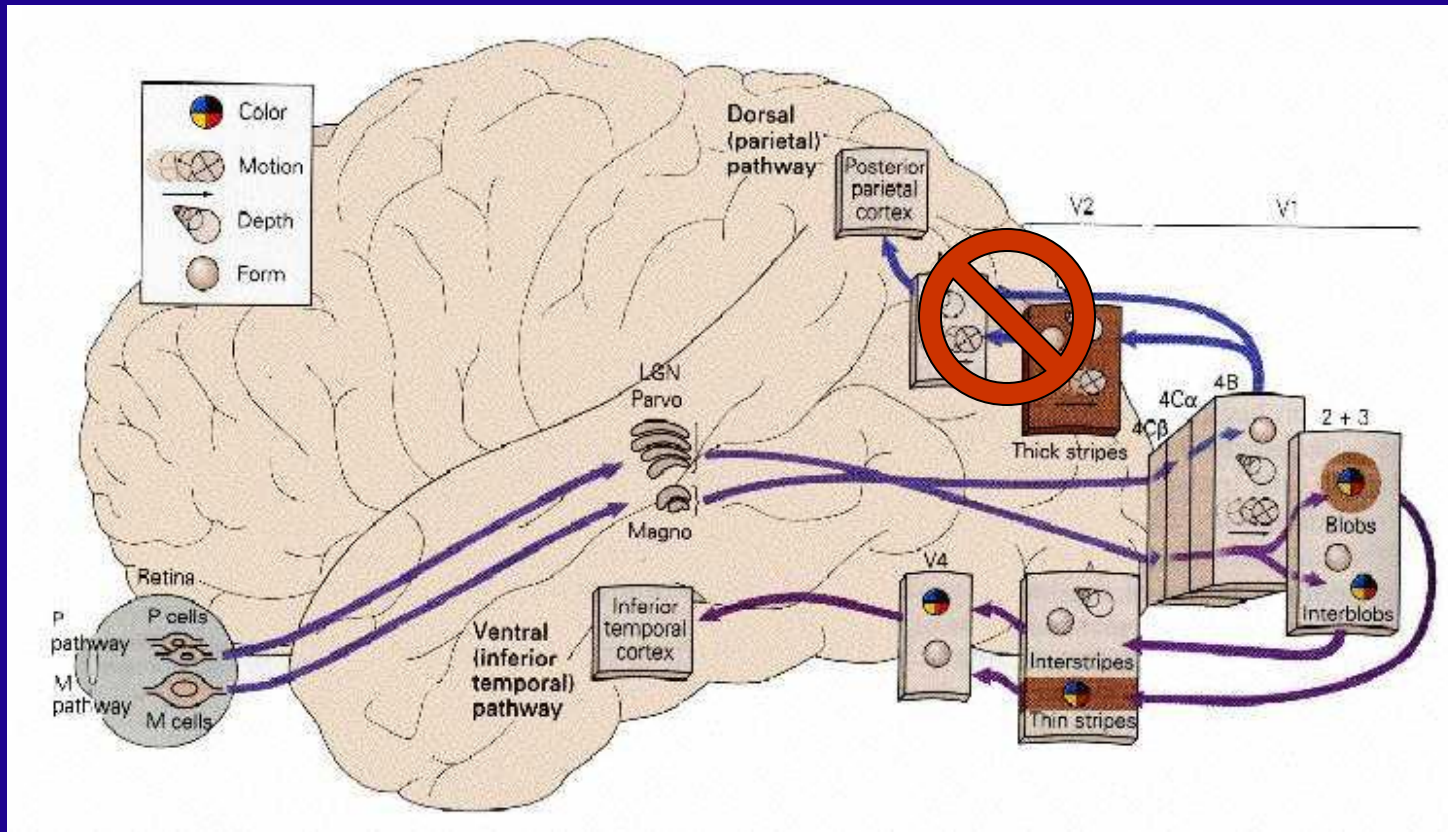


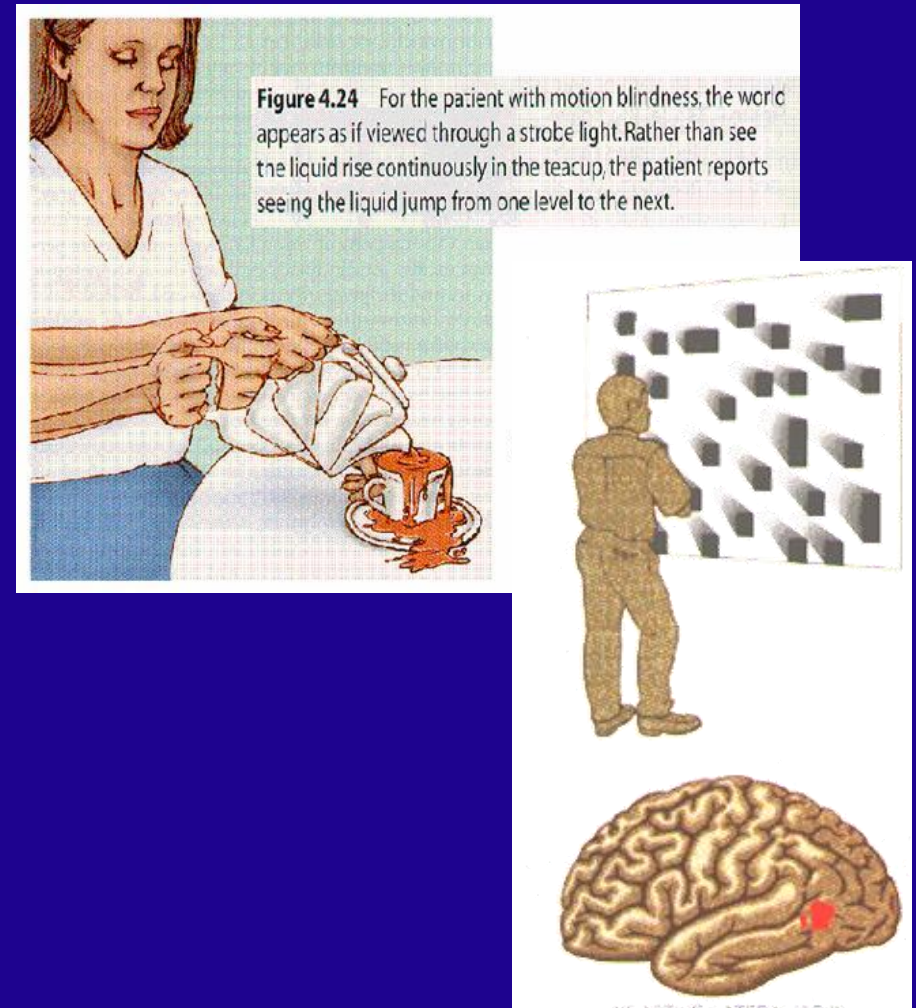
# Damage to “where” pathway



**Abnormal motion processing & Visuospatial neglect**

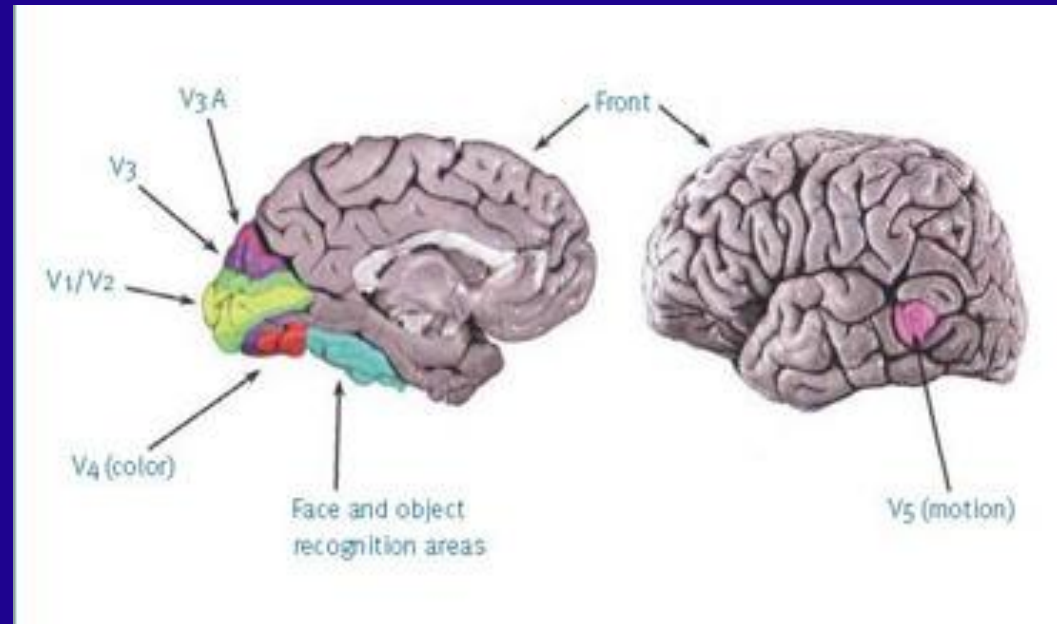
# Akinetopsia

- Clinical features
  - Can't see moving objects (as if under strobe lights); can see still objects
  - People appear suddenly
- Neuropathology
  - **BL lesion** to area MT (V5; T-O-P junction)
  - UL lesions cause subtle defects



# Akinetopsia

- Clinical features
  - Can't see moving objects (as if under strobe lights); can see still objects
  - People appear suddenly
- Neuropathology
  - **BL lesion** to area MT (V5; T-O-P junction)
  - UL lesions cause subtle defects



# Topographagnosia

- Inability to navigate routes using familiar landmarks - deficit in familiar scene perception
- right ventral temporo-occipital lesions like **Right lingual gyrus**

VS

- right parietotemporal lesions

Spatial  
relationships  
distorted

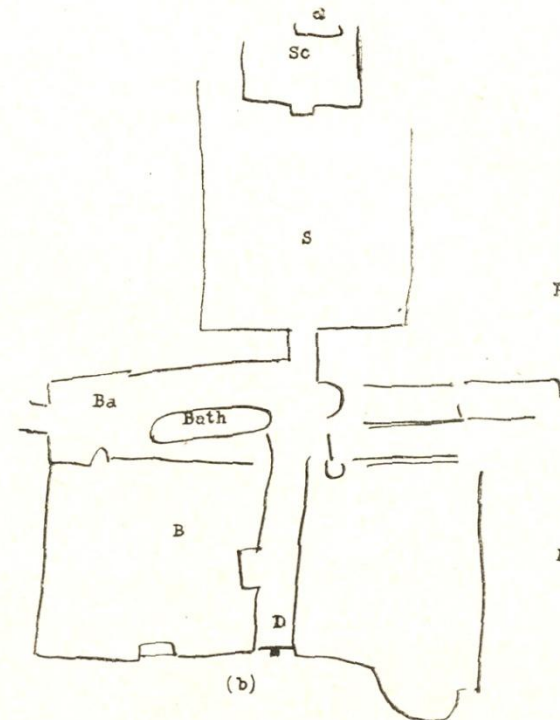
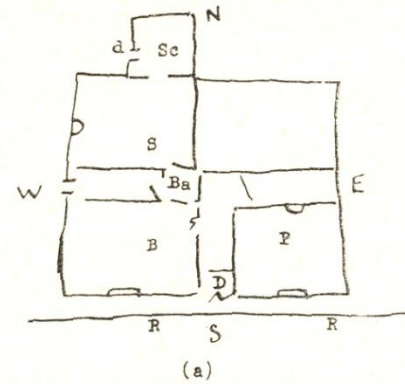


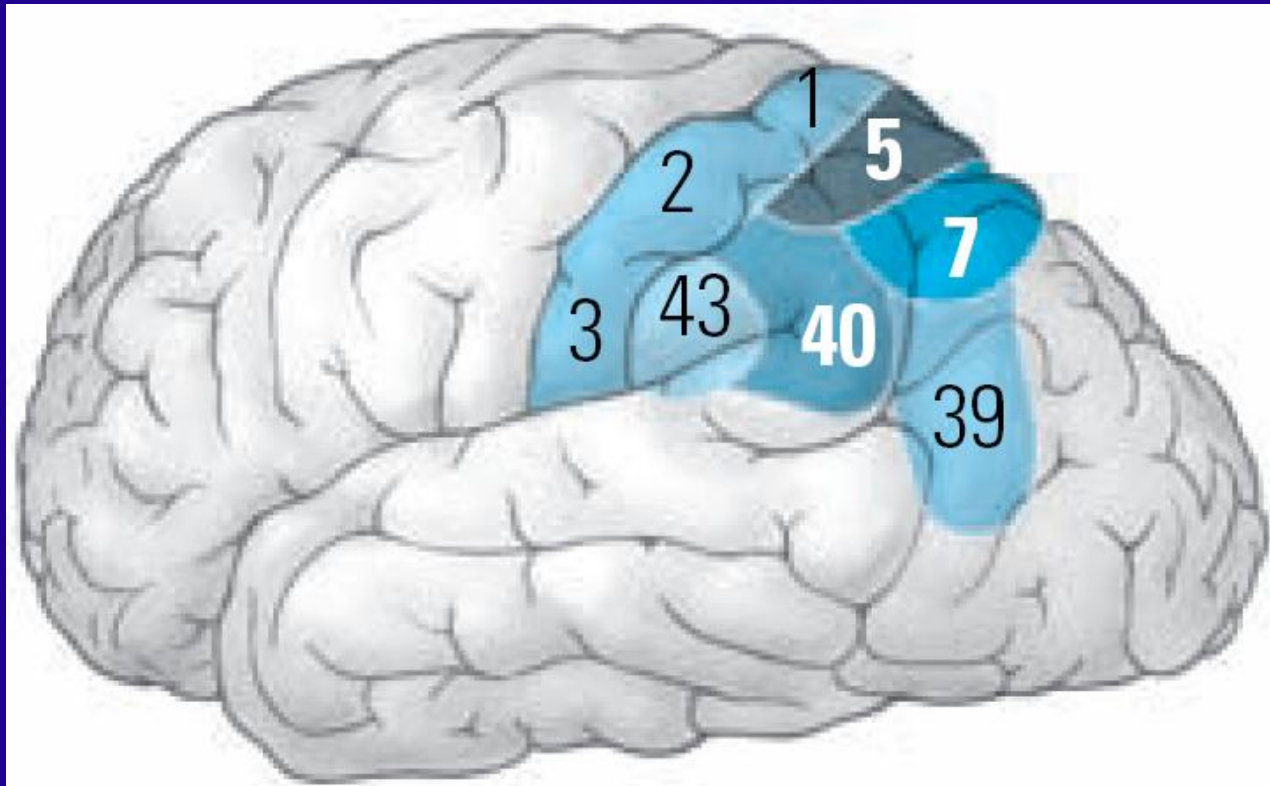
FIG. 8.—Ground-plan of House by Case 2—(a) Drawing by patient's wife;  
(b) Drawing by patient.

