Monographien aus dem Gesamtgebiete der Psychiatrie

Psychiatry Series

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The subject of the apallic syndrome is one which has long been familiar to me, although I have not personally studied it as deeply as I would have wished. I became acquainted with this syndrome long before the last war, when my neurosurgical colleague Hugh Cairns (1952), made his pioneer contribution under the term “akinetic mutism”. This was an arresting title, but it was one which did not altogether satisfy some of his colleagues, including myself. We found it difficult to suggest an alternative. That is one reason why I welcome the expression “apallic syndrome”.

Forensic practice has forced me from time to time to consider rather more deeply this distressing syndrome, and to try and marshal my ideas in a form which would satisfy my colleagues in the legal profession. More than once I have been instructed to make a medico-legal assessment of these unfortunate patients. The points which have concerned my lawyer friends have not been matters of diagnosis, or of morbid anatomy, or of etiology. The factual problem which has been put before me was to make some approximate assessment as to the expectation of life. Vague guess-work is unacceptable in such circumstances. What the lawyers require is a precise and dogmatic answer. How many months, how many years can an apallic victim continue to survive in his state of suspended animation? Much, if not everything, depends of course upon the amount of medical and nursing care which the relatives can command. But what actually is the practical limit of expectation in optimal circumstances? And what complications are there which are responsible for the fatal termination of these patients?

My other question is of a more philosophic character. Many apallic patients cannot be said to be in a state of total unconsciousness. And yet their state of awareness is restricted—usually to a considerable extent. Can it be said, however, that all cognitive processes are necessarily in abeyance? We are familiar with the disarming manner in which some apallic patients appear to fix their gaze upon some person or object around them. Sometimes they seem to follow a moving stimulus with their eyes. Is this a volitional activity? And if so, how much in the way of sense-data is registered at a perceptual level? Or is it merely a reflex phenomenon which takes place far beyond the realm of awareness? And does a purely reflex staring at an object necessarily entail some element of perception, or are barriers of nonregistration set up between the object, the retinal imagine, and the cortex?

In the same way, I would welcome an explanation of those rare instances when the apallic patient breaks silence and ceases, for a moment, to be mute. Every neurologist must have encountered a close relative who has declared with conviction that the patient has suddenly given vent to an utterance. This is difficult to deny, although hard to explain. The vocalization belongs to the category of an “occasional utterance” as described by Hughlings Jackson (1958) in very severe cases of aphasia. The unexpected remark which the apallic
patient is alleged to emit is often a phrase or even a sentence and not just an isolated word. Still more odd is the observation that the unexpected utterance is not wholly incongruous in the environmental setting but is disarming, almost startling. Is this phenomenon well authenticated? Or is it merely a figment of mythology, yet another instance of wishful thinking on the part of relatives who are emotionally involved?

One final question concerns those patients, rare no doubt, who make a recovery from a state of apallism. Do such fortunate persons recall anything that has transpired during their protracted illness? Or are these months of convalescence mercifully overlaid by an extended period of amnesia? If not, at what point in convalescence does memory begin?

Lenin once said that a fool can ask more questions in a minute than 12 wise men can answer in an hour. It behooves me, therefore, to make way for those who have had an important experience of this syndrome, with its many theoretical and practical repercussions.

Macdonald Critchley
Preface

The idea for this monograph originated from the desire to take a stand on today's views on this severe cerebral state, as well as to gain a survey of the clinical symptomatology and the morphologic changes, and to consider therapeutic possibilities. Furthermore, an attempt was made to outline the syndromic unity of the apallic syndrome and to compare this syndrome complex with other neurologic and psychiatric disorders which in their clinical symptomatology are similar to the apallic syndrome but so far have not been considered from this aspect. This applies, for example, to cerebral disorders which appear in the course of metabolic brain damage.

Thanks to the many reports and the intensive discussions held during the conference in Verona, it was possible to achieve a fairly good agreement on the clinical symptomatology, morphology, additional examinations, as well as on therapeutic measures to be taken. The literature on the apallic syndrome and analogous neurologic disorders has increased considerably in the last few years. The study of this literature, however, reveals signs of discrepancies in the terminology used. More important, no clear distinction between similar disorders is made, and the syndrome complex described by Kretschmer (1940), specifically the described clinical symptomatology and the course of the disease, as well as Kretschmer's assumed pathophysiologic basic concept of a functional disturbance, has been misunderstood by some authors. For these aforementioned reasons, it was considered best to collect the reports of the conference of Verona in a monograph.

The editors have asked the individual authors to revise their reports in order to take into account recent developments. Therefore, a renewed report on the discussion remarks will be superfluous. The decision to publish the monograph in English is based on the assumption that it will reach a wider distribution, especially since the concept of the apallic syndrome is just beginning to prevail in the Anglo-American countries.

In order to provide a better understanding of the topic and to consider specific problems, additional reports, apart from the program of Verona, were requested by the editorial board. Parts of Kretschmer's original report were included not only for historical reasons but also to demonstrate the classical presentation of this pioneer worker.

It must be particularly pointed out that, although all attempts were made to give a uniform presentation, odd reports were included for various reasons: (1) to inform the reader on the state of regional research and (2) to stress the significance of certain working methods. The editors are of course aware of the fact that this does not completely conform with the basic concept of this monograph.
It is hoped that with this monograph a further clarification of the symptomatology, prognosis, and therapeutic possibilities of this heavily increasing disorder can be brought about, and that it will provide the stimulus for even more intensified research.

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