



Craig Terison

This paper describes a recently recognized, relentlessly progressive neuropsychiatric syndrome whose incidence is disproportionately prevalent among politicians and health-care reformers.

Remarkably, many of the individuals affected by this condition continue to hold positions of responsibility long after they have become clinically brain-dead. As a result of this delayed mortality only a few cases have so far come to autopsy. However, in those subjects whose brains have been examined, the neuropathological changes are strikingly characteristic and unique to this condition.

Early manifestations of this condition show features of obsessive-compulsive disorder combined with Alzheimer's disease. Sufferers continue to repeat the same actions over and over, long after such actions have proven ineffective, apparently in hopes of obtaining a different outcome. In addition, there is a total inability to learn from past mistakes or the experience of others.

Late manifestations include delusions of grandeur with an almost religious mania for reform in areas where these individuals have had little or no experience or knowledge. In the final stages of this disease the sufferers behave with callous disregard for those around them and are evidently unable to foresee the long-term consequences of their actions.

Neuropathological changes

Whole-brain sections show marked hypertrophy of the nucleus of Bozo, together with massive atrophy of the frontal cortex. The fatuous cortex, occupying the medial aspect of the frontal lobe, remains largely intact, receiving dual inputs from the nu-

Bureaucratic brain death

Is there a recently recognized, relentlessly progressive neuropsychiatric syndrome that attacks primarily politicians and health-care reformers?

Here's the evidence: you be the judge

cleus of dumbass and the nucleus of Bozo.

Between the fatuous cortex and the nucleus of Bozo there is also a reciprocal pathway, the tract of Rachlis. In the few cases so far examined, this pathway remains intact. The federal commissure, however, has undergone massive degeneration, which may explain why, in this syndrome, the sufferer's right hand does not know what the left is doing.

A survey of the remaining cortical regions reveals the following features: well-developed Senatorial and self-serving cortices, marked atrophy of the visual and auditory cortices, and a large area of uncommitted cortex whose

THE LAST LAUGH

By Anthony Rockel

functions and connections are as yet unknown.

Discussion

Although correlative studies would be of great help in understanding this syndrome, it has so far not been possible to obtain premortem consent for NMR or PET scans from any living sub-

jects—lacking, as they do, any insight into the gravity of their condition. However, present-day knowledge of the neural connections of Bozo's nucleus may take us some way toward a useful understanding of the debilitating condition.

Our present hypothesis is that in predisposed individuals, overactivity of any or all of the regions projecting to Bozo's nucleus could cause massive overstimulation of this nucleus. Overactivity of Bozo's nucleus could, via its frontal projections, cause prolonged epileptiform discharges in the frontal cortex, with eventual cortical atrophy.

Probably because of the rudi-

mentary connections of the frontal cortex to other parts of the brains of these individuals, this condition does not result in generalized seizures.

Treatment

Regrettably, there is at present no specific treatment for this condition. This is doubly unfortunate, as the disease is devastating not only to the sufferers, but to those around them, the former being mercifully unaware of their condition until the very end.

Neurosurgical approaches have been tried, including ablation of the fatuous cortex, but this procedure left the patient almost devoid of any functioning cerebral cortex. Division of the tract of Rachlis has shown some promise, resulting in a modest diminution of inane and inappropriate outbursts.

At present, the best that can be done for these individuals is to remove them from positions of power and offer them occupational therapy consisting of such safe repetitious activities as basket weaving and envelope stuffing. Prompt remedial action is essential, otherwise the social costs are staggering.

Those of us affected by the actions of these individuals experience frequent feelings of helplessness, frustration and anger, with increasing periods of apathy and passivity.

If the above course of action is not possible, behavior modification through job action or voter dissatisfaction may slow the relentless progress of this disease. As with most diseases, early detection is the key to successful management.

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