

# Broca's Area

The Voice of Texas Neurology

Fall 1998

## THE NEUROLOGY OF HISTORY

### ADOLPH HITLER'S COGNITIVE DEFICITS OF PARKINSONISM MAY HAVE INFLUENCED THE OUTCOME OF THE BATTLE OF NORMANDY AND WORLD WORLD II

J. Thomas Hutton, M.D.

Adolph Hitler suffered parkinsonism. What has been largely unknown is that he also demonstrated cognitive deficits of parkinsonism that, toward the end of World War II, impaired his conduct of the war. Many Texans and soldiers trained in Texas, along with troops from the other States and Allied powers, stormed the beaches at Normandy. None knew that Hitler had parkinsonism because this information was well hidden by Hitler and his closest aides. None of the combatants knew that Hitler's cognitive deficits of parkinsonism were to assist the Allies in winning the battle of Normandy and, ultimately, World War II.

That Adolph Hitler had parkinsonism is now well established. A March, 1945, newsreel that escaped German censorship and was provided by Germany to Sweden demonstrates a coarse, slow, resting tremor of Hitler's left hand. His face is hypomimic and his posture is flexed. Gibbels, according to Hagglund, analyzed many videotapes of Hitler from 1941 through 1945 and described the

successive appearance of left-sided hypokinesia, abnormal posture, abnormal walking, hypomimia, and, finally, the classical parkinsonian tremor. Lieberman dates the onset of Hitler's parkinsonism to 1934, and from a series of videotapes, demonstrates that the hypokinesia of the left arm was the first symptom. Albert Speer in *Inside the Third Reich* described Adolph Hitler toward the end of the war as unmistakably parkinsonian: "Now, he was shriveling up like an old man. His limbs trembled; he walked stooped, with dragging footsteps. Even his voice became quavering and lost its old masterfulness. Its force had given way to a faltering, toneless manner of speaking...his uniform, which in the past he had kept scrupulously neat, was often neglected in the last period of his life and stained by the food he had eaten with a shaking hand." Doctor Theodore Morrell was Hitler's controversial personal physician. While initially doubting the diagnosis of parkinsonism, he ultimately accepted it and treated (*continued on page 10*)

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## Texas Neurological Society Winter Conference

Gary L. Tunnell, M.D.  
Program Chairman

The Second Annual Texas Neurological Society Winter Conference is scheduled for February 19-21, 1999, in Austin. Since "common things happen commonly," the conference will stress diagnosis and management of neurological problems that the practicing neurologist encounters on a daily basis. Exceptional speakers from the Texas academic programs will deliver "Grand Rounds" quality lectures.

Friday afternoon will stress neonatal and adolescent neurology problems. A casual reception and social hour will be held Friday evening at the hotel. The topics on Saturday will be young adult through mid-life problems encountered in daily practice of neurology. Dr. Phil Berry, immediate past president of the Texas Medical Association, will deliver an address at noon for attendees and guests regarding the need for organ donation in our state. Saturday evening, a distinguished professor from Vienna will discuss issues of vital importance to attendees and guests. Complimentary lunch and dinner on Saturday are provided with meeting registration. Sunday morning topics cover the neurodegenerative processes and end with an hour of ethics before noon dismissal.

Dr. Philip Leonard, TNS president, will open the conference. Closing remarks will be provided by Dr. Martin Heitzman, President Elect for 1999. In addition to lectures by distinguished professors from across the state, a second goal of the Society is to rekindle and establish friendships among practitioners from other geographic areas of the state who are in the daily practice of neurology. Thirdly, we are strongly encouraging attendance by neurology residents from aca-

ademic programs in Texas by offering financial aid for their attendance to the meeting. We hope to sponsor attendance to the Austin meeting of two residents from each of the six academic programs in Texas. This will be an opportunity to meet your potential new partner and to develop an early friendship.

The cost of the meeting has been kept extremely low, \$50 for 13 hours of CME credit. This is possible because of financial support of a number of pharmaceutical companies. This incredible bargain, \$14 per CME credit hour, is available in Austin at a top rated hotel with excellent meeting facilities.

Neurological nurses are also welcome to attend the meeting. Nursing continuing education credit hours are being applied for for those wishing to attend.

The program committee are extremely pleased by the speakers and topics that will be presented at the Winter Conference. We hope to see you all there.