Spatial  
relationships  
distorted

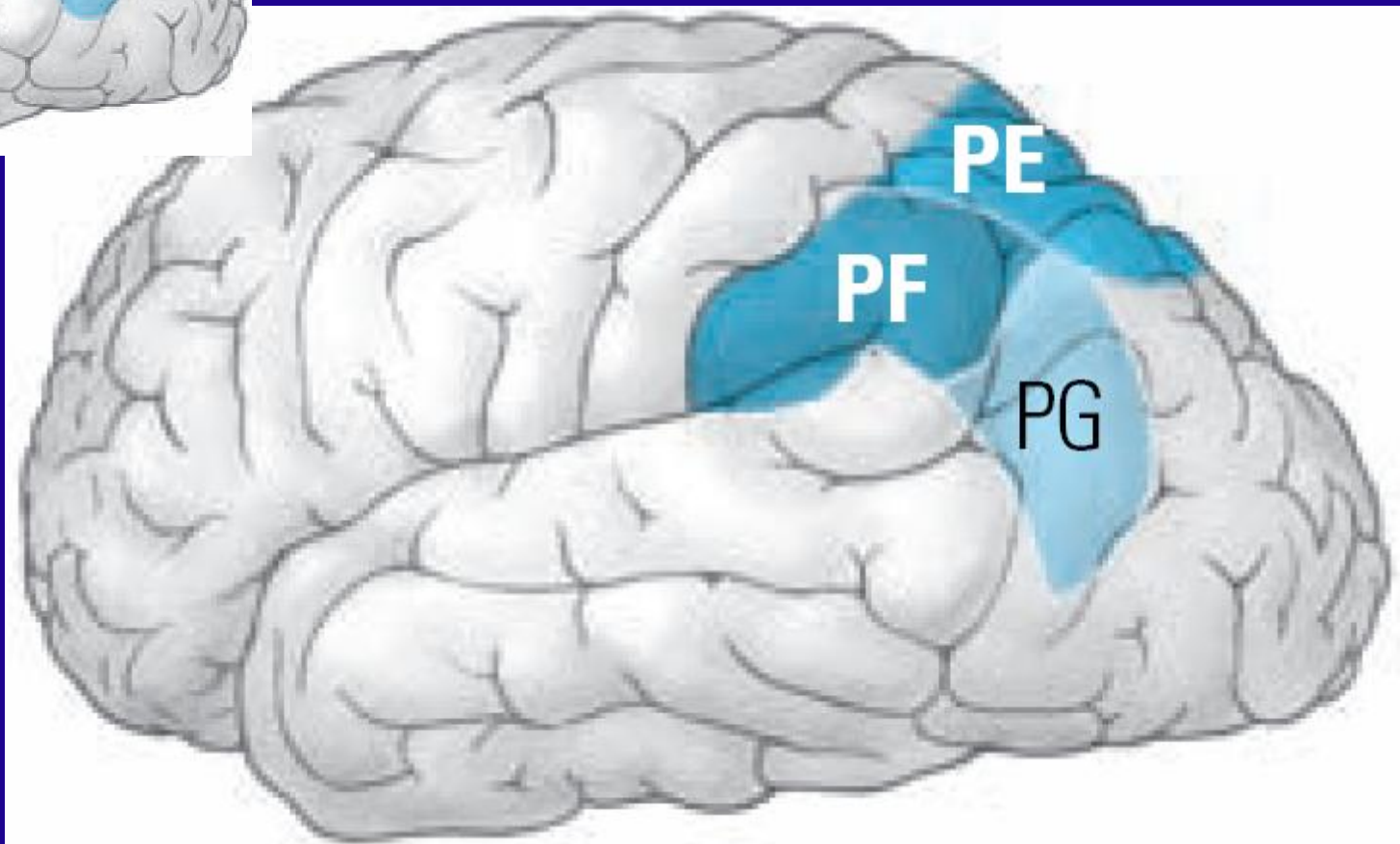
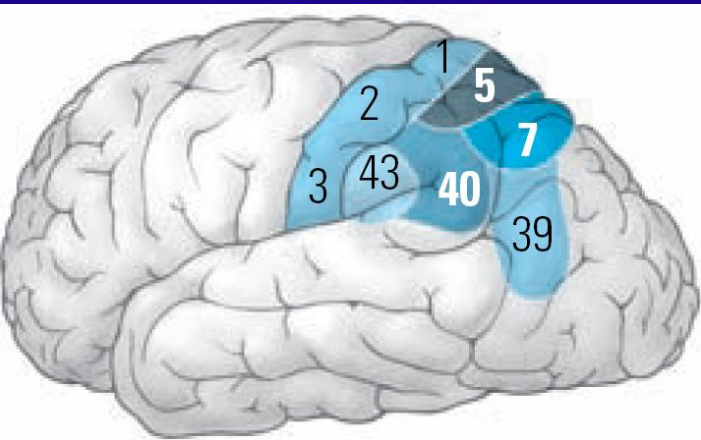


Time, sequence, attention and  
space

# Parietal lobe



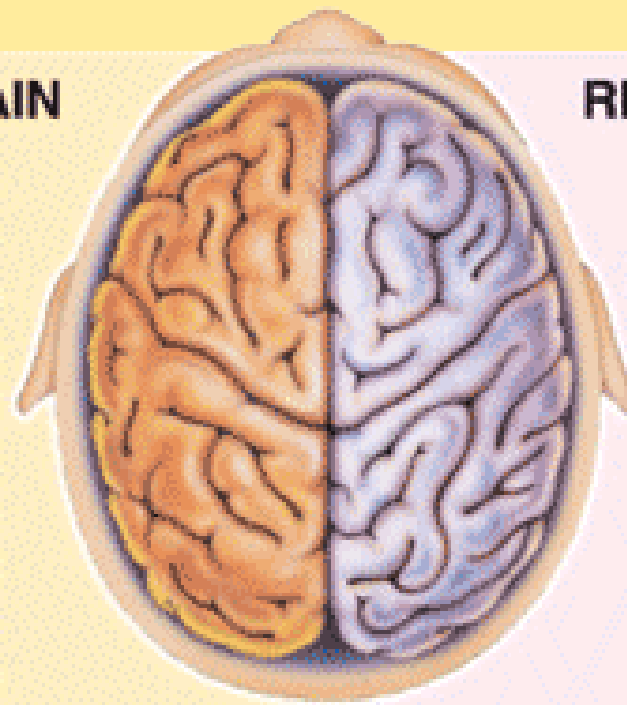
# Parietal lobe



# Spatial Information

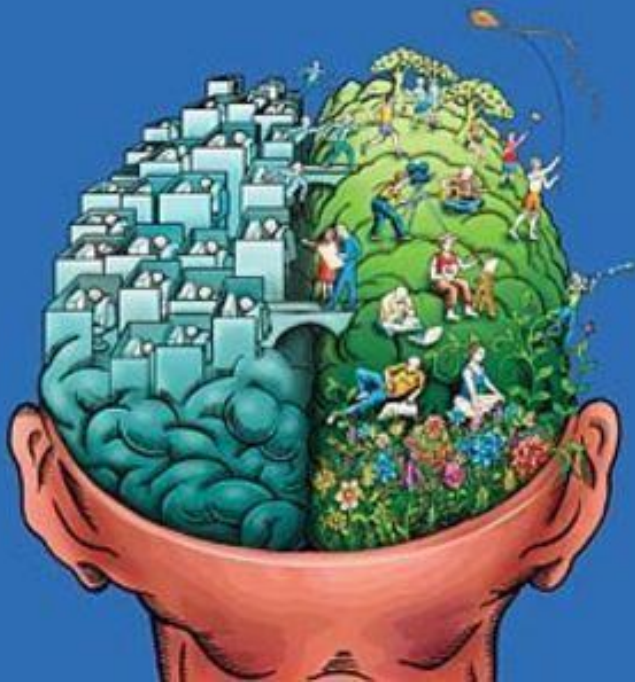
## LEFT BRAIN

LOGIC  
ANALYSIS  
SEQUENCING  
LINEAR  
MATHEMATICS  
LANGUAGE  
FACTS  
THINK IN WORDS  
WORDS OF SONGS  
COMPUTATION



## RIGHT BRAIN

CREATIVITY  
IMAGINATION  
HOLISTIC THINKING  
INTUITION  
ARTS (Motor skill)  
RHYTHM (Beats)  
NON-VERBAL  
FEELINGS  
VISUALISATION  
TUNE OF SONGS  
DAYDREAMING



## Object Recognition

# Visual Attention Center

In humans, functional brain imaging shows that the *right parietal lobe* of normal subjects is highly active during tasks requiring attention.

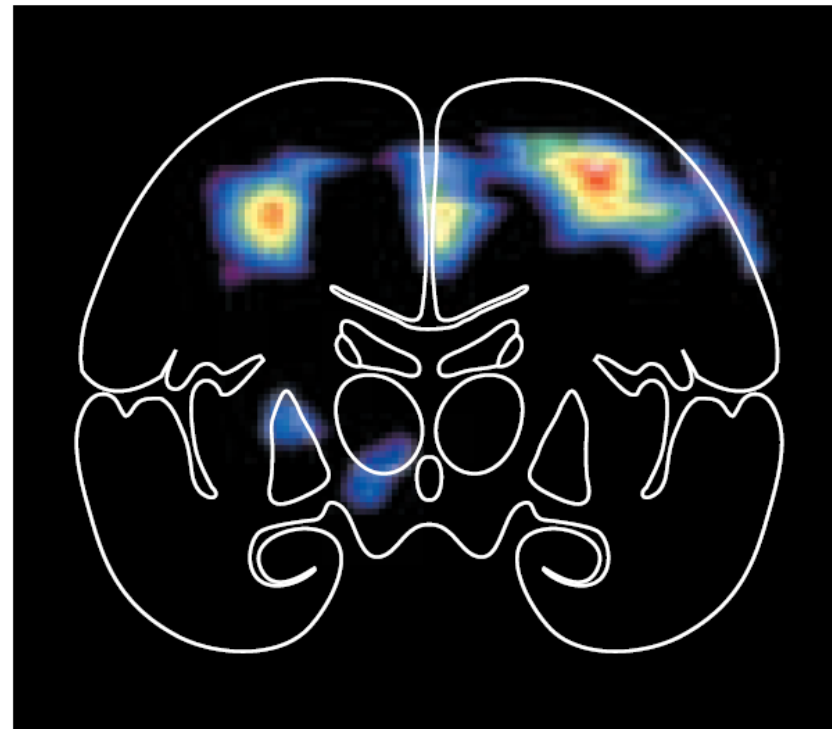
(A) Attending to the left visual field



L

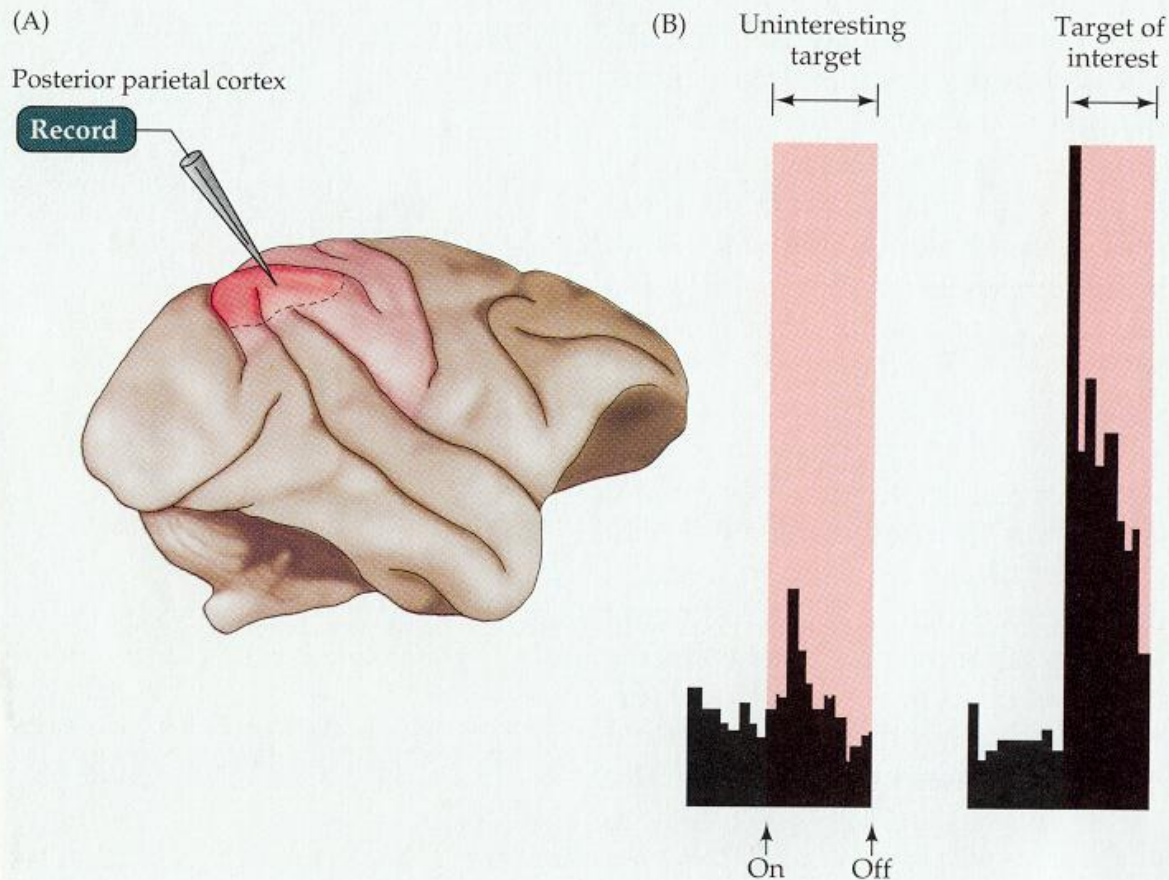
R

(B) Attending to the right visual field



L

R

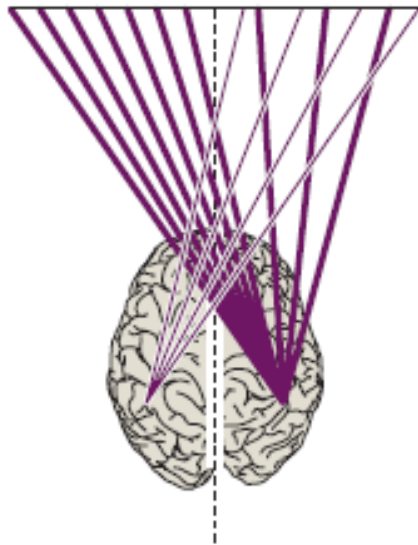


**Figure 26.10** Selective activation of neurons in the parietal cortex of a rhesus monkey during the fixation of a significant visual target (in this case, a spot of light associated with a food reward). (A) Region of recording. (B) Although the baseline level of activity of the neuron being studied here changes little in response to an uninteresting target (left), it increases its firing rate tenfold during eye fixation on a target of interest (right). The histograms indicate action potential frequency per unit time. (After Lynch et al., 1977.)

