LETTER TO THE EDITOR

Reply: A few comments on Ravel’s diseases

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doi: 10.1093/brain/awn122

Received and Accepted May 16, 2008

Sir, We thank Dr Sellal for his interest in our work and for raising several important issues in neurodegenerative disease research. Frontotemporal dementia (FTD), the primary progressive aphasias (PPAs) and corticobasal syndrome (CBS) represent an evolving, complex, and overlapping clinical spectrum (Kumar-Singh and Van Broeckhoven, 2007). These syndromes result from a group of underlying histopathologies, including frontotemporal lobar degeneration, corticobasal degeneration, progressive supranuclear palsy and rarely Alzheimer’s disease. Noting the prominent speech, praxis and writing deficits that arose early in Ravel’s disease, we and others have suggested that his illness may have fallen within the broad PPA spectrum (Baeck, 1996; Amaducci et al., 2002; Seeley et al., 2008). Deciding whether Ravel’s disease began with apraxia or aphasia does not impact the conclusion that he most likely suffered an asymmetric, dominant hemisphere cortical neurodegeneration syndrome. Research criteria for PPA, moreover, allow for ideomotor apraxia and perseveration within the first 2 years of symptoms (Mesulam, 2003).

Our report of Anne Adams (1940–2007) and previous work suggest that dominant hemisphere degeneration can be associated with gains in artistic creativity (Miller et al., 1996; Seeley et al., 2008). When might such gains be expected to peak? This question is embedded within Dr Sellal’s doubts that Ravel’s Boléro reflects a deficit related to incipient disease. Rather, we conceptualize Boléro as an intensification of Ravel’s prodigious innate musical creativity.

References