### TNS Winter Conference

#### Program Outline

#### Friday Afternoon:

#### "The Beginning"

Neonatal ICU Problems  
Childhood Headaches  
Autism, ADD, Hyperactivity  
Neuromuscular Diseases in Children

#### Saturday

#### "The Mid-Life Cycle"

Headaches  
Seizures  
Multiple Sclerosis  
Guillain Barre and CIDP  
Neuro Ophthalmology  
Brain Tumors  
Evaluation of the Dizzy Patient

#### Sunday Morning

#### "The Golden Years"

Alzheimer's Disease  
Parkinson's Disease  
Stroke  
Ethics: End of Life Discussion

## The President's Message

### Philip J. Leonard, M.D.

Sliding toward the finish of the Decade of the Brain, we can sit back and look at a great season filled with memories of one home run after another.



This has been a season of unprecedented advances in treatments of epilepsy, stroke, ALS, Parkinson's, Alzheimer's, MS and neuromuscular diseases.

At the same time, political and economic forces have mounted to prevent us from diagnosing and treating our patients. New and ingenious strategies to slow down our work have grown at an alarming rate — pre-authorizations, retrospective reviews, computerized treatment guidelines, practice parameters, lab coding requirements, documentation of E&M codes, withholds, gag rules, generic substitution, networks, de-selections, national data banks, practice histories, prescription histories and more.

According to the AAN, there are over 700 neurologists in Texas. Many of the laws regulating medicine are made on a state level. The Texas Neurological Society represents you in issues of continuing education, reimbursement, legislation and the practice of neurology. This year we have been called to represent you at the Medicare Carrier Advisory Committee, Medicaid, Workers Compensation Commission, the Texas State Legislature, the US Capitol, the State Board of Medical Examiners, the TMA Council on Socioeconomics, the TMA Inter-specialty Society Committee, and the AAN Neurosciences Congress.

Our annual educational meeting has always been a success. Our first annual Winter Conference in Austin was our best attended and most successful meeting yet. For this

success we have many people to thank, but especially Doug Hudson, 1998 program chair; Rachael Reed, our executive director; and of course Gage Van Horn, our past president. Dr. Gary Tunell is planning another incredible conference to be held in Austin, February 19-21, 1999, with some of the world's best neurologists to teach us.

Nationally, we make up only about 1.5% of physicians. Our 700 Texas neurologists are naturally allied with a formidable 700,000 plus Texans and their families with neurological diseases.

Building bridges is going to be essential for us to support our members' practices in delivering the best, most up-to-date therapies available in medicine today with the fewest hassles possible.

With neurology growing at an accelerated pace, our most recent board meeting proposed to extend the Society to better serve those of us with areas of special interest by creating committees that may someday develop into sections. These would include: pediatric neurology, sleep neurology, headaches, behavioral neurology, rehabilitation neurology, multiple sclerosis, movement disorders, and stroke.

These sections or committees would be resources through which the Society could address concerns that come up from time to time and could serve to provide speakers bureaus, literature, and interaction and learning with patient societies. They could address whether new procedures are considered standards of care when state agencies ask for our help.

I would also like to see our State Society form a liaison with local societies — some are active dinner meetings with interactive and didactic educational programs and, most importantly, some camaraderie that provides a forum for professional understanding in a world pressured by professional (*continued page 13*)

## Proposed By-Laws Changes to Be Voted On at 1999 TNS Winter Conference

*The Board of Directors of the Texas Neurological Society has approved proposed changes in the TNS by-laws to be presented to and voted upon at the TNS Winter Conference, February 19-21, 1999 in Austin. The by-laws require that the members of the TNS be notified of any proposed amendments or alterations in writing at least 60 days before the annual or special called meeting.*

*The following reflects proposed changes (and only those sections containing proposed changes) to be voted on at the annual meeting to be held during the Winter Conference.*

[Constitution and Bylaws suggested changes – deletions are marked through, additional language is in italics.]

