Parker QC, R.W.R., Barrister-at-Law, p.127, Chapter 7, *Brain Damage Medico-Legal Aspects,* Blackwell Press, Sydney, (1994).
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Adducing Evidence to Prove or Disprove Brain Damage

6. The Clinical Picture in Focal Cerebral Disorder

Lishman says at p.16 that strictly focal brain damage can be responsible for both acute and chronic organic reactions. He says that a frontal lesion may confer distinctive changes of disposition and tempermanent. Most characteristic is a disinhibition with expansive overfamiliarity, tactlessness, over-talk[at]iveness, childish excitement or prankish and punning social and ethical control may be diminished with a lack of concern for the future and for the consequence of actions. Sexual indiscretions and petty misdemeanours may occur, or gross errors of judgement with regard to financial or interpersonal matters. Sometimes there is a marked indifference, even callousness for the feelings of others. Equally lack of anxiety and insight on the part of the patient into his or her condition. Elevation of mood is often seen, namely an empty and fatous euphoria rather than a true elation which communicates to the observer. In other cases the principal changes are lack of initiative, aspontaneity and a profound slowing of psychomotor activity. Concentration, attention and ability to carry out a planned activity are impaired by these changes but performance on tests of formal intelligence is often surprisingly well preserved once the patient's co-operation has been secured.

References

Lishman, William Alwyn. *Organic Psychiatry. The Psychological Consequences of Cerebral Disorder*, Blackwell Scientific Publications, Oxford, (1987)