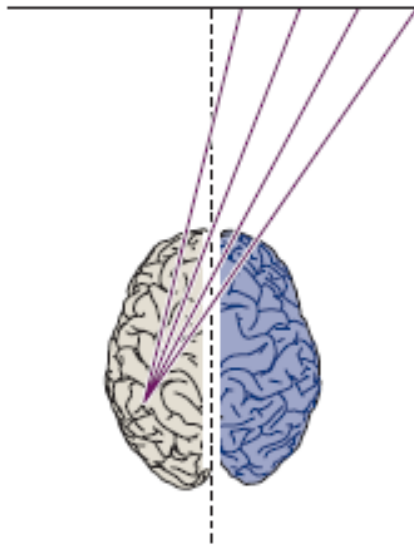
(from Lynch, Mountcastle, Talbot, and Yin, *Journal of Physiology*, 1977)

(B)

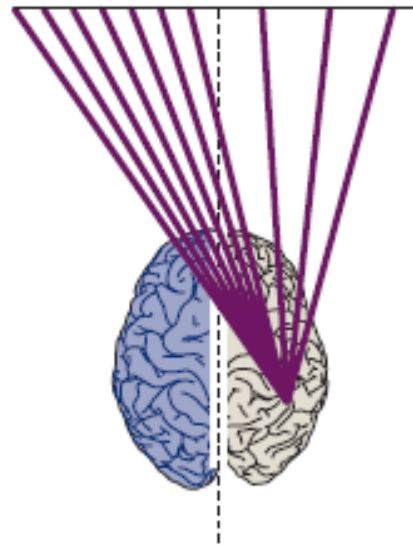
Normal



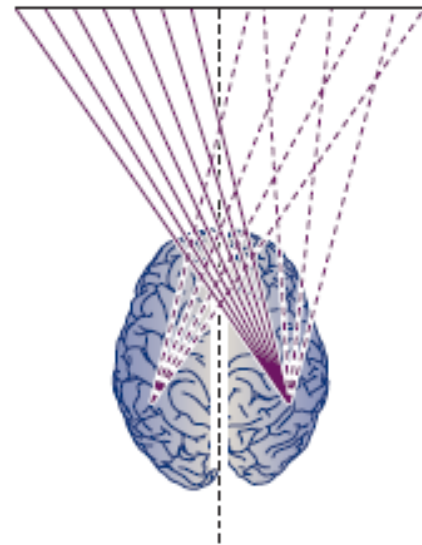
Right hemisphere lesion  
(severe left neglect)



Left hemisphere lesion  
(minimal right neglect)



Partial bilateral lesion  
(severe right neglect)



# **Neglect syndrome**

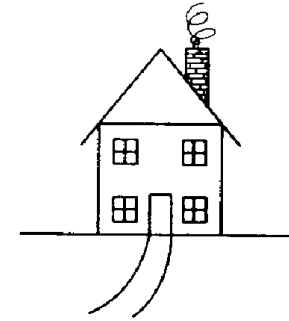
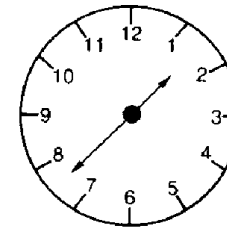
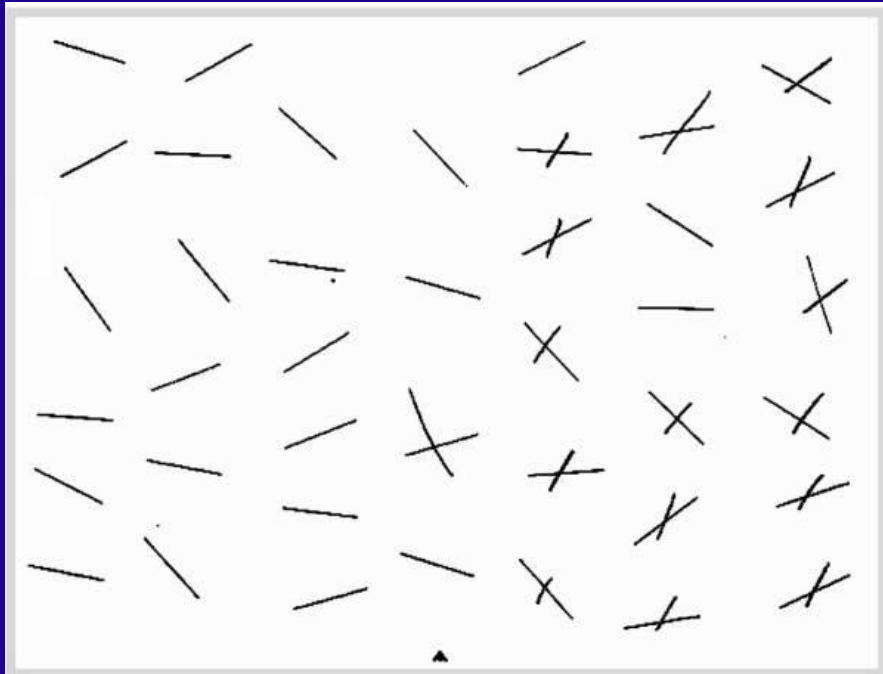
**(right parietal association cortex)**

The cat ran up the tree to catch a squirrel for his lunch. The squirrel was smart and ran out to the end of a thin branch. The branch broke, but the cat landed on his feet. No fat squirrel for lunch today, No sir!

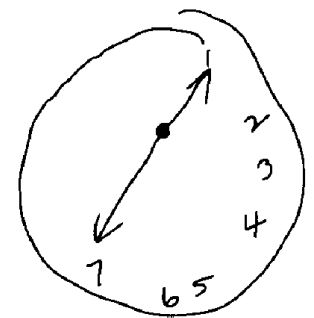
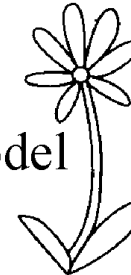
A



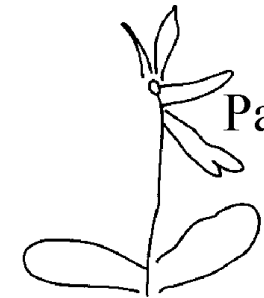
B



Model

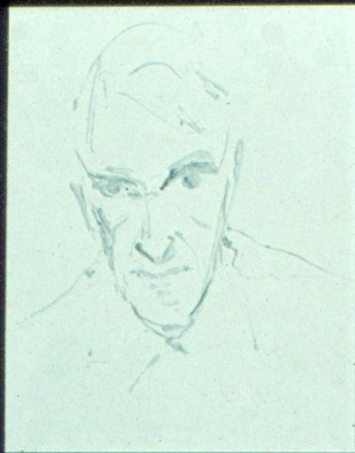


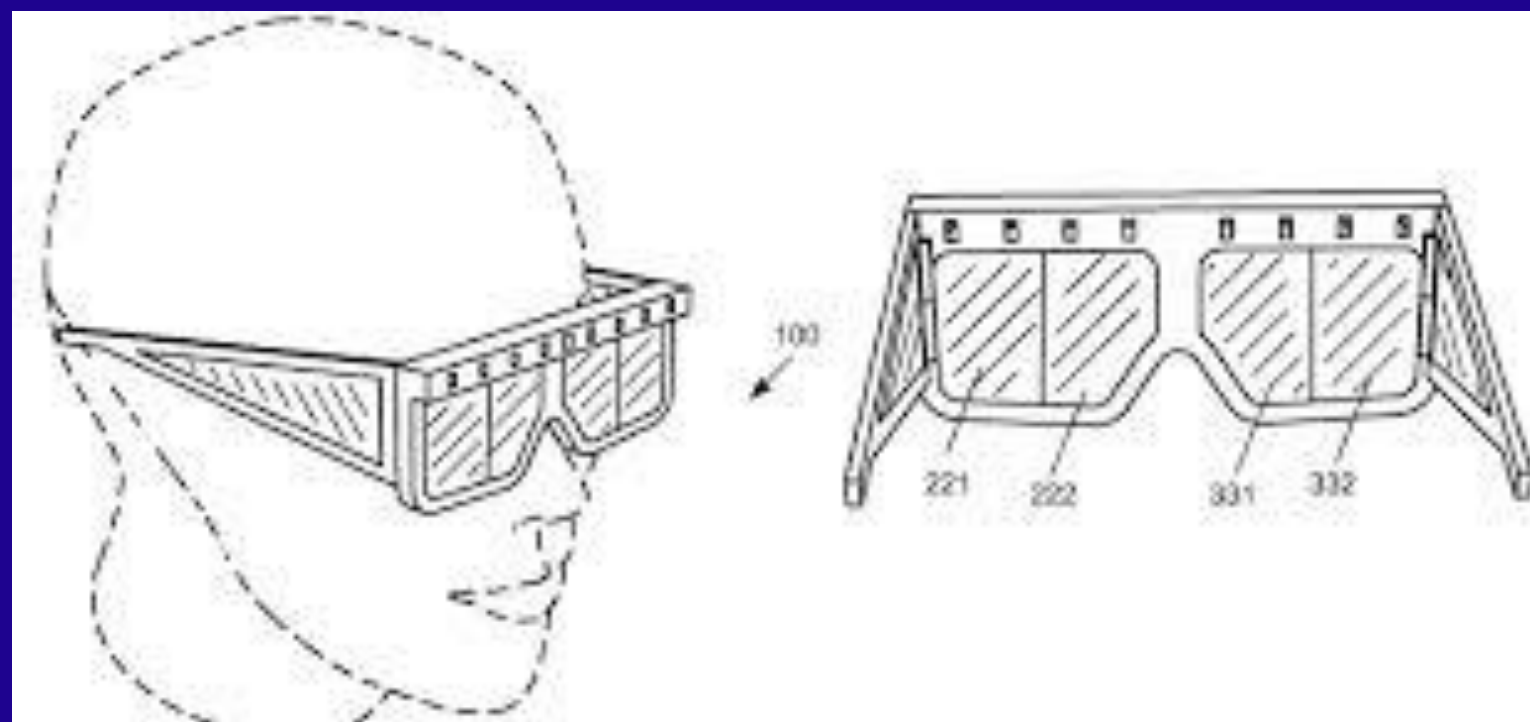
Patient's  
copy





*Assembly of "Manikin" Figure by Case 2. A. Correct Assembly.  
B. Assembly by Patient.*



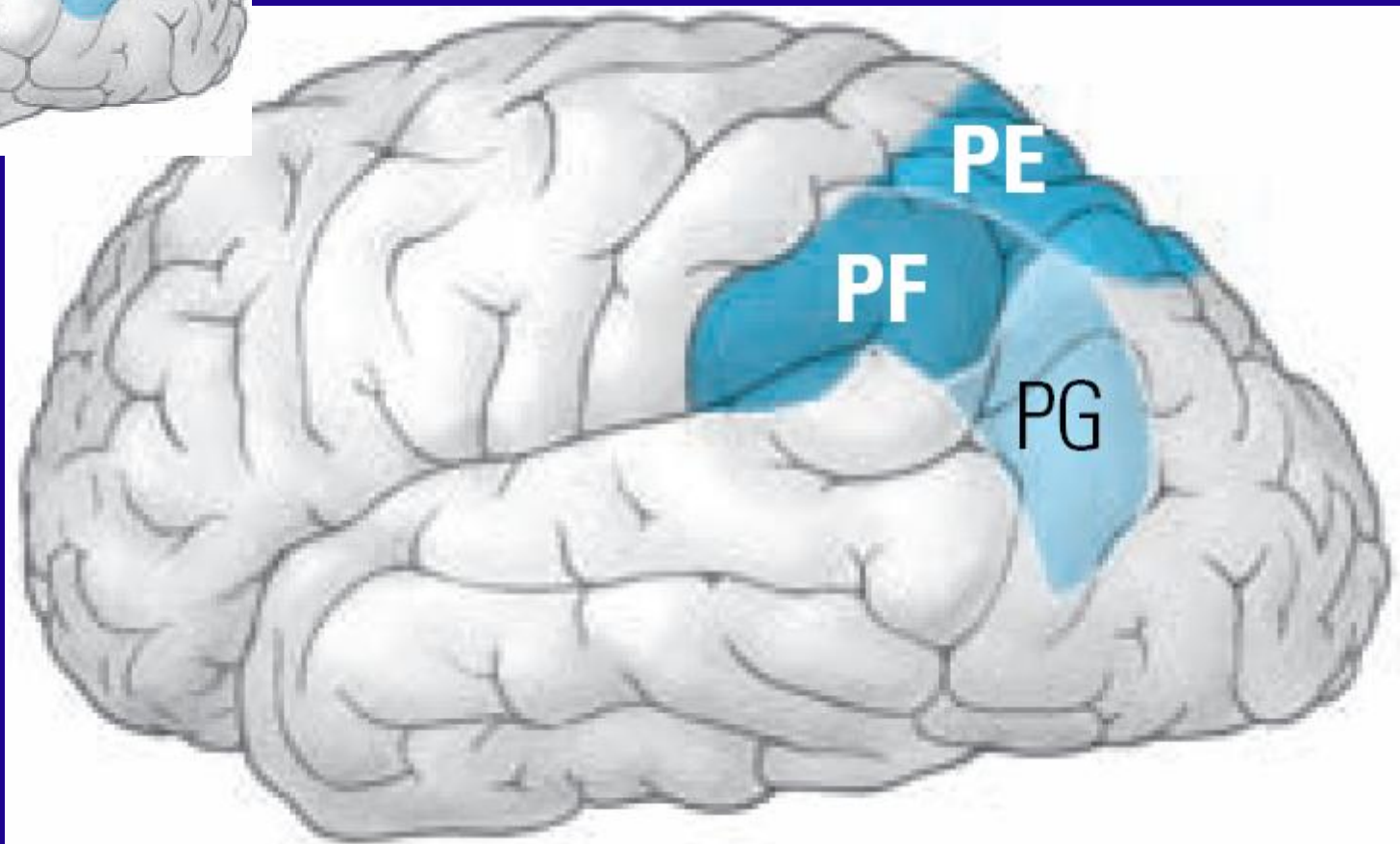
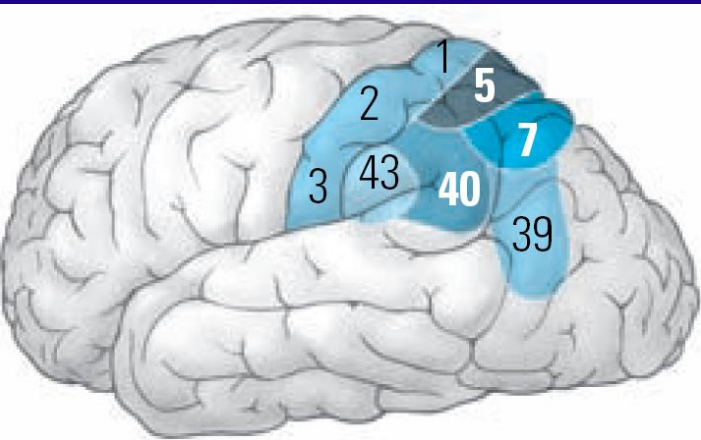