### CONSTITUTION TEXAS NEUROLOGICAL SOCIETY

Adopted May 14, 1994

#### ARTICLE V - MEETINGS

The Society shall ~~meet annually in conjunction with the Texas Medical Association annual session or as stipulated by the By-Laws.~~ *have its general annual meeting at a time determined by the Board of Directors.*

#### ARTICLE VI - BOARD OF DIRECTORS (TRUSTEES)

##### 2. Composition of the Board.

This Board shall consist of the President, the President-Elect, the Secretary/Treasurer, the immediate Past-President, and three Members-At-Large of the Society. Ex officio members of the Board, without vote, may be the Editor of the official publication of the Society (*Broca's Area*), and the *program chair, the historian, two (2) serving officers of the TMA Section on Neurology (the Chairman\* and the Secretary\*);* the the delegate and alternate del-

egate to the TMA House of Delegates\* (who will also represent Texas Neurological Society by serving on the TMA Interspecialty Society Committee), and the chairs of the standing committees. Qualifications for office and procedures for nomination, election and removal from office shall be stipulated in the By-Laws.

*\* These representatives must also be members in good standing of Texas Medical Association.*

### BY-LAWS TEXAS NEUROLOGICAL SOCIETY

#### ARTICLE I - MEMBERSHIP

##### SECTION 1 - CLASSIFICATION

Membership in the Society shall consist of ~~five~~ *eight* classes: *Fellow, Active, Associate, Affiliate, Life, Honorary, Resident and Provisional.*

- A. *FELLOW* – *Fellow membership shall be open to those who fulfill the following criteria:*
- 1) *Meet the criteria for Active membership, and have been Active members of the Society for no less than seven (7) years,*
  - 2) *Have attended no fewer than five (5) annual meetings after becoming an Active member,*
  - 3) *Have demonstrated special achievement in the neurosciences by providing documentation of one of the following: service as a*

(Proposed By-law Changes Continued)

*member of the TNS Board of Directors or committee member; service as an officer of a state, regional, national, or international neurological society; consistent, documented service in the area of clinical neurology; or other unusual accomplishments as determined by the Board of Directors,*

- 4) *Whose overall professional reputation and standing, as determined by the Board of Directors of the Texas Neurological Society qualifies such physician for this highest category of membership.*

*An exception may be the election of a neurologist of unusual accomplishment at the discretion of the Board of Directors of this Society on recommendation by the Membership Committee.*

- D. **AFFILIATE** – *Affiliate membership shall be open to non-physicians or advanced degree holders who practice or are engaged in clinical and non-clinical fields relating to neurology or individuals with undergraduate degrees and a minimum of three years work experience in clinical neurology and/or neuroscience research. Neurology professionals include and are limited to doctors of philosophy, nurse practitioners, physical therapists, physician assistants, registered nurses, and others with special qualifications as determined by and at the discretion of the Board of Directors and upon recommendation from the Membership Committee.*

## SECTION 2 - RESTRICTIONS

Only *Fellow*, Active and Life members may vote or hold Society office.

## SECTION 7 - CENSURE, SUSPENSION AND EXPULSION OF MEMBERS

A member of this Society may be censured, suspended, or expelled for any good cause.

### A. CAUSES

1. ~~Expulsion from membership in the American Medical Association, or any part of its constituent associates, from the American Academy of Neurology or from the County Medical Society in the location of the member's principal professional activity.~~

## ARTICLE II - OFFICERS

### SECTION 2 - SECTION OFFICERS

~~Officers of the Texas Medical Association Section on Neurology shall be a Chairperson and Secretary. Each shall hold office for one year. At the completion of his or her term, the Secretary shall automatically assume the duties of the Chairperson for one term. The Secretary shall be nominated by the President for appointment by the President-Elect of the Texas Medical Association.~~

### SECTION 2 - BOARD OF DIRECTORS

There shall be a Board of Directors as set forth in Article VI of the Constitution of the Society. The Board consists of the five (5) officers of the Society and the three (3) At-Large members who shall be elected to serve staggered three (3) year terms. As with officers, the At-Large Board members must be in *Fellow*, Active or Life membership status.

The Board may extend ex officio Board Membership status, without vote, to certain members as it deems advisable. These may include, but are not limited to the Editor of the Society's official publication (*Broca's Area*), ~~the Chairman and Secretary of the TMA Section on Neurology~~, *the program chair, the historian, and the Delegate and Alternate Delegate to the TMA House of Delegates.*

**SECTION 4 - ELECTION OF OFFICERS**

*Election of officers shall be held at the general (annual) meeting. A simple majority shall elect the officers.*

