

ARTICLE INFORMATION

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"Maurice Ravel and his taxi accident"

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CARTA AL EDITOR

INFORMACIÓN ARTÍCULO

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"Maurice Ravel y su accidente de tránsito"

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We read with great interest the intriguing article by Gómez-Carvajal et al. on the neuropsychiatric conditions and probable cause of death of Maurice Ravel (1875–1937) (1).

In the case of Ravel's taxi accident on the night of October 8 to 9, 1932, in Paris, it can be assumed that it was a collision of the taxi with another vehicle, specifically a car, rather than a horse-drawn carriage or a fixed object such as a tree. We have therefore recently attempted to reconstruct the accident mechanism under certain assumptions (2).

Ravel suffered cuts to his face, lost a few teeth, and probably had a mild to moderate concussion. Based on these considerations, a low-speed collision accident is likely: what should be discussed is mild to moderate traumatic brain injury or, alternatively, a whiplash syndrome as the result of a distortion of the cervical spine; whiplash syndrome, as cannot be ruled out in Ravel's case, can cause perfusion disturbances in the posterior area of the brain, leading to impaired memory, attention, and concentration, and chronic pain in the upper cervical spine (3). In conjunction with Ravel's preexisting condition (in our view, most likely fronto-temporal dementia with primary progressive aphasia), his disorder may have been exacerbated by such whiplash syndrome or mild to moderate traumatic brain injury.

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RESPONSE TO THE LETTER

In response to this fascinating bit of information, we would like to express our gratitude to the author of the letter to the editor. We are very glad to hear that our paper was worthy of interest. We were delighted to know of this small narration of Ravel's taxicab accident and concur with the general impressions, assumptions, and eventual conclusions. It is very likely that a traffic accident, even a mild one, could have caused memory impairment, and dysexecutive symptoms, specially in the context of a patient with pre-existing frontotemporal dementia.

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