- Anosognosia

- Unawareness or denial of illness

Left parietal

# Parietal lobe



- Acalculia
- Language
- Agraphia
- Apraxia

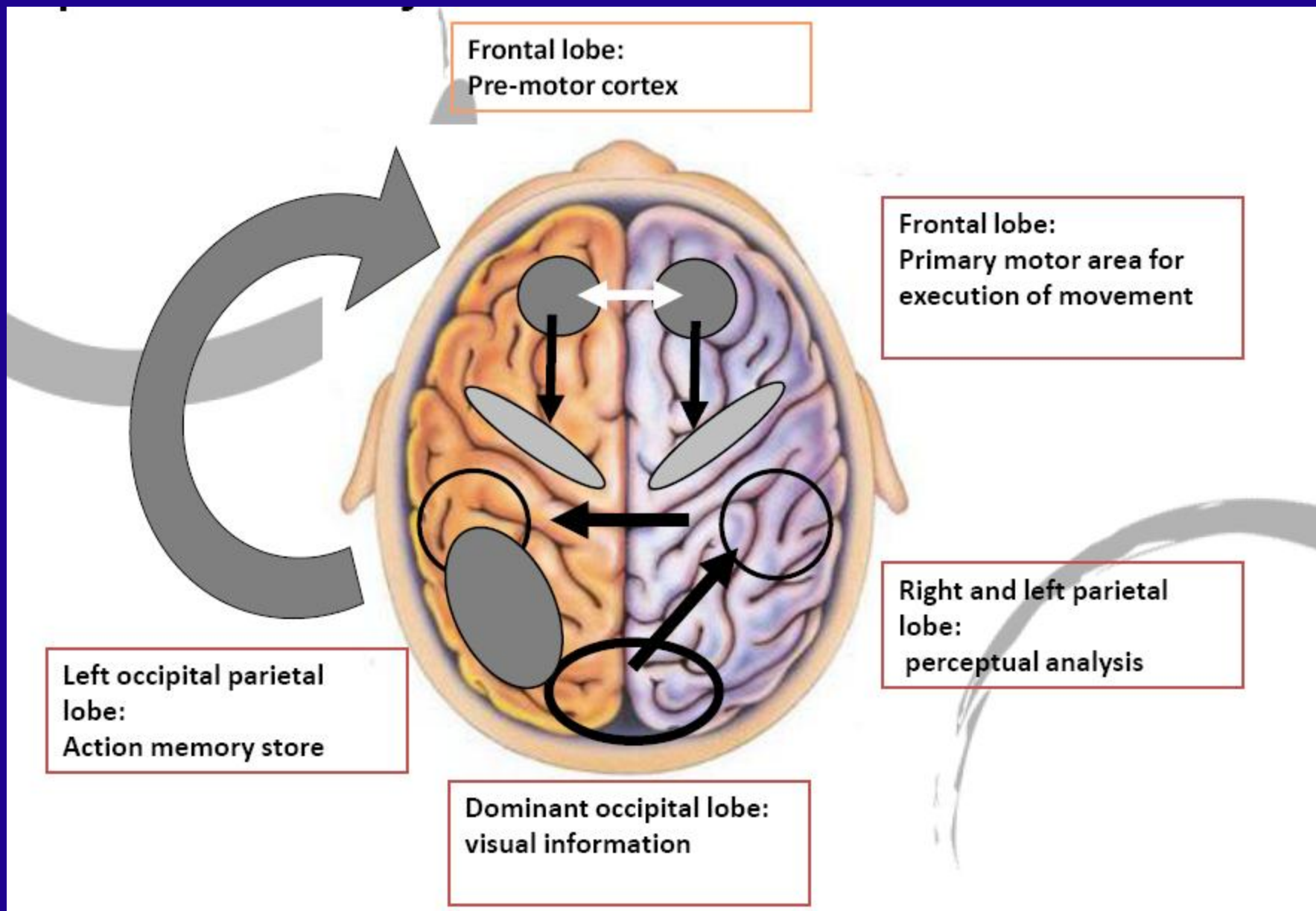
Frontal lobe:  
Pre-motor cortex

Frontal lobe:  
Primary motor area for  
execution of movement

Right and left parietal  
lobe:  
perceptual analysis

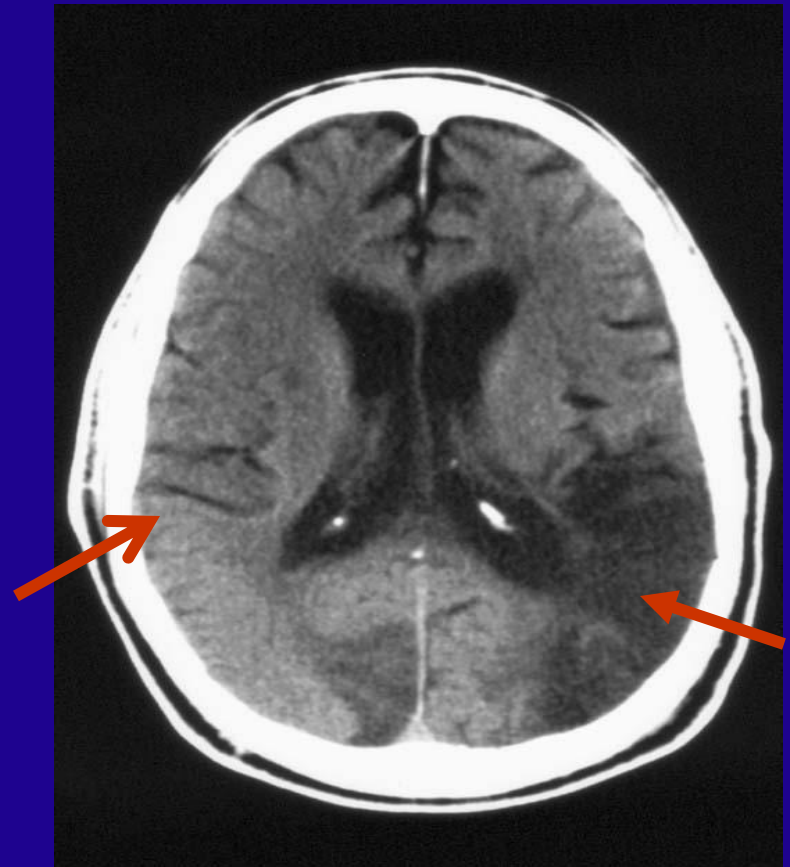
Left occipital parietal  
lobe:  
Action memory store

Dominant occipital lobe:  
visual information



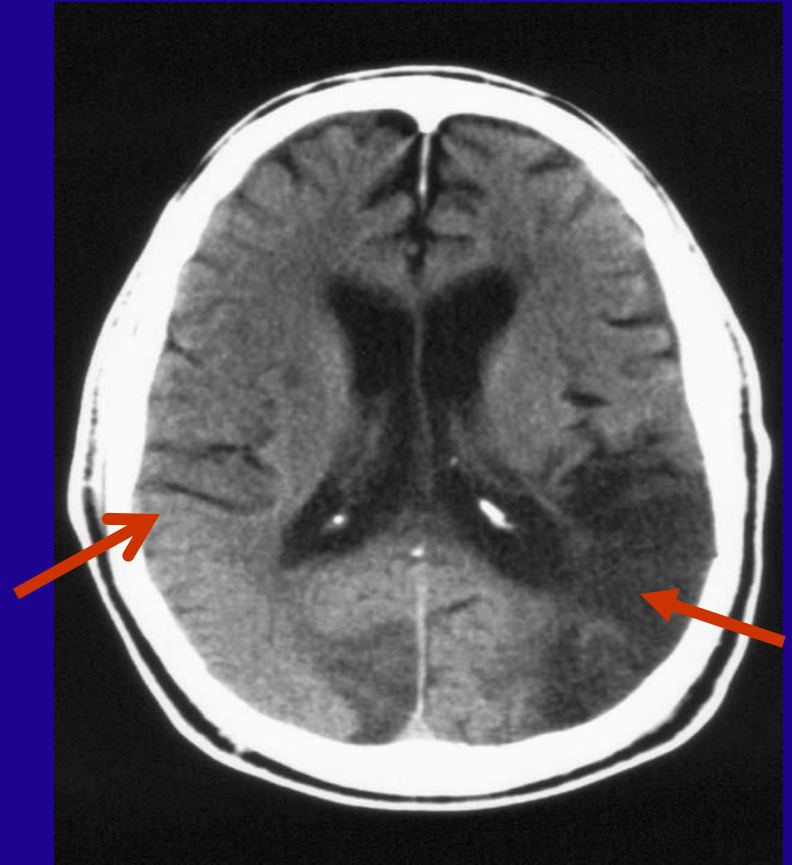
# Bilateral Parietal Damage (Balint's Syndrome)

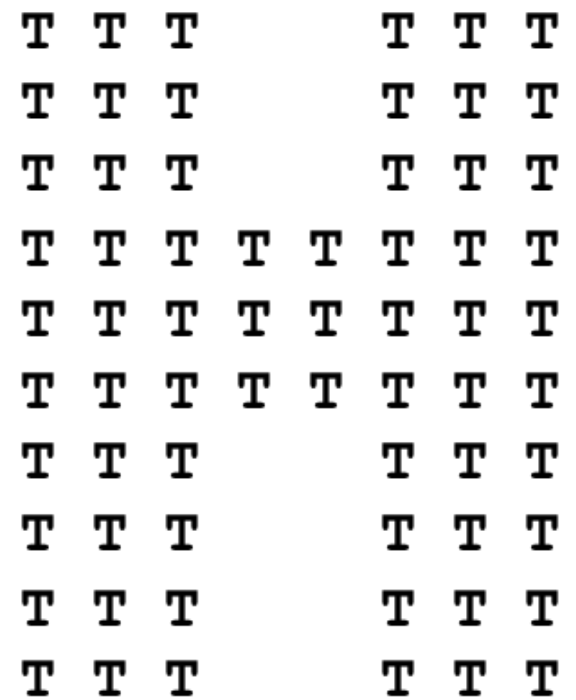
- Impaired control over the focus of visual attention due to inattentional amnesia
- Complex defects in perception of visual object structure, motion and depth.
- Neglect (hemifield)



# Bilateral Parietal Damage (Balint's Syndrome)

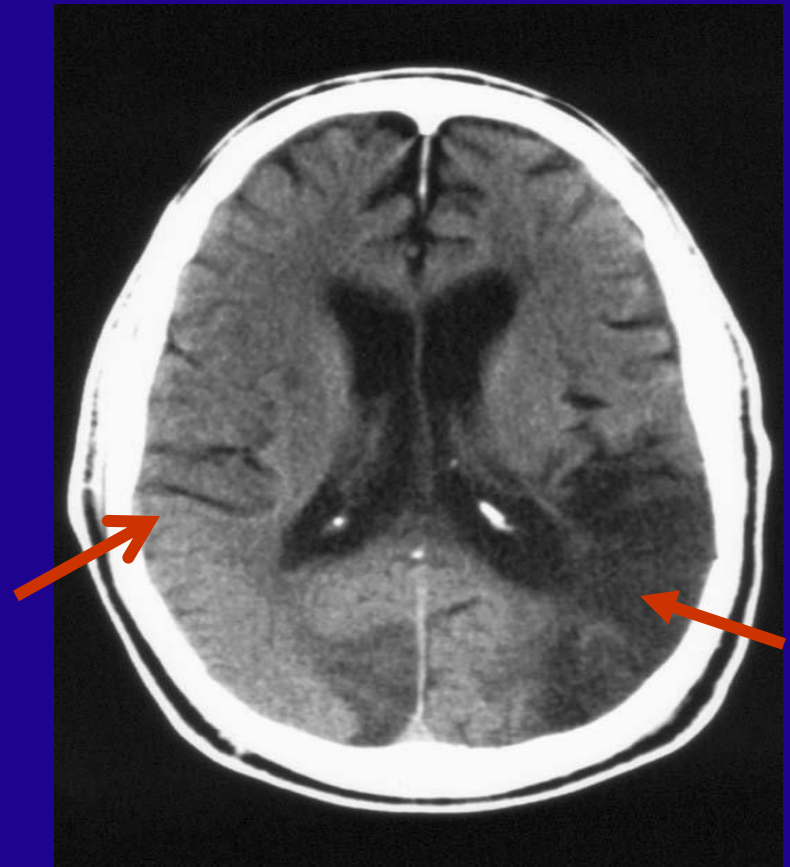
- **SIMULTANAGNOSIA** : Inability to interpret the totality of a picture scene (can identify individual portions of the whole picture)

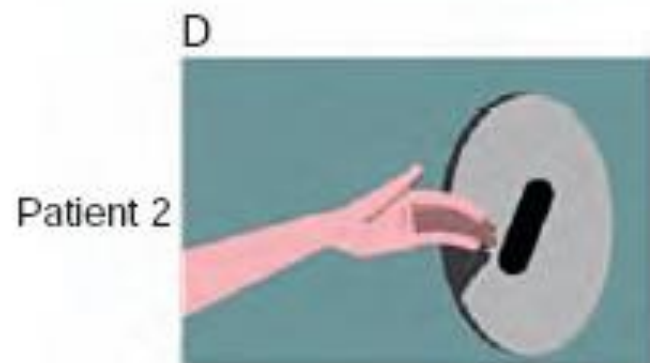
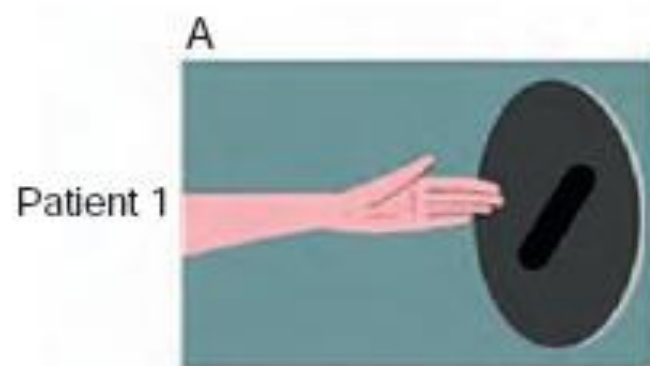