## **ARTICLE III - DUTIES AND TERMS OF OFFICE**

**SECTION 1 - DUTIES**

- A. **PRESIDENT** - The President shall call and preside at all meetings and shall, together with the Board of Directors, have general direction of the work of the Society between meetings. He/she shall have the power to appoint, subject to approval of the Board of Directors, any committees that may be needed to carry out the work of the Society. In general, the duties are those that usually devolve upon the President. ~~He/~~ ~~she shall submit recommendations for the Secretary of the Texas Medical Association Section of Neurology subject to confirmation by the Board of Directors and appointment by the Texas Medical Association President-Elect.~~ *The President shall appoint a delegate and alternate to serve on the Texas Medical Association House of Delegates (who will also represent the Society by serving on the TMA Interspecialty Society Committee). Upon request by the Texas Medical Association, the president shall recommend a member to serve on the TMA Council on Annual Session and Scientific Programming. The president shall annually appoint a newsletter editor, program chair, and historian, with the approval of the Board of Directors.*
- G. **NEWSLETTER EDITOR** - A newsletter editor and associate editor shall be appointed annually by the president with the approval of the Board of Directors. The editor will sit on the Board of Directors as an ex officio member.

- H. **PROGRAM CHAIR** - The program chair shall be appointed annually by the president with the approval of the Board of Directors. He/she shall develop the educational program for the annual meeting. The program chair will sit on the Board of Directors as an ex officio member.
- I. **HISTORIAN** - A Historian shall be appointed annually by the president with the approval of the Board of Directors. He/she shall maintain a proper historical record of the Society, and will sit on the Board of Directors as an ex officio member.
- J. **REPRESENTATIVES TO THE TEXAS MEDICAL ASSOCIATION** - Two (2) members will serve as delegate and alternate delegate to the TMA House of Delegates (they will also represent Texas Neurological Society by serving on the TMA Interspecialty Society Committee). The two delegates will be appointed by the president, and they must be members in good standing of Texas Medical Association. They will sit on the Board of Directors as ex officio members.

**SECTION 2 - TERMS OF OFFICERS**

- A. Except as indicated, the terms of office of all elected officers shall be one (1) year, terminating upon the adjournment of the annual business meeting. The terms of office of elected At-Large Board members shall run for three (3) consecutive years after their election: ~~except that initially there will be a need to elect one Director to a one (1) year, and one to a two (2) year term.~~

**ARTICLE IV - COMMITTEES****SECTION 1 - STANDING COMMITTEES**

- D. ~~PEER REVIEW COMMITTEE~~  
~~BYLAWS COMMITTEE~~
- 1) This committee shall be composed of those members ap-

pointed by the President in consultation with the Board of Directors.

- 2) ~~The committee shall respond to call from the President of the Society to make such determinations as are required on request to the Society for Peer Review and shall report its deliberations to the President for appropriate dissemination:~~

E: ~~ADDITIONAL COMMITTEES - Additional Standing Committees may be created by the Board of Directors as necessary:~~

Ad Hoc Committees may be formed as needed by the President to accomplish the purposes of the Society as set forth in the Constitution in Article II (1-6). *At the president's discretion, ad hoc committees may be formed with the intent that they develop into sub-specialty sections within the Society.*

## ARTICLE V - DUES

### SECTION 1 - PAYMENT

The dues of the Society for all categories of membership shall be as are determined by the Board of Directors or revised as needed. Notice of dues shall be mailed to each member annually. The period of time covered by each year's dues shall correspond to the calendar year. Honorary and Life members shall not be required to pay dues. *Fellows who meet the criteria for Life membership shall not be required to pay dues.* Failure to pay dues for two (2) consecutive years shall result in termination of membership; but such members may be eligible for reinstatement upon application within a 12 month period in remittance to the Secretary-Treasurer the amount of delinquent dues.

## ARTICLE VI - MEETINGS

### SECTION 1 - MEETINGS

The ~~annual~~ general meeting shall be held in conjunction with the Texas Medical Association

~~annual session~~ annually at a time determined by the Board of Directors. Special meetings shall be called by the President at any time when, in the opinion of a majority of the Board of Directors, this is advisable, or by majority vote of members present at any duly called meeting. A petition, addressed to the Society President, and signed by 25% of the Active members, shall constitute a mandate to the Board of Directors who shall arrange a meeting of the Active membership to convene within one month of receipt of said petition. Such meetings shall be held at the Texas Medical Association headquarters building in Austin, Texas unless otherwise specified by the Board of Directors.

