

the spinal segment L4–S1 itself.<sup>3,9</sup> This complex input makes the recruitment of motor neurones variable, and consequently the movements are inconsistent in terms of muscles involved, sequences of muscles, and intervals between onset of activation.

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## Authors' affiliations

**A W de Weerd, R M Rijsman, A Brinkley**, Center for Sleep and Waking Disorders, MCH, Westeinde Hospital, The Hague, The Netherlands

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Correspondence to: Dr A W de Weerd, Center for Sleep and Waking Disorders, MCH, Westeinde Hospital, PO Box 432, 2501 CK, The Hague, The Netherlands; a.de.weerd@mchaaglanden.nl

## HISTORICAL NOTE

### Barré-Liéou "syndrome"

Sometimes, non-entities are instructive. Barré's name is commemorated in the Guillain-Barré eponym,<sup>1</sup> but unfortunately, also in the contentious Barré-Liéou syndrome.<sup>2,3</sup> Barré described a syndrome of the posterior cervical sympathetic nerves and its frequent cause—chronic cervical arthritis. Barré-Liéou syndrome has the synonyms brachialgia paraesthetica nocturna, cervical migraine, chronic cervical arthritis, migraine cervicale, neurovertebral dystonia, syndrome sympathique cervicale postérieur,<sup>4</sup> and vertigo of cervical arthrosis. The number of synonyms appears to be inversely related to the soundness of the diagnosis.

It has not been agreed as a neurological entity, but is used as a repository for undiagnosed symptoms including those succeeding acute neck injuries, despite the term *chronic* originally described. Symptoms alleged<sup>5,6</sup> are occipital headaches,<sup>7</sup> nystagmus on head movement, tinnitus, spasms, blurred vision, corneal hyperaesthesia, and corneal ulcers. Other symptoms (Neri) are anxiety, depression, and memory and cognitive disorders.<sup>8</sup> This non-specific constellation has been ascribed to trauma or arthritis of the third and fourth cervical vertebrae or disks, which in turn cause a disturbance of the cervical sympathetic nerves and disordered circulation,<sup>2,3</sup> in the cranial nuclei V and V111.

Much of the literature predates 1990 and appears in journals of chiropraxis, acupuncture, and manipulation (references available from the author). Although the validity of Barré-Liéou syndrome is not generally accepted,<sup>9</sup> the term still appears in the literature. Yang Choen Liéou<sup>3</sup> described a sympathetic disorder associated with cervical "arthritis" in his thesis of 1928. The Bärtschi-Rochaix syndrome is very similar and of equally dubious substance.

Jean Alexandre Barré (1880–1967) was born in Nantes and died in Strasbourg.<sup>10</sup> He is well known for his work with Guillain on inflammatory polyneuritis (1916). Barré was an intern with Babinski and in 1912 published his thesis on *Les ostéarthropathies du tabes*. He met Guillain in the first world war at the centre neurologique of the 6th army. There he served with an ambulance unit caring for patients with major injuries, with outstanding bravery and skill, acknowledged by

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the *Légion d'Honneur*, France's most important military distinction. Because France reoccupied Alsace-Lorraine at the end of the war, a chair was needed in Strasbourg. On his return from the front he was appointed Professor of Neurology in Strasbourg, at that time unique because only in Paris was such a chair extant.<sup>1,10</sup>

His interests were also in neuro-otology and vestibular syndromes, and he founded *Revue d'Oto-Neuro-Ophthalmologie*. He was also preoccupied by semiotics, an interest probably stimulated by Babinski.

In world war two, Barré rejoined the army but was sent to Clermont-Ferrand in the free zone, "Vichy-France", seat of the new government. Barré retired in 1950 and sadly suffered a stroke, which left him dysphasic.<sup>1,10</sup>

**J M S Pearce**

304 Beverley Road, Anlaby, Hull HU10 7BG, UK; jmspearce@freenet.co.uk

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