# Bilateral Parietal Damage (Balint's Syndrome)

- **Simultanagnosia:** Inability to interpret the totality of a picture scene (can identify individual portions of the whole picture)
- **Optic ataxia:** Defects of visually guided hand movement





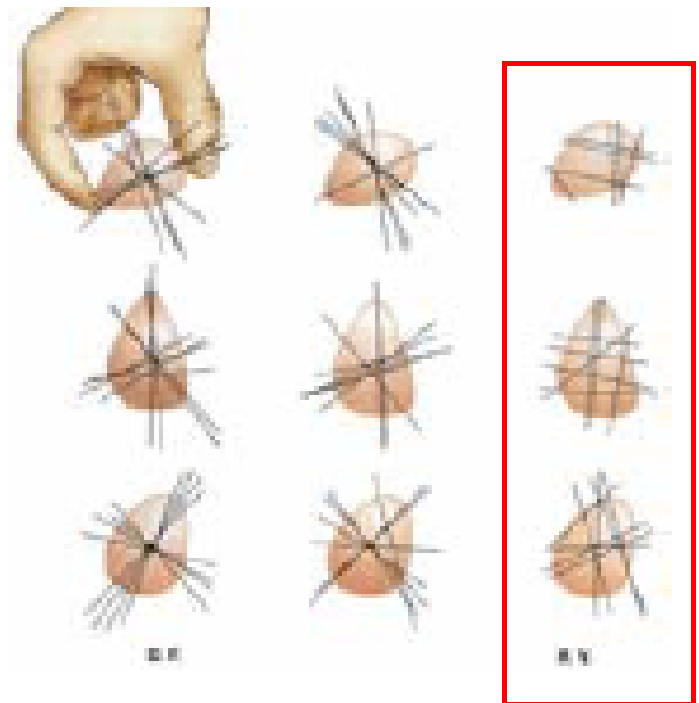
Ipsilesional field  
Accurate reaching

Orientation errors

Contralesional field  
Directional errors

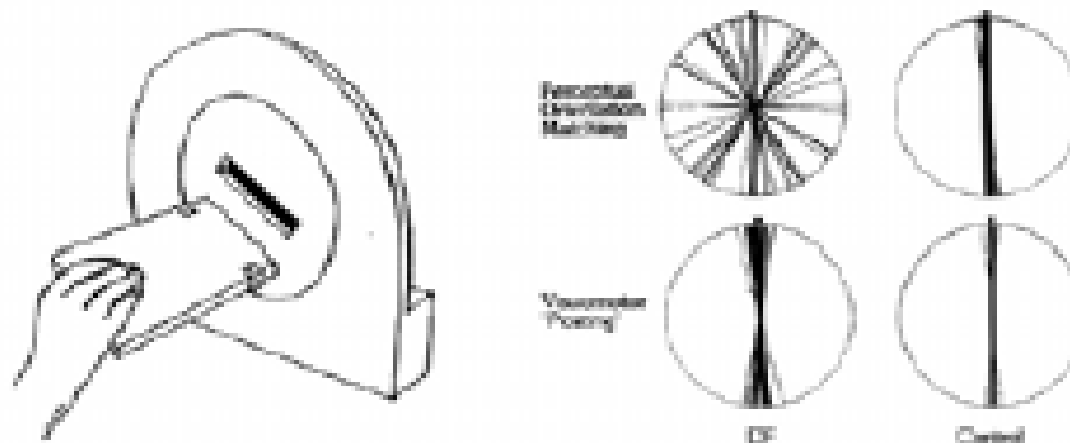
# Parietal Cortex Damage (1)

Damage to the parietal cortex often results in low performance in spatial tasks, most often poor visuo-motor control. Some patients with *optic ataxia* have no difficulty identifying an object, but their visually guided behavior is so impaired that they cannot grasp it properly!



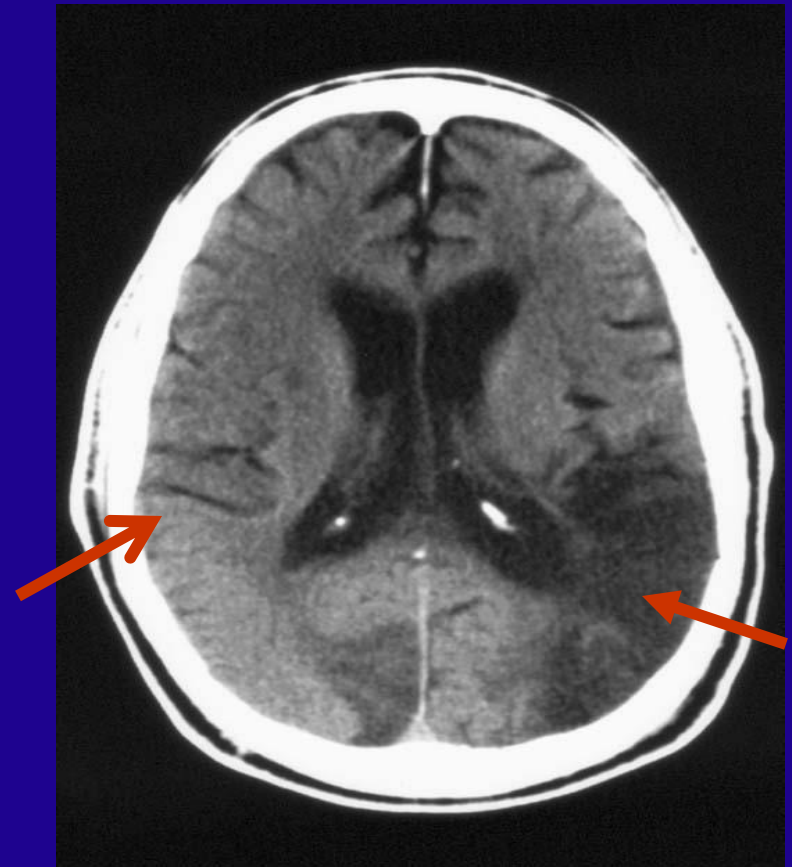
# Temporal Cortex Damage

Nevertheless, the visually guided behavior of patients with *agnosia* is preserved. Thus, agnosic patients have difficulty identifying an object, but they can grasp and manipulate it.



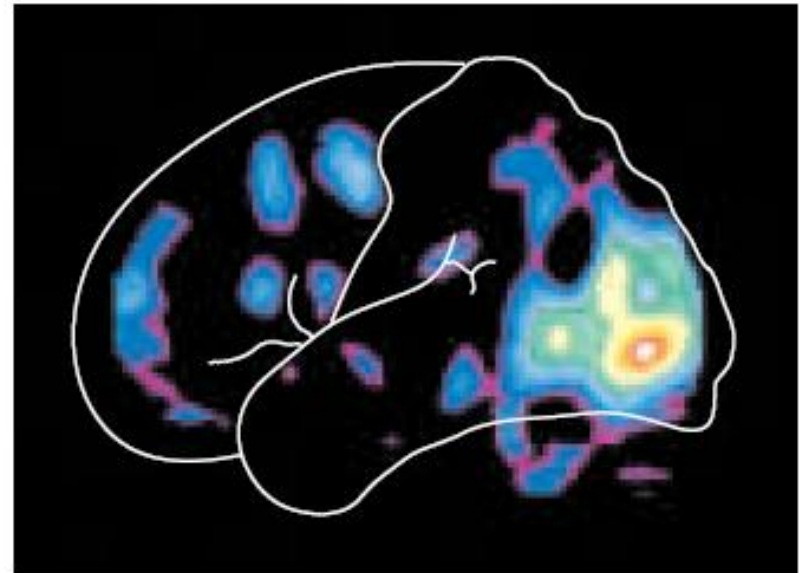
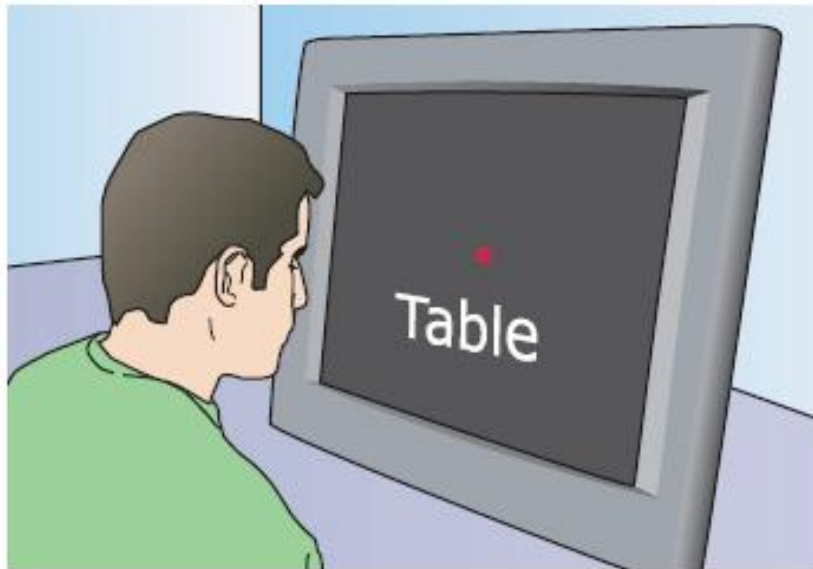
# Bilateral Parietal Damage (Balint's Syndrome)

- **Simultanagnosia:** Inability to interpret the totality of a picture scene (can identify individual portions of the whole picture)
- **Optic ataxia:** Defects of visually guided hand movement
- **Ocular apraxia:** Inability to voluntarily move eyes to objects of interest (difficulty volitionally redirecting gaze)

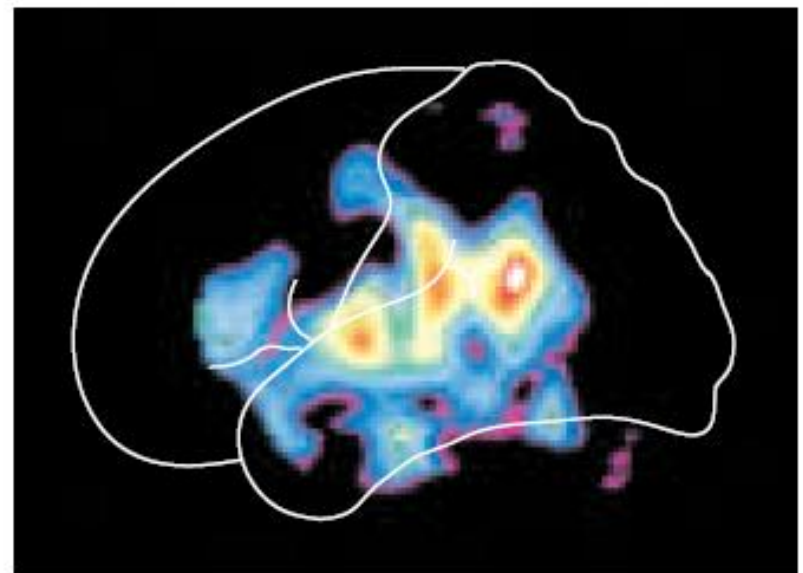
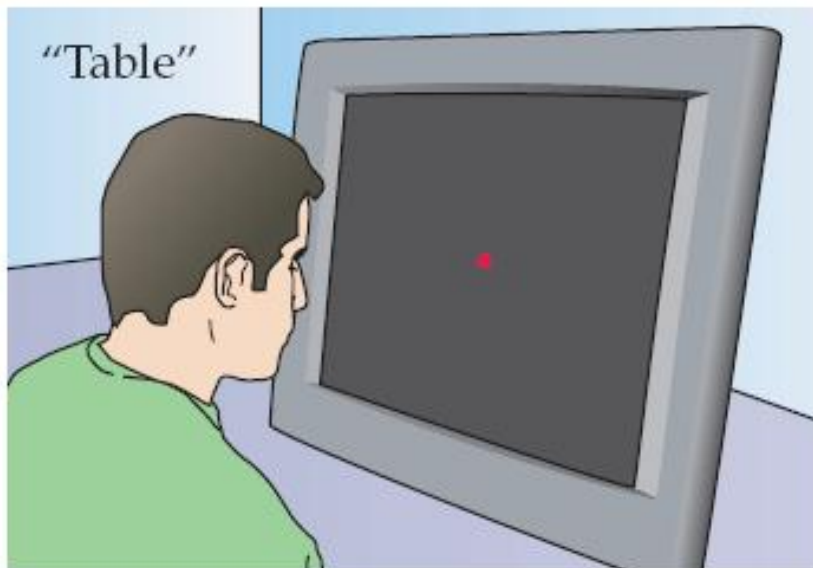


language

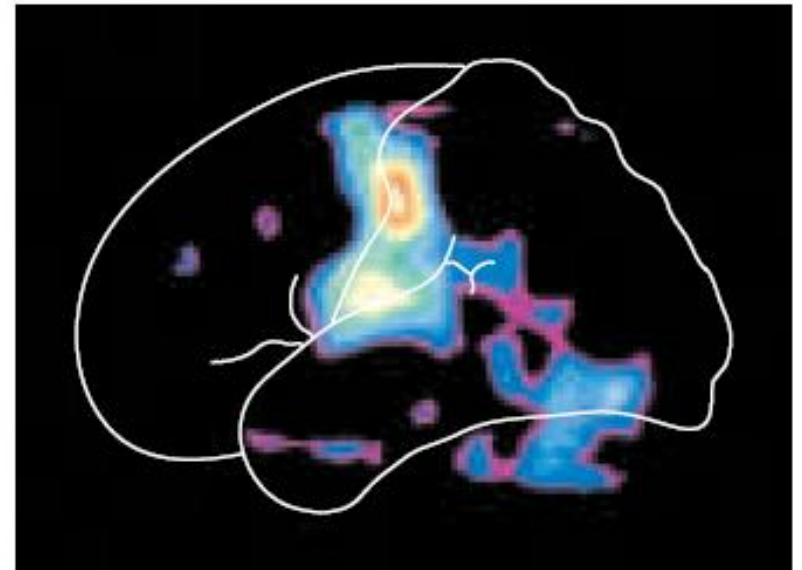
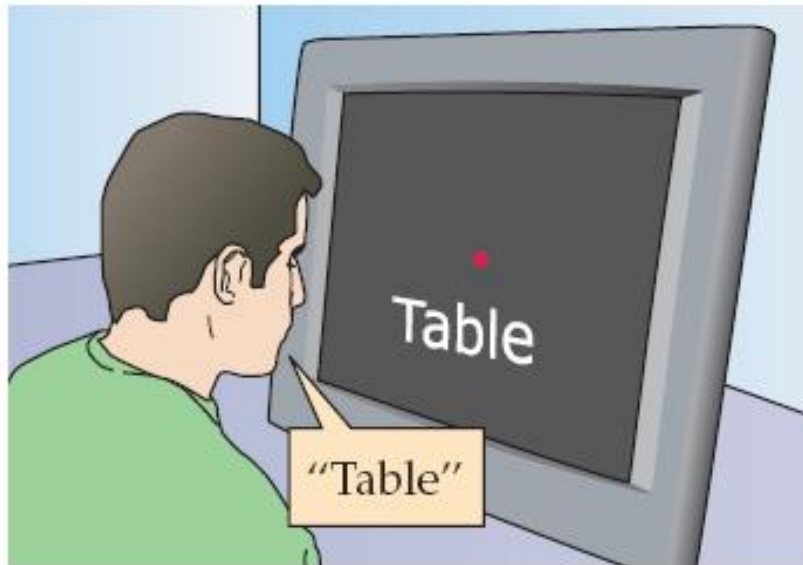
## Passively viewing words