### SECTION 4 - QUORUM

*One third of the voting membership must be present to constitute a quorum. If a quorum is absent, the Board of Directors may determine that a mail ballot would be necessary to meet the needs of the Society. A response of one half of the voting membership would be deemed appropriate evidence to satisfy the quorum requirement for this purpose.*

## ARTICLE VII - AMENDMENTS

### SECTION 1 - AMENDMENTS

*Suggested amendments to or alterations of these By-Laws shall be presented in writing along with ten (10) signatures of Active members to the President of the Society at least sixty (60) days prior to the annual or special called meeting. Such proposals shall be presented and may be approved by a majority of voting members present at the annual meeting and will become effective upon ratification by two-thirds (2/3) of the entire voting membership by written ballot. Ballots shall be mailed within thirty (30) days after adjournment of the annual meeting. Ballots shall be tabulated and voting terminated sixty (60) days after the date of that adjournment.*

*Signatures supporting amendments on file with TNS office: Philip J. Leonard, MD; Martin Heitzman, MD; Clifton Gooch, MD; J. Douglas Hudson, MD; Blake O'Lavin, MD; Michal Douglas, MD; Gary Tunell, MD; William Riley, MD; Gage Van Horn, MD; and J. Thomas Hutton, M.D., Ph.D.*

## TMA Stroke Prevention Project Seeks Program Sites and Speakers

Robert Fayle, M.D., Houston neurologist and former TNS president, has asked that TNS members be made aware of the TMA Stroke Prevention Project, a continuing medical education program for physicians and nurses. The TMA is seeking new speakers and program sites.

The Texas Medical Association Stroke Project (TMASP) has a partnership between the Texas Medical Association and the American Heart Association to educate physicians about stroke prevention, care and treatment. This statewide, award-winning project is endorsed by the Texas Department of Health and funded through an unrestricted educational grant from DuPont Pharma. The medical education program is a three hour series which may be given in a one, two or three hour format. A fourth hour, "Stroke as an Emergency" is currently being developed.

TMASP is free of charge to those attending, coordinated by TMA staff, and governed by an executive committee of physicians and consultants. Currently the project has a speakers bureau of 28 dedicated physicians and one nurse who travel throughout Texas. TMA is currently seeking physicians throughout Texas who may have an interest in serving on the Speaker's Bureau or in hosting a program. If you are interested in either, contact Alice Aldridge, project coordinator, at 800-880-1300, extension 1461.

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### Visit the TNS Website

[http://www.texmed.org/  
medical\\_sites/texas\\_sites/  
ms\\_tns.htm](http://www.texmed.org/medical_sites/texas_sites/ms_tns.htm)

## TNS Young Investigator Award Again Offered

The Texas Neurological Society is again offering its "Young Investigator Award" to residents, medical or graduate students or post-doctoral fellows training in a neurology department in Texas.

Topics for papers submitted must fall into the category of either basic or clinical neuroscience. The paper must reflect original neuroscience research done by the author or in which the author has participated. A case report may serve as the base for a review article.

Entries must be submitted to the selection committee member at the entrant's institution by November 2, 1998. Winners will be announced in January.

Cash prizes of \$1000 for first and \$500 for second place will be awarded. The first and second prize winners will also receive a Certificate of Achievement, have their papers published in *Broca's Area*, and have the opportunity to present the paper at the TNS Winter Conference. The TNS will pay one night's lodging and travel to the Winter Conference for these winners.

The 1998-99 Selection Committee Members include:

Clifton Gooch, M.D. (Chairman)  
Baylor College of Medicine, Houston

Judith E. Hogg, M.D.  
Texas Tech HSC, Lubbock

John Slopis, M.D.  
UT Medical School, Houston

Richard Barohn, M.D.  
UT Southwestern Medical Center, Dallas

David Sherman, M.D.  
UTHSC, San Antonio



## TNS Membership Report

The Texas Neurological Society enjoyed a 98% retention rate in membership for 1998, and increased membership by 14%. A number of new members joined at the 1998 Winter Conference.

The current membership consists of 290 members: 244 active members, 23 life members, 10 resident members, 3 associate members, and 1 honorary member

The Society will conduct a fall membership recruitment campaign by sending a letter, application, copy of *Broca's Area* and a brochure for the Winter Conference to non-members.

