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Vicente Dimitri (1885–1955)

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Vicente Dimitri (Fig. 1) was considered to be the ‘international representative of Argentinian neurology’ in the mid-20th century. Born on 26 February 1885 on the Dalmatian island of Curzola (then part of Austro-Hungary, today Korčula in Croatia), he emigrated to Buenos Aires in 1905 aboard a ship commanded by his father [9].

Having attended the Buenos Aires School of Fine Arts, Dimitri’s drawing talent helped him to pay for his medical studies by working as an illustrator for the Anatomy Department, which still houses his sketches. Dimitri obtained his medical doctorate from the University of Buenos Aires in 1909. His thesis was titled, ‘Writing in the mentally-ill’ (*La escritura en los alienados*) and was supervised by Domingo Cabred [10]. He studied inpatients at the Hospital de Las Mercedes and suggested that their handwriting often revealed unique aspects that could be used as clinical signs [2].

A month after defending his thesis, Dimitri journeyed to Europe, and then again in 1911, 1921, and 1933, to work alongside the founders of neurology and psychiatry which included Alzheimer, Oppenheim, Nonne, Weigert, Foerster, Strümpell, Kraepelin, Wagner-Jauregg, Mingazzini, Hans Virchow, Vogt, Friedreich, Bumke, Spatz, Bonhoeffer, Déjerine, Marie, Lhermitte, and Babinski [9]. Dimitri was introduced to the clinicopathological method and remained, throughout his career, an avid proponent of its principles [10].

After completing his habilitation dissertation in 1916 on ‘Pontocerebellar tumors’ (a clinical and neuropathological study of 26 cases), Dimitri was appointed adjunct professor of neurology and, a year later, chief of neurology service at the Alvear Hospital in Buenos Aires. He set up a laboratory of neuropathology, largely subsidised by his own funds, where he and his collaborators conducted research.

Dimitri is eponymously remembered in ‘Sturge-Weber-Dimitri syndrome’ or encephalotrigeminal angiomatosis, a congenital disorder characterised by a facial port-wine nevus along the distribution of the trigeminal nerve and ipsilateral calcification of the

occipital lobe.

In 1879, the English pathologist and archaeologist William Allen Sturge described, in a 6-year-old child, a condition that affected the brain, eyes, and skin, with nevi, glaucoma, and intracranial vascular abnormalities. The German neuropathologist, Siegfried Kalischer, gave a similar description in 1897. The first crucial articles that provided radiological evidence [8] were a case report by the English dermatologist Frederick Parkes Weber in 1922 and a case report of cerebral angioma evident on X-rays by Dimitri in 1923 [4]. The eponym ‘Weber-Dimitri disease’ was suggested by the Danish neurologist Knud Krabbe in 1934 [3].

In 1933, Dimitri published a systematic survey of a dozen cases of aphasia with autopsy findings collected over a 15-year period at Alvear Hospital [5]. The monograph was dedicated to the memory of Jules Déjerine. It included an exposition of symptoms, macroscopic and histological lesions, and a physiopathological discussion of motor, sensory, and mixed aphasic cases resulting from tissue softening, haemorrhage, glioma, trauma, and hydatid cysts. The following year, he published a case study on late cerebellar atrophy accompanied by ‘plastic’ rigidity without apparent lesions of the basal ganglia [6].

In 1936, Dimitri founded the *Revista Neurológica de Buenos Aires* (Neurological Review of Buenos Aires), the first Spanish-language journal of neurology (currently, *Neurología Argentina*). During his 11-year tenure as editor-in-chief, the journal acquired a prestigious status in Latin America.

In 1941, he was appointed professor and chairman of neurology at Buenos Aires Medical Faculty, succeeding José-María Ramos Mejía, José Esteves, and Mariano Alurralde. Dimitri was the first physician combining neurological and neuropathological training, which he acquired under the guidance of Christofredo Jakob in Argentina and his teachers in Europe [7]. He influenced those around him, especially José Pereyra-Käfer, chairman of neurology at the Ramos Mejía Hospital. In 1952, he founded the Neurological Society of Buenos Aires,

which later became the Argentinian Neurological Society, and is currently affiliated with the World Federation of Neurology [1].

In his inaugural lecture as professor of neurology in May 1941, Dimitri mentioned: ‘Dr. Jakob was giving his lectures on the embryology and anatomy of the nervous system, which we attended with full devotion, ecstatic before the cerebral preparations that paraded before our eyes, eager to admire the elegant drawings that he had executed himself, discovering intricate fibres in every direction, which, with a little fantasy, were turning into magnificent decorative stylings’ [10].

Dimitri published over 80 works, including clinical and histopathological studies of acute poliomyelitis, Guillain-Barré syndrome, Friedreich disease, Wilson disease, anterior cerebral artery syndrome, ependymoma, retrograde neuronal degeneration, familiar myoclonic epilepsy, torsion dystonia, general paresis, tabes dorsalis, extrapyramidal syndromes, Brown-Séquard syndrome, cerebellar ataxias, postencephalitic Parkinsonism, lumbosacral radicular paralysis, infantile paralysis, ideomotor apraxia, retinal telangiectasia with angioma of the protuberance and cerebellar glioma, and introduced a new apparatus to test the labyrinth.

Vicente Dimitri died in Buenos Aires on 3 November 1955. He was remembered by his colleagues as a cultured man with a humanistic approach to science and life.

Compliance with ethical standards

Conflicts of interest: None.

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Fig. 1 Vicente Dimitri. Courtesy: Antonio Subirana Oller Collection © Spanish Society of
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