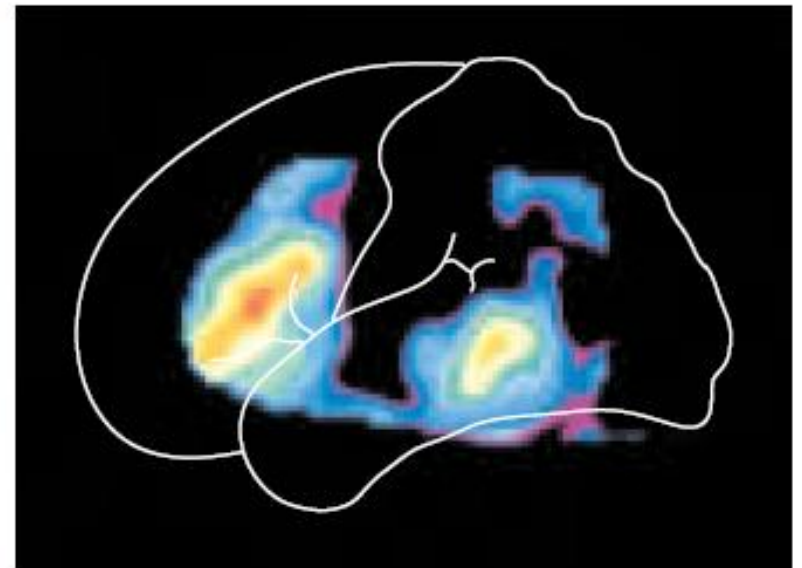
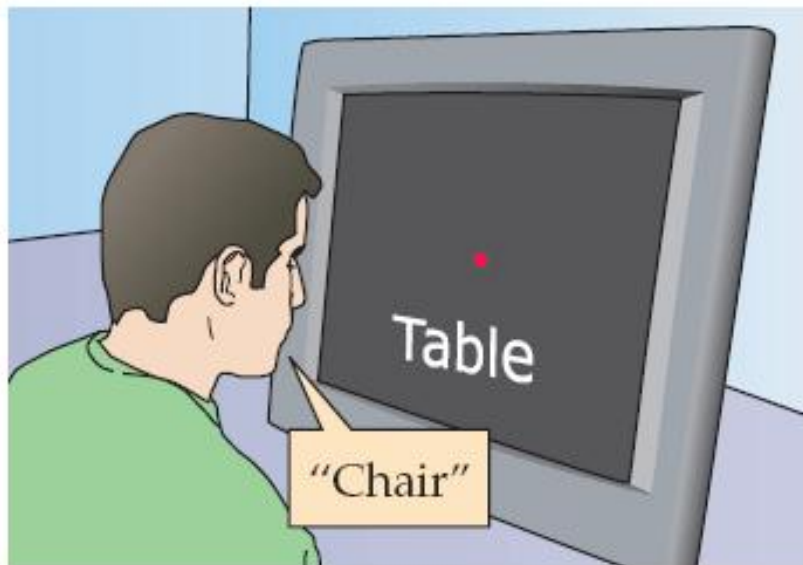
## Listening to words



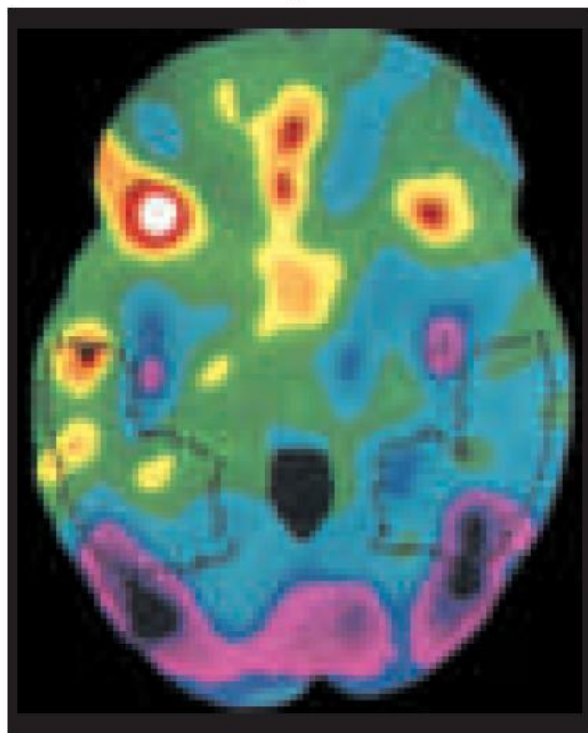
## Speaking words



## Generating word associations



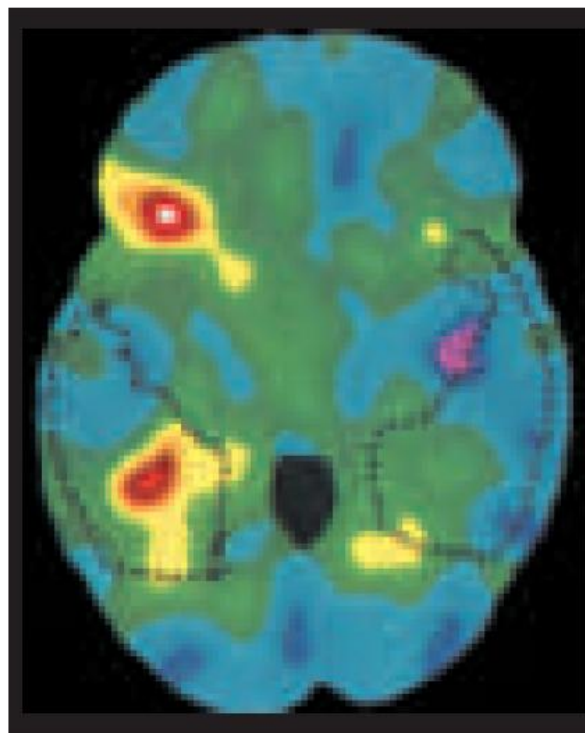
People



L

R

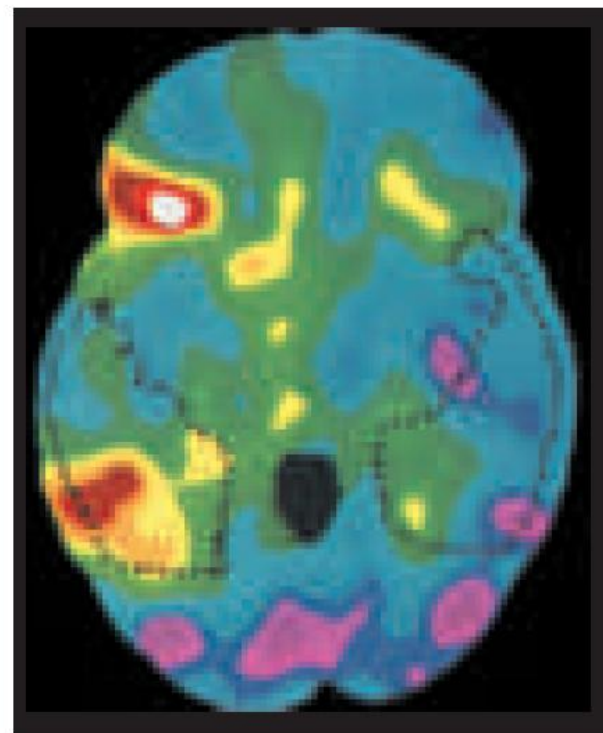
Animals



L

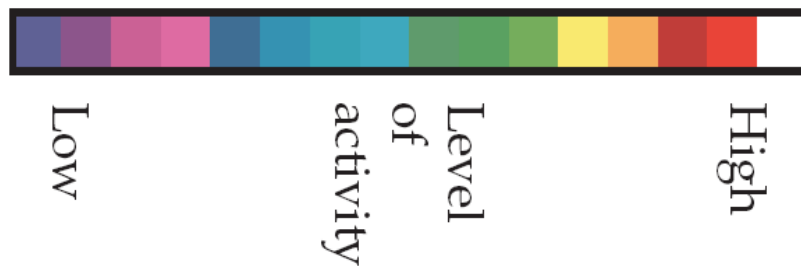
R

Tools

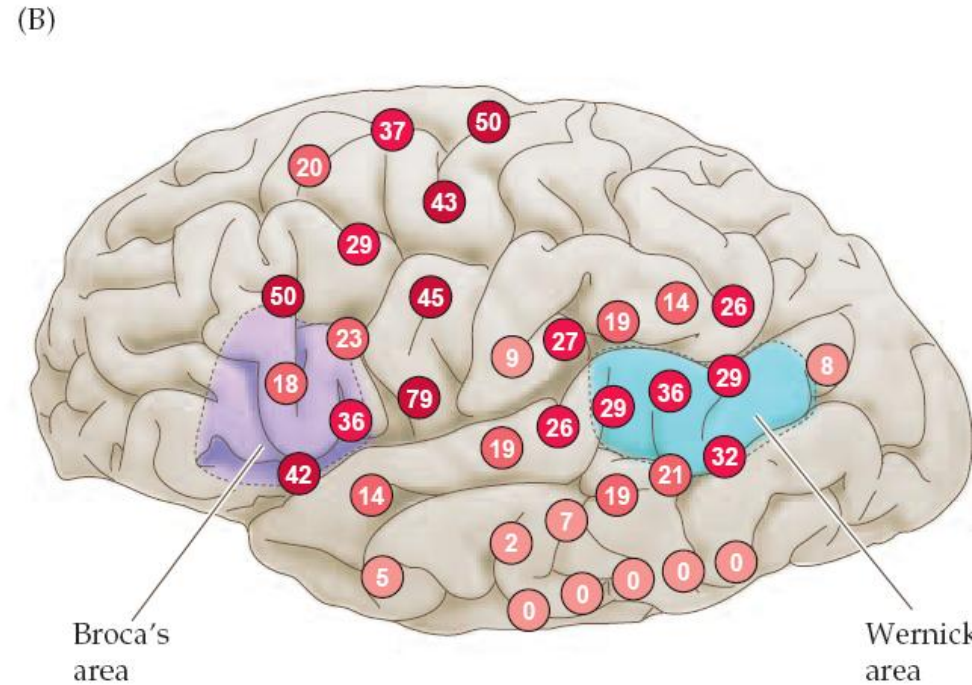
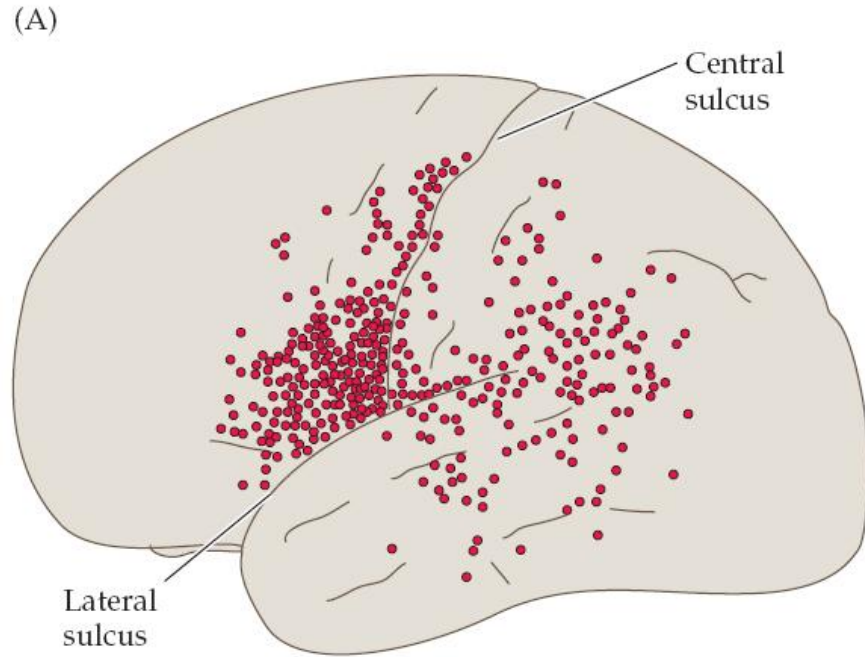


