be short.

His almost thirty of scientific activity can be divided into three periods: (1) the first period (1958-1974) marked by a leading interest in the biochemistry and pharmacology of extrapyramidal disorders, and some remarkable contributions to oculo-pharyngeal muscular dystrophy, and experimental epilepsy induced by heavy metals; (2) the second period (1975-1984) of intense research into the inherited ataxias, as coordinator of the Quebec Cooperative Study on Friedreich's Ataxia; (3) the third period (1982-1986) of renewed interest in Parkinson's disease, with fundamental studies on its genetics and epidemiology.

André Barbeau's name is linked to the first therapeutic trial of levodopa in Parkinson's disease. With a daily dose under 2 g, he saw a clear, although short and unsustained, modification of parkinsonian rigidity and akinesia. When George Cotzias started the "high dosage" period 6 years later, André Barbeau provided basic contributions to our knowledge of the



beau provided basic contributions to our knowledge of the "long-term levodopa syndrome" (to which I would like to see Dr Barbeau's name attached), describing three main patterns of oscillations in performance: the end-dose akinesia (or wearing-off phenomenon), the on-off phenomenon and akinesia paradoxica (or hypotonic freezig).

He was convinced that genetic factors play an important role in the etiology of Parkinson's disease, not as a cause but as a trait predisposing to the disease. In one of his last papers, published in The Lancet in 1985, he showed that the physiological mechanism of detoxification by hepatic cytochrome P450s is impaired at least in one of its pathways in a significant number of parkinsonian patients. If these findings are confirmed, a new type of link between liver function and neurological disorders will be demonstrated. Dr Barbeau considered Parkinson's disease as a multifactorial disorder, caused by the interaction of normal ageing, individual genetic predisposition and environmental (toxic) factors. Quite recently he found that the study of small geographic areas corresponding to hydrographic basins shows an uneven distribution of Parkinson's disease, with high prevalence apparently coinciding with agricultural use of the land. The importance of environmental factors, such as the metal content of the soil and water, in the pathogenesis of amyotrophic lateral sclerosis and Parkinson-dementia complex in Guam and New Guinea, has altready been demonstrated by Carleton Gajdusek and collaborators. I think that the study of interactions between genetic and environmental factors is one of the major avenues to explore for the future understanding of the etiology of several "degenerative" neurological disorders.

The Quebec Cooperative Study on Friedreich's Ataxia represents a unique effort to throw light on the obscure field of the inherited ataxias, which in 1974 was almost completely unexplored from a biochemical point of view. The Quebec Cooperative Study also stimulated a number of studies in other parts of the world, many through the encouragement given by Dr Barbeau. We now have a far more complete knowledge of the clinical picture of Friedreich's disease and of some of the metabolic abnormalities occurring in these patients. In the last months of his life, André Barbeau was working enthusiastically on the localization within the human genome of the abnormal gene causing Friedreich's disease.

André Barbeau was a good friend of our country, Italy. He led the Research Group on Inherited Ataxia of the World Federation of Neurology, of which Stefano Di Donato and Alessandro Filla are members. He came to Italy in 1979 and 1983 to be the chairman of two Symposiums on the inherited ataxias, held in Naples and Milan. In 1975 he was named corresponding member of the Italian Society of Neurology and member of the Editorial Board of Acta Neurologica.

I had the chance to co-operate with him for fourteen years and to work in his Department during the last months of his life; with his death, I have lost a mentor and a great friend. It is unlikely that those who have met him will forget his unflagging optimism and warm approach. I think that many Italian neurologists will miss his skill and competence in forging together the world of clinical research.

G. Campanella