THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XII. TORONTO, SEPT. 1ST, 1879. NO. 1.

Original Communications.

OF THE SYMPTOMATOLOGY OF CORTICAL LESIONS OF THE BRAIN.

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(Translation from "Le Progrès Medical).

M. le Dr. Dario Maragliano, physician of the Asylum for Insane at Reggio Emilia, has recently published an interesting work on the symptomatology and diagnosis of cortical lesions of the motor zone of the brain. This attempt at didactic systematization of symptoms by which the lesions of the cortical structure may be comprehended, merits careful attention. It shows the important hold on the foreign mind the doctrine of motor localization has taken, and proves that this doctrine, notwithstanding the opposition it encounters, penetrates every day more deeply into the clinical domain under the patronage of accomplished physicians equally apt in the examination of patients and in the practice of autopsies. The paper of M. Maragliano is in effect essentially clinical; the author has understood the truth developed under various circumstances by M. Charcot, namely, that the study of cerebral localizations in man should only be undertaken with the assistance of notes taken at the bedside and confirmed by autopsies, and that if experimental physiology seeks to throw a light on clinical study, it can in no case subject it, or speak magisterially in a domain which is not its own. The two principal symptoms of cortical lesions of the motor zone are convulsions and palsies. The convulsions of cortical origin have been carefully studied in recent times; they are often designated under the name of partial epilepsy or Epilepsy of Jackson. They are generally unilateral, often even confined to one extremity or to an isolated muscular group. They may become generalized, but their fundamental character is not to be general at the first onset, but to appear first in the face or in an extremity or in a limited segment of an extremity, according to the seat of the lesion provoking it. Often they are not accompanied by any loss of consciousness, and in cases where loss of consciousness occurs it takes place some time after the onset of the convulsions, instead of being initial, as in cases of true epilepsy. Partial epilepsy has a great diagnostic value; it indicates an irritative lesion of the motor zone, that is to say, a lesion which does not destroy abruptly the office of the cortical structure. Palsies of a cortical origin are associated, or not, with partial convulsions, sufficiently frequently they are accompanied by a primitive contraction. Most frequently they commence under the form of a monoplegia, and may remain limited to parts primarily attacked or extend progressively to the entire half of the body, according as the cortical lesion remains stationary or extends successively to all the cortical motor centres of one hemisphere. In other cases palsy follows an inverse march; it assumes at the beginning the hemiplegic form, then it diminishes little by little in certain parts and fixes itself on others in a condition of incurable monoplegia, for once they are definitely established, cortical palsies are accompanied like those which result from central lesions, with secondary contraction and descending degeneration of the medulla spinalis. In short, vaso-motor palsy is in general less marked following cortical lesions, than as a consequence of central lesions, or to speak more exactly, is dissipated quicker and more completely in the first case than in the second. To recapitulate, the dissociation, the progressive establishment or the gradual disappearance, the variability, the frequent conjunction of primitive contraction, the relative lightness of accompanying vaso-motor trouble, such are in the opinion of M. Maragliano the principal characteristics of palsy of a cortical origin. The other symptoms of lesions of the motor zone have less importance than the preceding; they may nevertheless be useful aids to diagnosis, and merit therefore a notice. Lesions which are limited exactly to the motor zone never give rise to anæsthesia. Calender, in St. Bartholomew's Hospital Reports for 1869, attributes a great diagnostic value to the existence of intense cephalalgia occupying a fixed locality, persistent, obtuse and heavy. Some ob-