### Pending Applications

The following membership applications are pending approval by vote of members at the general meeting in February at the 1999 Winter Conference:

#### Pending Active Members

Gabriel Diaz, M.D.  
Del Rio, TX  
H. Ruth Spiel, M.D.  
Humble, TX

#### Pending Resident Members

Susan P. Epner, M.D.  
Dallas, TX  
Alica Maria Goldman, M.D.  
Houston, TX  
Lekhraj Patel, M.D.  
Irving, TX  
Ranjitkumar P. Patel, M.D.  
Webster, TX  
Fatma Radhi, M.D.  
Galveston, TX

#### Pending Active (Out of State)

Peggy Brown, M.D.  
Searcy, AR  
Marilyn Karyl Stanton, M.D.  
Tulsa, OK

## Broca's Area

*A periodic newsletter of the  
Texas Neurological Society*

**Editor:** J. Thomas Hutton, MD, PhD

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*Inquiries about this newsletter or about TNS in  
general are welcome at the following address:*

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(continued from page 1)

Hitler during the last two weeks of his life with Homburg 680, which was at the time only prescribed for parkinsonism.

Retrospective psychiatric analysis from the 1950s suggested Hitler had "moral insanity" which, in current terminology, roughly equates to a borderline personality. A long history preceded his parkinsonism in which he was charismatic, an extremely persuasive orator, and an exceptionally clever liar seemingly devoid of moral scruples. He also possessed a mercurial temper. These psychological characteristics sprang from his troubled youth, stern father, poor grades in secondary school, serial failures to gain admission to an art school, and desperate need to gain a leadership position that would affirm his self worth.

The effect of Hitler's parkinsonism on his cognitive function has not been well examined. Soukupard and Adams in 1996 described the most consistently obtained findings of cognitive dysfunction in parkinsonians as defective concept formation and cognitive inflexibility. They stressed that many parkinsonians who did not have sufficient findings for dementia still demonstrated frontal lobe findings with reduced concept formation, sequence planning, shifting and maintaining sets, and temporal ordering. Many authors have shown that performance among parkinsonian patients on the Wisconsin Card Sorting Task (WCST), which is sensitive for frontal lobe dysfunction, is impaired as compared to normal elderly controls. Work from our own Parkinson's Disease Center in Lubbock, in a study by Lambert and Schwantz, demonstrated that all of the parkinsonians tested who had the disease for at least ten years (the interval between the onset of Adolph Hitler's symptoms and the battle of Normandy) had decreased conceptual ability on the WCST as compared to elderly controls.

Professor Eichen, who treated Adolph Hitler, revealed in his interrogation by British

officers following the war that in 1944, "His (referring to Hitler) movements and reactions, both physical and mental, had become slower and he now trembled frequently." According to Schramm, Colonel-General Guderian referred to Hitler's mental inflexibility by saying "in February, 1945, he (Hitler) seemed absent-minded and unable to concentrate. He was exhausted and could barely move around. He still sensed the essence of contradictory reports; but had lost his mental flexibility and imagination."

This loss of mental flexibility and ability to handle contradictory reports arguably determined the outcome of the battle of Normandy. D-Day for the battle of Normandy was June 6, 1944. At 6:30 a.m. Allied forces invaded the beaches at Normandy. The German defenders called for re-enforcements that same morning including release of the Panzer units. Hitler refused the request. The request was slow in even getting to Adolph Hitler, as he had a sleep disorder which may occur in parkinsonians, consisting of insomnia followed by excessive daytime somnolence and difficulty with arousal. Because of Hitler's temper, his aides feared to wake the sleeping Fuhrer. The following day the Allies solidified a shaky beachhead. While the Germans defenders mounted a counterattack, the 15th army reserves and six Panzer divisions still were not released. Hitler clung to the belief that the battle was to be fought at the Port of Calais, and he could not assimilate the overwhelming evidence of the activities and magnitude of the battle at Normandy. He was extremely slow to move away from the previous notion that the battle was to be fought at Calais to the reality that the battle was at Normandy. Hitler was 55 years of age at the time and had demonstrated symptoms of parkinsonism for 10 years. On June 8, a full two days after the battle was begun, Hitler reluctantly released only two of the six Panzer units. The German counter-attack was too little and too late. The successful

Normandy invasion, by establishing another front that the Germans had to defend, predetermined the outcome of World War II.

While Winston Churchill in *The Second World War: Triumph and Tragedy*, ascribed Hitler's delay to Allied deceptions, the neurological explanation herein suggested is that Hitler's slowness to counterattack was secondary to his mental inflexibility and difficulty in shifting concepts related to memory and cognitive deficits of parkinsonism. What is historically clear is that on June 20, 1944, Colonel von Stauffenberg and others made an unsuccessful attempt to assassinate Adolph Hitler. This attempt resulted from frustration over Hitler's conduct of the war and failure to follow the advice of his generals in a timely fashion.