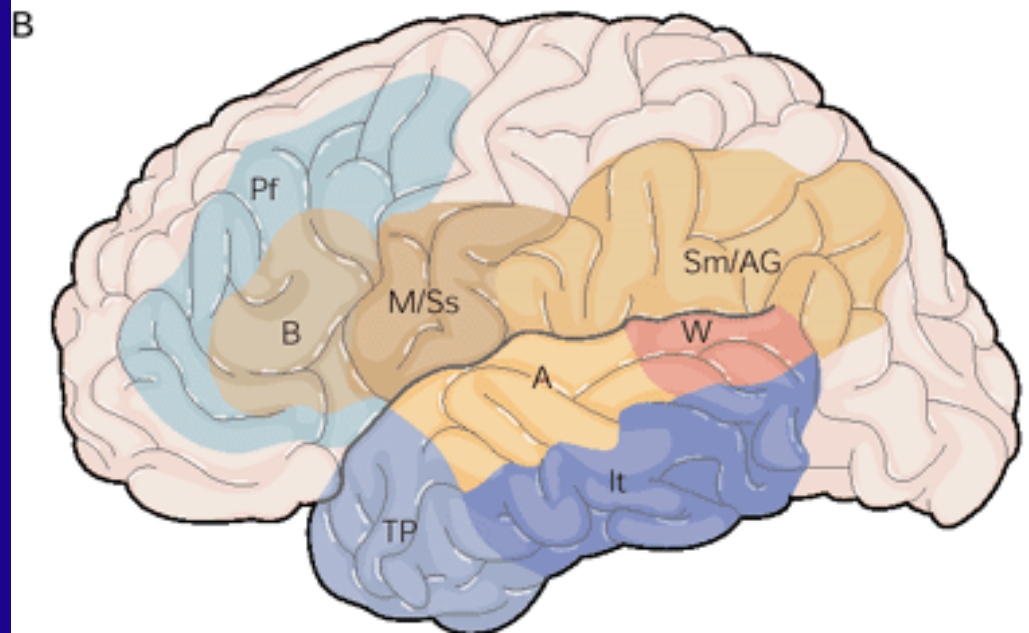
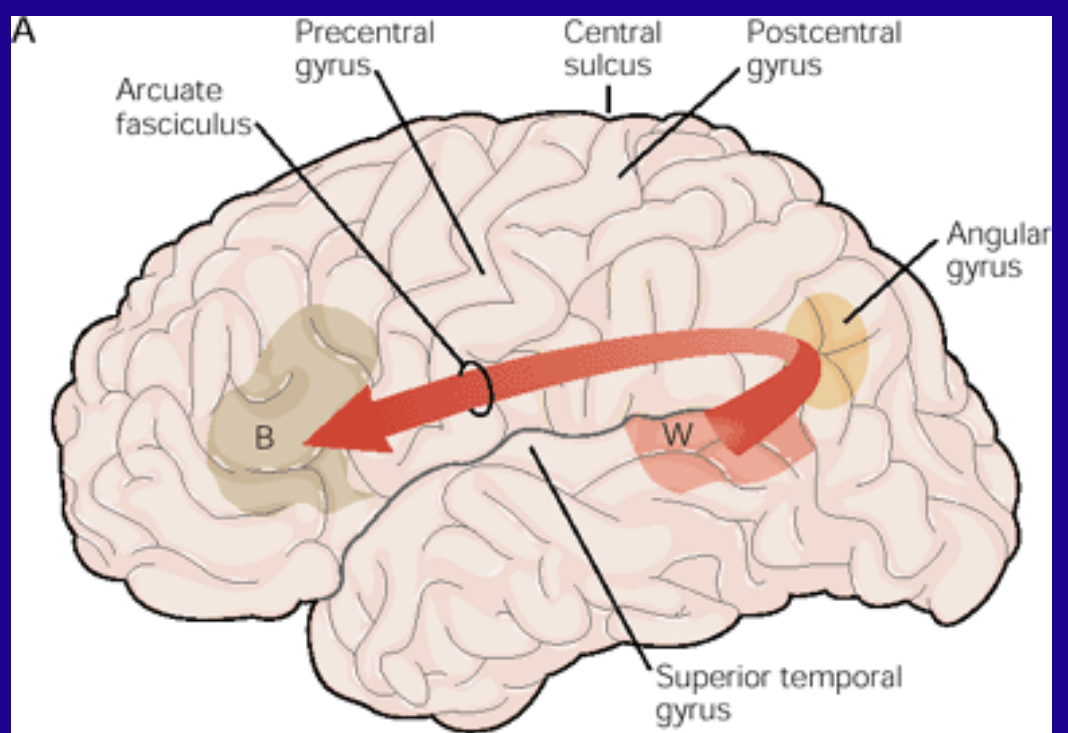
L

R



# language





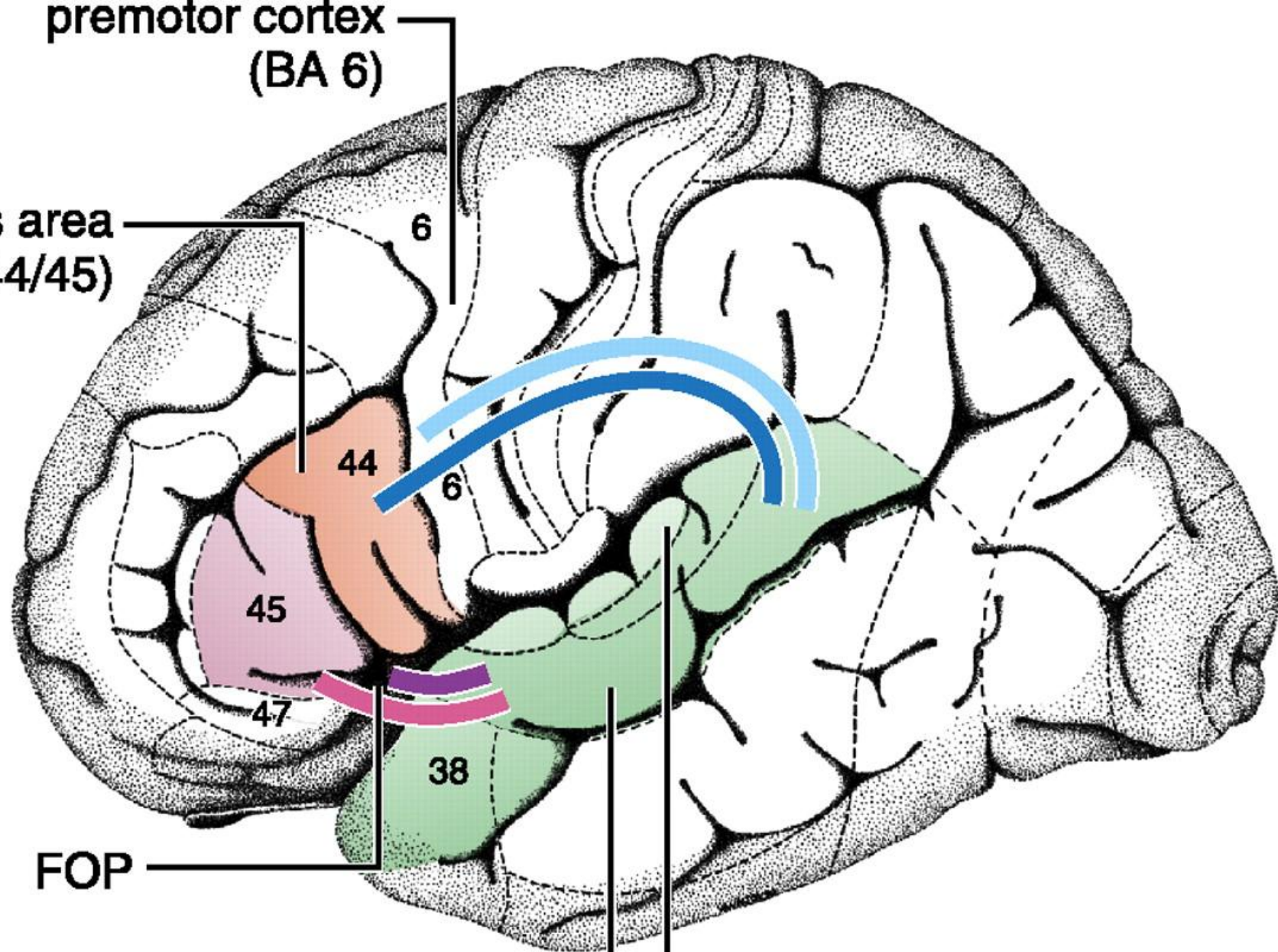
the implementation system

the mediation system

the conceptual system

premotor cortex  
(BA 6)

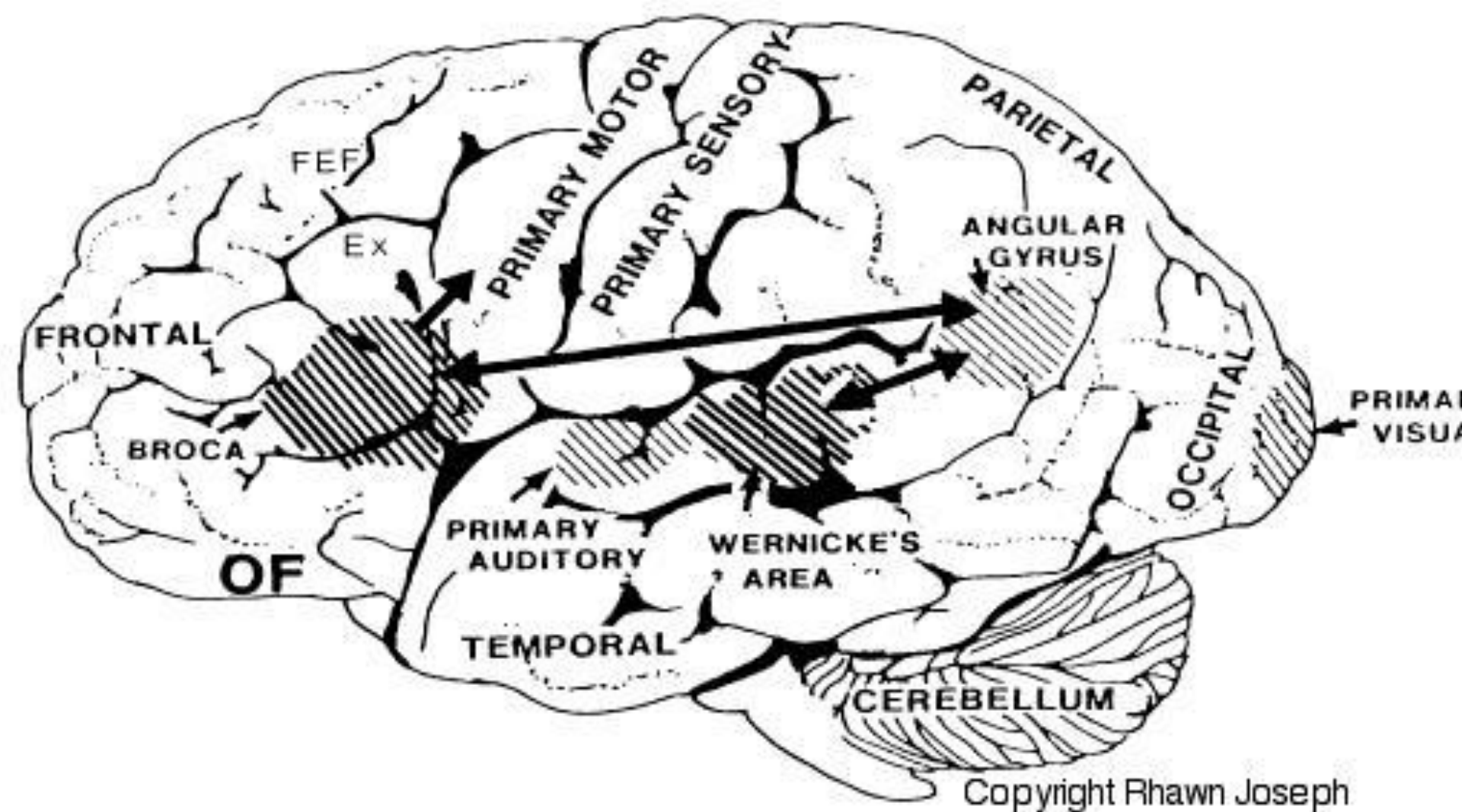
Broca's area  
(BA 44/45)

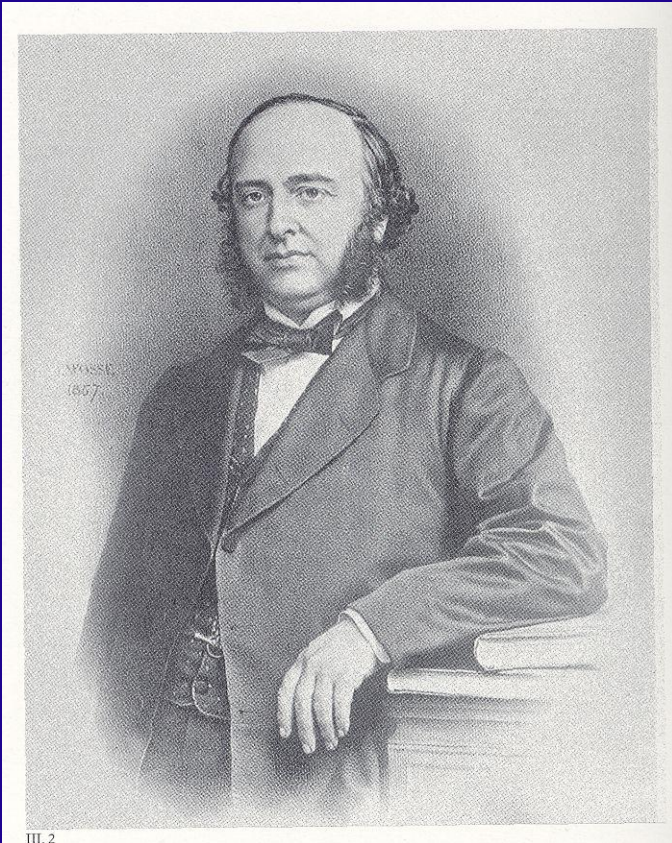


FOP

superior temporal gyrus  
(STG)

primary auditory cortex  
(PAC)





