Periscope

SYMPTOMATOLOGY OF A GROUP OF FRONTAL LOBE LESIONS.

The recognition of frontal lobe lesions, particularly on the right side, offers unusual difficulties owing to the fact that such lesions often cause only slight symptoms, and the so-called classic symptoms are often not observed. The symptoms usually emphasised are the emotional changes, eye-ground changes, particularly primary optic atrophy on the side of the lesion, with choked disc on the opposite side, unilateral tremor of the hand and arm on the same side, loss of the abdominal reflex on the opposite side, anosmia on one or both sides, and speech disturbances.

The author describes 25 cases, of which 10 were gliomata, 7 endo-theliomas, 2 gummas, 2 abscesses, 1 arachnoidal cyst, 1 chronic inflammatory mass around a foreign body, 1 basal cell carcinoma and 1 degeneration. The symptoms are analysed, and it is pointed out that two symptoms have stood out more prominently than any others and can be depended on more than any of the so-called classical symptoms. These are (1) slight weakness of the lower portion of the face, that part innervated by the two lower branches of the facial nerve on the side opposite the lesion. It is not an emotional disturbance, nor necessarily demonstrable by voluntary movement. It is usually most obvious during conversation and is no doubt a pressure phenomenon involving the highly specialiser face centre. It was noticed in 20 of the 25 cases. (2) The second and leading symptom is the mental change which is quite characteristic and distinct. Patients become peculiarly indifferent, have no realisation of the seriousness of their condition, are not euphoric, show loss of memory for recent events, and neglect their work. This mental disturbance when present and unchanged for some time, and associated with some facial weakness and headache, in the absence of a positive Wassermann reaction, indicates a frontal lobe lesion and entitles the patient to an exploration.

ERNEST SACHS (*Brain*, 1927, l., 474-487).

A. N. B.

THE MECHANISM OF CICATRICIAL CONTRACTION IN THE BRAIN.

It is well known that injury to the surface of the brain following fracture of the skull may be later followed by epilepsy. This is due to the formation of meningo-cerebral adhesions. The author has investigated here the principles which underlie the process of wound-healing in the brain, and discusses the factors involved in cicatricial contraction with special reference to certain misconceptions responsible for many of the hitherto proposed cranioplastic operations for Jacksonian epilepsy.