The Allied and Axis soldiers at the battle of Normandy had no knowledge of Hitler's parkinsonism. This was carefully shielded from the world by Hitler's staff. For the last five years of Hitler's life he avoided appearing in public to hide his parkinsonism. By hiding from the public, Hitler lost a personal bond that he shared with the German people and diminished the impact of his own persona. Scholars have argued whether Hitler's parkinsonism was idiopathic or post-encephalitic. Multiple authors have argued in favor of idiopathic Parkinson's disease, while multiple other authors have opined in favor of postencephalitic parkinsonism. Whether Hitler's cognitive deficits were the late sequelae of postencephalic parkinsonism or resulted from idiopathic Parkinson's disease is of limited historical importance. What is of importance is that Adolph Hitler's cognitive disorder resulting from his parkinsonism grafted upon his premorbid personality disorder greatly diminished the effectiveness of the Axis powers to conduct the battle of Normandy and impacted the outcome of World War II.

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Editor, *Broca's Area*

## AAN Neurosociety Congress List Server Available

The purpose of the American Academy of Neurology Neurosociety Congress as stated in its by-laws is "to provide a forum for representatives from local, state and regional neurosocieties; to stimulate discussion and debate on issues of concern to neurologists, to facilitate communication of these issues to the AAN Executive Board and the appropriate AAN committee(s); and to provide opportunities for neurosociety representatives to interact and exchange ideas and information with the appropriate AAN committees and other bodies."

In order to fulfill this purpose, the NS Congress has established the AAN Neurosociety Congress List Server (NSCongress list-serve). The list serve allows subscribers to communicate with one another simultaneously through the use of e-mail. A subscriber can send a message to the whole group or only to an individual person as long as that person is a subscriber. Content of the NSCongress list-serve is solely driven by subscribers.

In order to subscribe you must have e-mail. You must send the subscribing message from the address where you want to receive your mail. Once you determine you wish to subscribe:

Send an e-mail message to  
***majordomo@aan.com***

to have your name added to the list.

In the message area enter the following:  
***subscribe aan-nscongress***

Entries are case sensitive. Make entries exactly as listed above.

When you subscribe, you will receive an introductory message containing list policies and features. It will also contain directions for "unsubscribing" as well as contacting individual subscribers.

*News of Members*

**Hauser AMA House Delegate**

At the annual meeting of the American Medical Association House of Delegates in June, 1998, the American Clinical Neurophysiology Society (formerly the American EEG Society) received a voting specialty seat. Harris Hauser, M.D., Houston neurologist has been selected as a delegate and Marc Nuwer is alternate delegate.

Dr. Hauser joins fellow Texas Neurologist Sheldon Gross, as a delegate in the House of Delegates. Dr. Gross is a member of the Texas State Delegation to the AMA.

Neurologists are well represented in the House of Delegates. The American Academy of Neurology has two seats in the House. The American Neuroimaging Society has one seat. The American Academy of Electrodiagnostic Medicine has one seat. We also have neurologists on other state medical society delegations who join together at each meeting to magnify Neurology input into AMA policy.

Dr. Hauser was the author of AMA policy #285143, "AMA is US", brought to the floor by the Texas delegation in 1995. "I was suddenly burdened by a new sense of responsibility when I realized that as a voting member, AMA is not only us, but now AMA is me."

AMA House of Delegates establishes AMA policy. Dr. Hauser asks all TNS members to help him make AMA the national organization needed for our practice of medicine and to protect our patients. He invites all Texas neurologists to contact him on any issues. Dr. Hauser's telephone number is (713) 772-4600



**Fleming President of Federation of State Medical Boards**

William H. Fleming III, M.D., Houston, was installed as the 77th president of the Federation of State Medical Boards during its annual meeting in Orlando, Florida in June. He is the first African-American to serve as president of the Federation. Dr. Fleming will

represent the Federation in both the national and international medical licensure and disciplinary communities. His term of office extends through April, 1999.

Dr. Fleming offers a distinguished record of service to the Federation. In addition to serving on the board of directors, since 1994, he has served on numerous committees including Program, Rules Bylaws and Reference committees. He has chaired the Special Committee on Health Care Fraud.