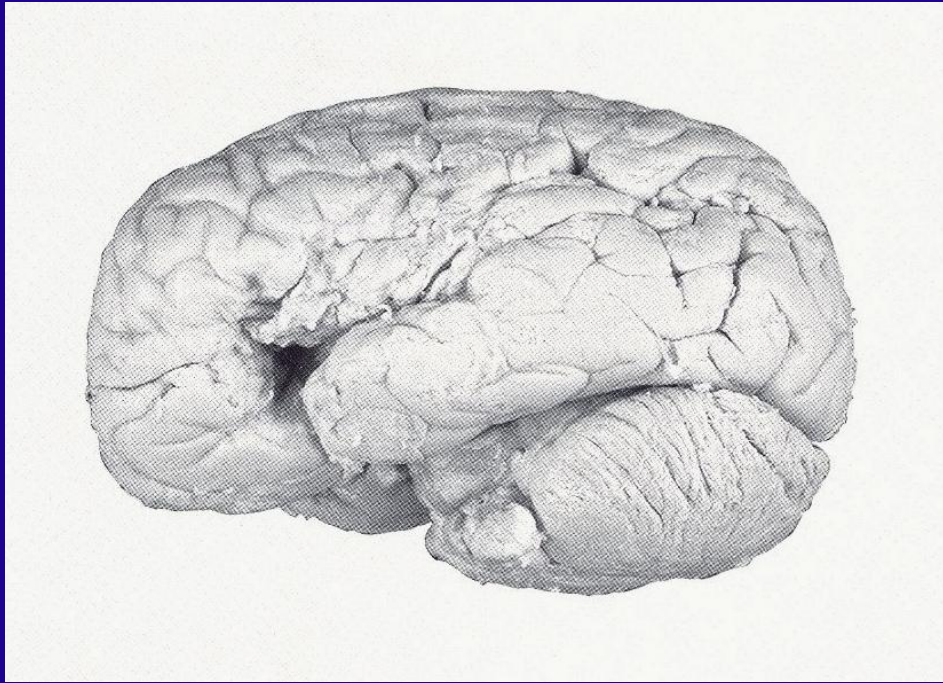
III, 2

Paul Broca  
physician, anatomist, anthropologist  
1824–1880



III, 3

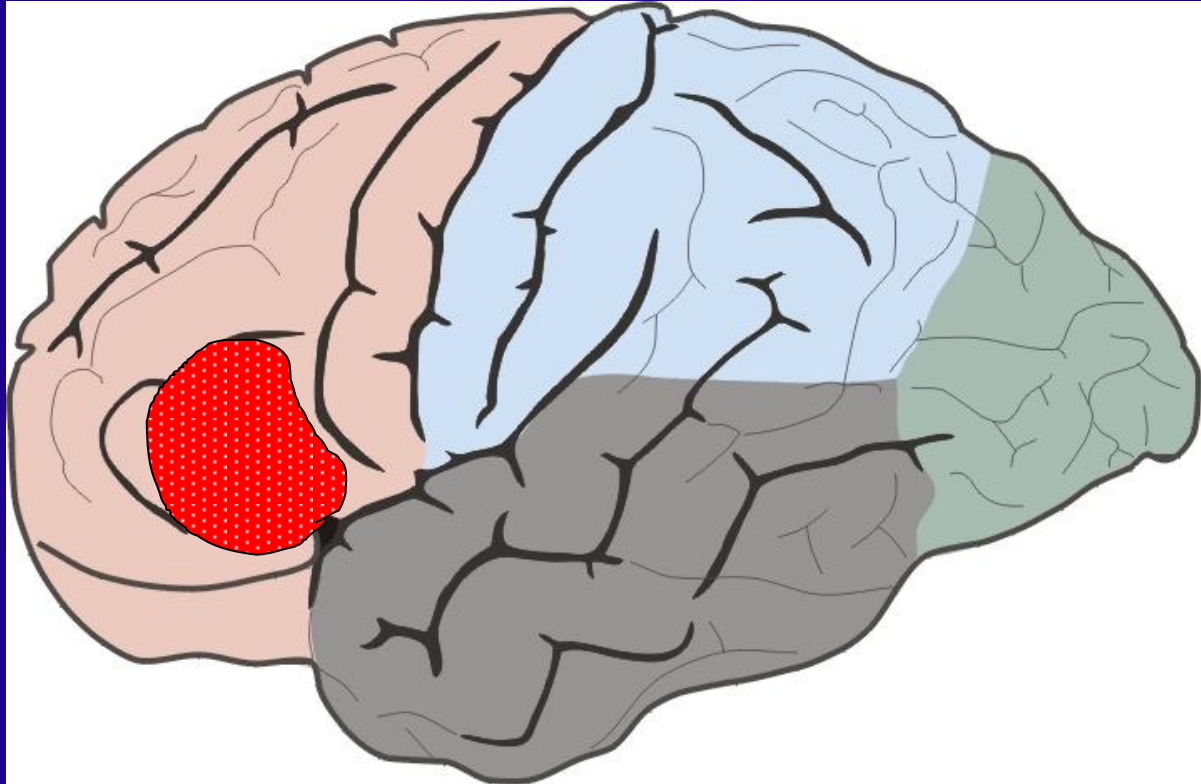
L'Hopital Royal de Bicestre  
Paris  
about 1750



Brain of “Tan” Leborgne  
(for the last 20 years of his life,  
the only word M. Leborgne could say was “tan”)

# Broca Aphasia (Expressive aphasia)

Left  
hemisphere

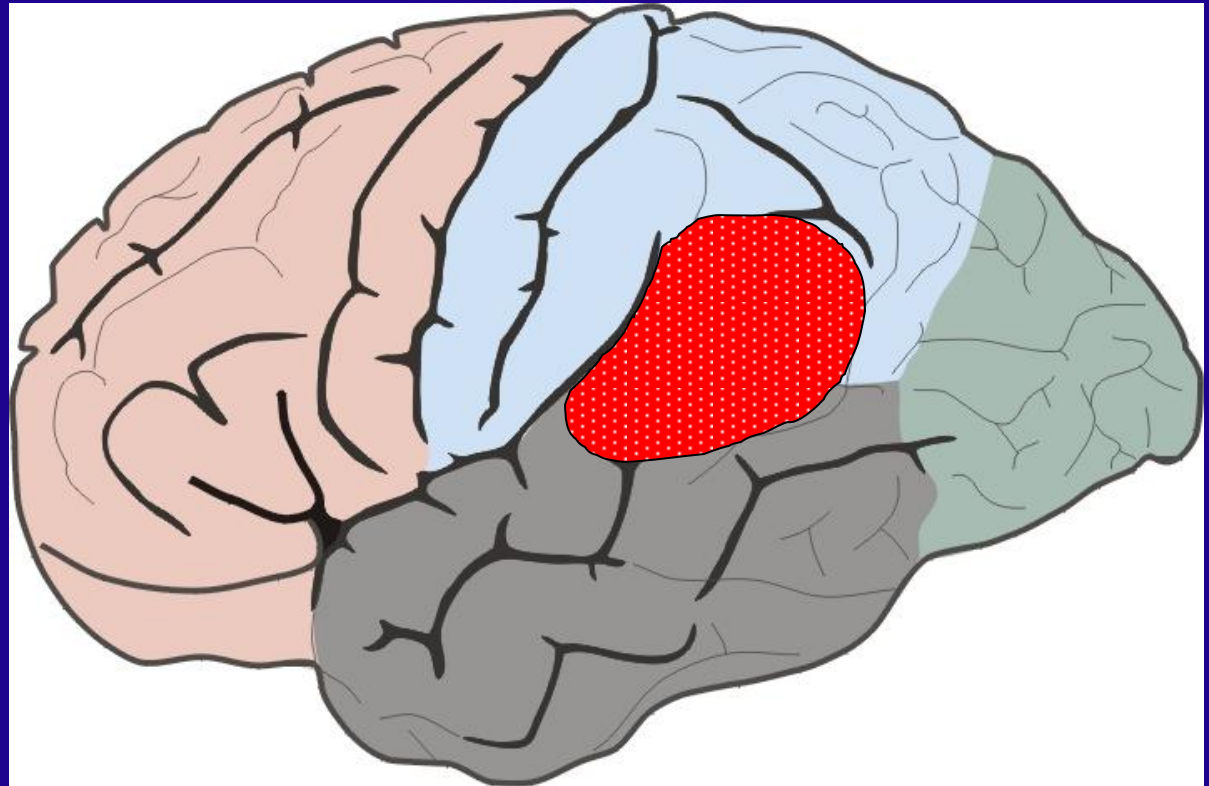


**Broca's aphasia - Sarah Scott - teenage stroke**

<http://www.youtube.com/watch?v=1apITvEQ6ew>

# Wernicke Aphasia (Receptive aphasia)

Left  
hemisphere



Wernicke's Aphasia Interview with Amelia Carter

[http://www.youtube.com/watch?v=UtadyCc\\_ybo](http://www.youtube.com/watch?v=UtadyCc_ybo)

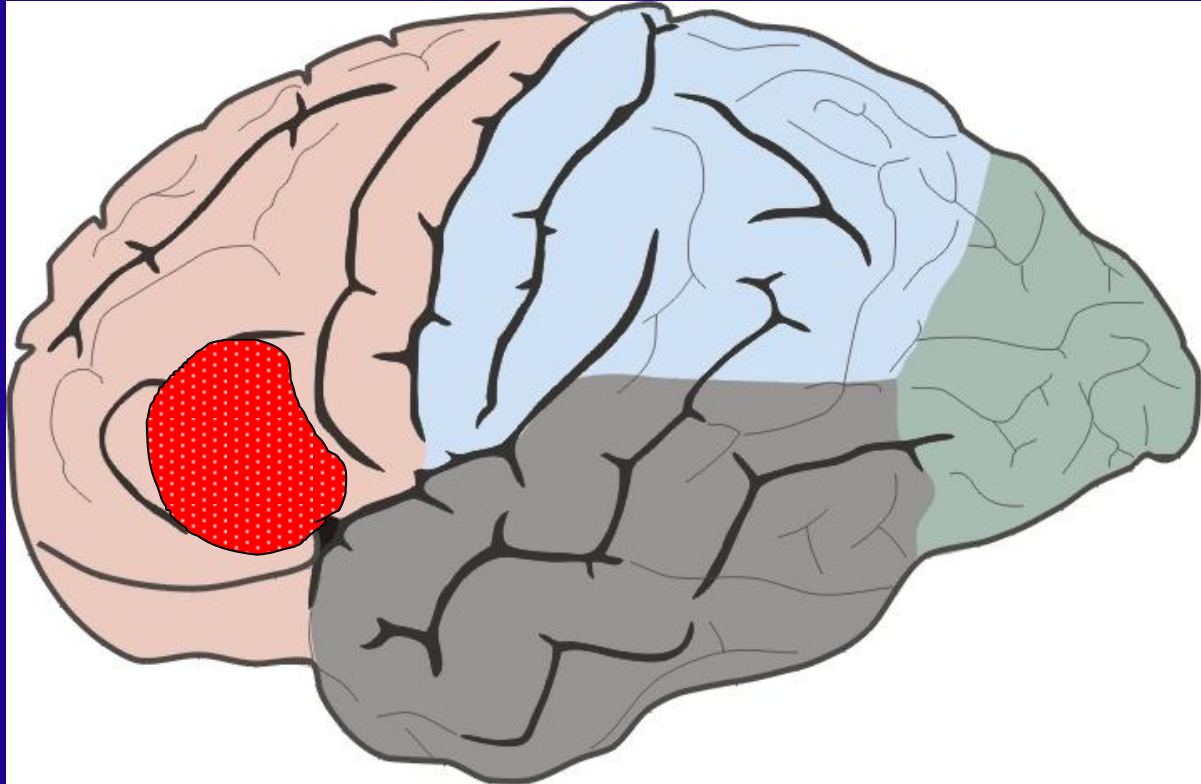
**(right hemisphere)**

# **Prosody of speech**

**(right hemisphere)**

# Broca Aphasia (Expressive aphasia)

Left  
hemisphere

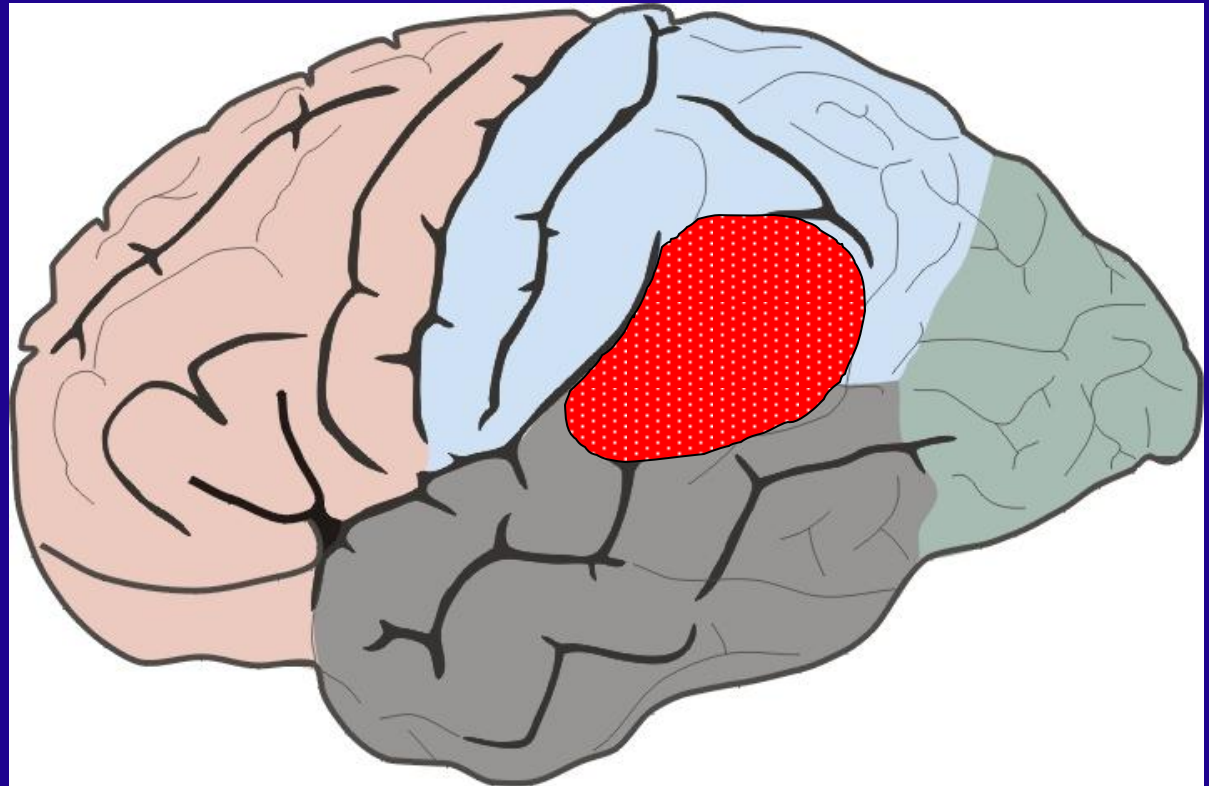


**Broca's aphasia - Sarah Scott - teenage stroke**

<http://www.youtube.com/watch?v=1apITvEQ6ew>

# Wernicke Aphasia (Receptive aphasia)

Left  
hemisphere



Wernicke's Aphasia Interview with Amelia Carter

[http://www.youtube.com/watch?v=UtadyCc\\_ybo](http://www.youtube.com/watch?v=UtadyCc_ybo)

# Pay attention to

- Drugs
- Transient problems (CO )
- Chronic problems (alcohol )
- MS
- Degeneration (Alzheimer )