

From: Dr. RICHARD FOX, SEVERALLS HOSPITAL, COLCHESTER, ESSEX

TELEPHONE : COLCHESTER 77271

RF/PW
JANC/RA

18th March, 1969

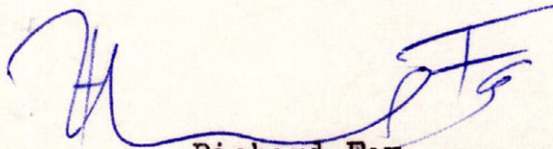
Dr. J. A. N. Corsellis,
Runwell Hospital,
Near Wickford,
Essex

Dear Dr. Corsellis,

Mrs. ^(of continuing improvement) has not maintained her early promise. She has had a fit or two though one could not be sure that this did not follow the lapses in medication. Her son has shown striking deterioration since his return to her care and she keeps changing her mind about (a) whether she wants the Childrens Department to accept full responsibility and (b) whether she is going to go home to Germany or not. The last I heard was that the Childrens Department almost certainly were going to take Fit Persons proceedings.

From the general, medical, psychiatric and epileptic points of view she remains immensely improved by the operation and probably pretty much as she was when you saw her.

Yours sincerely,



Richard Fox
M.B., M.R.C.P., D.P.M.,
Consultant Psychiatrist

RF/DEV

8th July, 1969

Dr. N. Paros,
272a Mersea Road,
Colchester.

c.c. Dr. J.A.N. Corsellis, Runwell,
Mr. Whittle, Children's Dept.

Dear Norman,

Mrs. ,37
13 Avenue,

I reviewed this good lady at the O.P. on July 4th, and Dr. Dutta saw her during my absence on May 2nd, and also on March 7th.

She has had no further fits and seemed really very bright and spontaneous, by her standards, at interview. I haven't had a report from anyone who visits the home, but on her account she is coping with it, and with her life, very well. She sees son Harold fortnightly where he is fostered out, and she says he is getting on very well.

She takes the Garoin as before collecting a supply from you, and we shall be seeing her again in 3 months.

Yours sincerely,

Richard Fox, M.B., M.R.C.P., D.P.M.,
Consultant Psychiatrist

COPY ("original" copy to Mr. Andrew)

15th September, 1969.

Dr. N. Paros,
272a Mersea Road,
Colchester.

Dear Norman,

Mrs.
13 Avenue,

Our old friend is keeping very well and happy, and I have no reason to believe she isn't coping well with herself and with life.

She has had no further fits, and gets her anti-convulsants and her sedative from you, and visits Harold regularly. I must say, she looked wonderfully well at interview.

I see no great point in her continuing to attend the outpatient clinic at the moment, but I can see her again if necessary. I would have thought a part-time job of a domestic nature would have been a jolly good idea.

YOURS SINCERELY,

Richard Fox.

JANC/RA

16th September, 1969.

Dear Mr. Andrew,

I keep meaning to ask you whether you get copies
of these follow-ups on but I enclose another one
in case you do not.

Yours sincerely,

J.A.N. Corsellis.

J. Andrew, Esq., F.R.C.S.,
Oldchurch Hospital,
Romford, Essex.

JANC/RA

24th November, 1969

Dear Dr. Dickson,

I enclose a brief report on the resected lobe from
with three photographs. I would be very interested
to hear what you find in the boy and indeed anything more
about him that is known.

Best wishes,

Yours sincerely,

J.A.N. Corsellis.

Dr. J. Dickson,
Severalls Hospital,
Mile End,
Colchester, Essex.

The resected specimen consisted of the anterior part of the left frontal lobe, the line of resection running obliquely down the convexity from a point on its supero-medial border 7.0 cms. behind the frontal pole to one 3.0 cms. posterior to the frontal pole on its lateral orbital margin. The cingular gyrus was not removed.

The fixed specimen looked normal to the naked-eye. Macroscopy, however, showed the cortex in the middle of the third frontal gyri to contain many exceptionally large deeply stained neurones scattered randomly through all but the first layer. The crown of the affected gyrus was spared, the anomalous neurones being concentrated around the base of the sulcus (fig. 1). The contrast between an affected and an unaffected area is shown in fig. 2. The anomalous neurones tended to impregnate deeply and selectively with silver. There were a few small scattered areas of neuronal loss and astrocytic proliferation and there appeared to be a general increase in cortical astrocytes which was particularly marked in the molecular layer. The white matter appeared normal.

The neuronal abnormalities are reminiscent of tuberous sclerosis but the resemblance is too slight to justify using this diagnosis. The case seems to me, at the moment, to be best classified as an anomaly in the cerebral cortex which is probably developmental.

REGIONAL CENTRE FOR NEUROLOGY AND NEUROSURGERY

JA/VW. 181153.

OLDCHURCH HOSPITAL,
ROMFORD,

TELEPHONE:
ROMFORD 46090

13th August 1971. **ESSEX.**

Dr. J.A.N.Corsellis.
Department of Neuropathology.
Runwell Hospital,
The Chase, Wickford,
Essex.

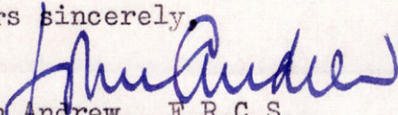
Dear Dr. Corsellis,

Mrs. _____, age 2.9.31.
13, _____ Avenue, _____.

It is now 4 years since we removed this lady's micro tuber from the left frontal lobe and she remains quite free of epilepsy. The only neurological finding is a left extensor plantar response, and she seems much happier in herself and her personality has improved.

With kind regards,

Yours sincerely


John Andrew, F.R.C.S.,
Consultant Neurosurgeon.