Dr. Fleming's currently serves as president of the Texas State Board of Medical Examiners. He began his association with the TSNB in 1988 as a member of the District I Review Committee. He served his first term as board president during the 1992-93 session and has served in his present capacity since 1995.

Dr. Fleming is an active participant in numerous professional associations, both locally and nationally. He has served as a member of the AMA and TMA and currently serves on the executive board of the Harris County Medical Society. He is vice president of the Houston Academy of Medicine.

Dr. Fleming is also active in civic organizations including serving a trustee or board member for the Houston Grand Opera, the Foundation for the Museum of Health and Medical Science and the Gulf Coast Independent Physicians Association and the Memorial Foundation.

Dr. Fleming graduated from St. Louis University Medical School. He completed his general internship at McGill University and neurology residency at the Mayo Clinic, Rochester, Minnesota.



**Correction**

Please make the following correction to your TNS directory for *Kristi Posey, M.D.*, Houston: telephone (713) 623-6716; fax (713) 623-6761

## President's Message

*(continued from page 3)*

competition. I would like to see these local societies grow and less active societies meet more regularly.

Keeping the momentum of the decade going requires that we build bridges — bridges to each other, bridges to other doctors, bridges to our patients, bridges to our co-workers and bridges to our other allies.

I would like to see us develop better relationships with our state and local patient support and advocacy groups. This will extend our ability to be effective in the practice of neurology farther than one would expect by enlisting the support, resources and expertise of people with first-hand knowledge of the neurological experience.

We are revising the bylaws of the Society to be inclusive of people with special expertise and interests in neurology. We have proposed adding categories of membership that would allow us to include specialties such as neurosurgeons, psychiatrists, physiatrists, neurological nurse practitioners, neurological PAs, and neuropsychologists among our membership.

There is a lot of work to be done. We are all busy. The busiest person I know is usually the one who is given the job and gets the job done. I would be very interested in any additional ideas that you had and most important of all, people who would like to help make this another home run season.

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### **Reader's Historical Notes & "Neurodotes" Wanted**

*Broca's Area welcomes articles from its readers that depict the impact of neurological illnesses on historical events or the development of Neurology as a specialty in Texas or interesting neuro anecdotes. Please send your Neurodotes to Tom Hutton, Editor, Broca's Area, 4102 24th Street, # 500, Lubbock, Texas 79410*

## TNS Members At Large

In addition to the Officers listed on page 9, the following are at large members of the Board of Directors for the TNS.

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William Riley, M.D., Ph.D.  
5620 Greenbriar St. Ste 203  
Houston, Texas 77005  
(713) 521-9291 Fax (713) 521-0177

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## Letters to the Editor

Senator Phil Gramm is considering a congressional bill that would change the bankruptcy laws. Currently your homestead is protected. Under the new bankruptcy law, the homestead might not be fully protected. If, in the worse case, a physician lost a major malpractice suit that exceeded his malpractice insurance, he conceivably lose his home as well!

I urge Neurologists to writ to Phil Gramm and express their concern about this matter.

Robert M. Cain, M.D.  
Austin

*Senator Gramm's address is 370 Russell Building, Washington, D.C. 25010; telephone (202) 224-2934; fax (202)228-2856; no e-mail address; website: [www.senate.gov/~gramm](http://www.senate.gov/~gramm).*

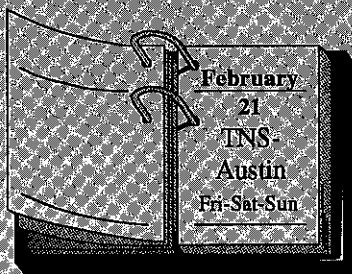


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## Historical Note: The Origin of "Broca's Area"

Pierre Paul Broca, 19th Century French Neurosurgeon, conducted one of the first landmark studies of "mind" versus "brain". Broca spent many years observing a patient nicknamed "Tan Tan" for the only phrase the patient was able to speak. After Tan Tan's death, Broca examined his brain and discovered damage in the front left hemisphere, the area now known as "Broca's Area". Presenting his study to the Paris Anthropological Society in 1861, Broca demonstrated that mental activities are controlled by specific areas of the brain and that the left and right hemispheres function differently. Broca founded France's first anthropological journal in 1880. He died eight years later at the age of 56.

Broca's Area, the area from which we speak, is an appropriate name for the "Voice of Texas Neurology" and was proposed by Dr. Michael Merrin of San Antonio.