

Broca's Region

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Katrin Amunts

Broca's region was the first brain region to which a circumscribed function, i.e. language, was linked. Its discovery can be interpreted as the beginning of the scientific theory of the localization of cortical functions. The term originates from anatomo-clinical observations of patients with brain lesions and subsequent disturbances of articulated language, carried out by Pierre Paul Broca (1824-1880) in the middle of the 19th century (Broca, 1861a, b; 1863; 1865, Figure 1). A few years after Broca's first studies, Wernicke (1848-1904) proposed the first theory of language, which postulated an anterior, motor speech centre (Broca's region), a posterior, semantic language centre (Wernicke's region), as well as a fibre tract, the arcuate fasciculus, connecting both regions (Wernicke, 1874). Some decades later, Brodmann's famous maps (1903a, b; 1906; 1908; 1909; 1910; 1912) proposed that cytoarchitectonically defined cortical areas in the inferior frontal gyrus could be the anatomical correlates of Broca's region.

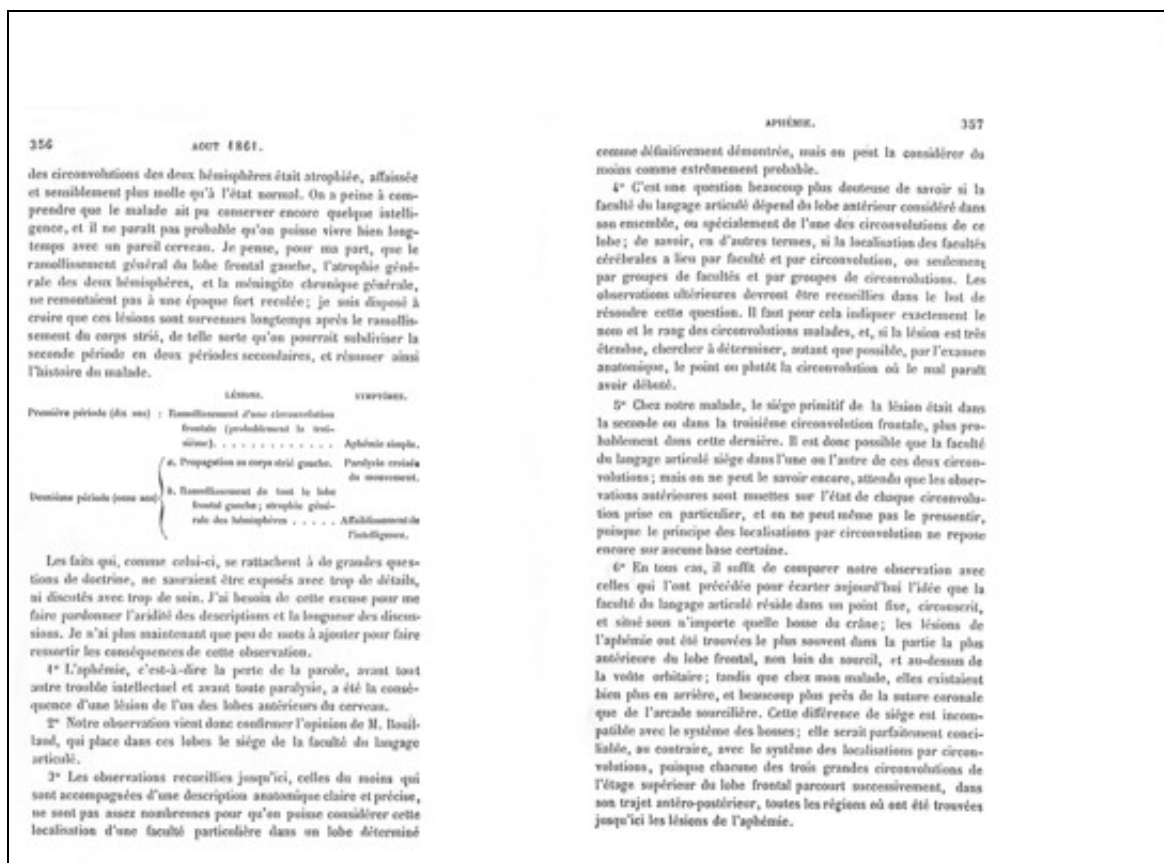


Figure 1: Part of the original publication of Paul Broca, 1861 (M. P. Broca. Remarques sur le siège de la faculté du langage articulé, suivies d'une observation d'aphémie, Perte de la Parole. *Bulletins et mémoires de la Société Anatomique de Paris* 36:330-357, 1861) in which he reported that the region is located in the posterior third of the left frontal convolution.

It can therefore be concluded that the anatomical variability of this regions is twofold: it includes the variability in the location, presence and shape of sulci, and the relationship of the architectonic borders to these sulci. A "simple" anatomical definition of Broca's region is, therefore, not possible.

However, when looking at these cortical areas in more detail, they cannot be unambiguously defined with respect to different cytoarchitectonic (microstructural) observations. Whereas some authors agreed that the cytoarchitectonic correlates of Broca's region comprise Brodmann's (Brodmann, 1909) areas (BA) 44 and 45 (Kononova, 1949; Aboitiz and Garcia, 1997; Amunts et al., 1999; Lieberman, 2002), other authors used this term either for BA 45 (Hayes and Lewis, 1992), or for area 44 only (Galaburda, 1980), or they even identified the frontal areas BA 44, 45 and 47 as Broca's region (Riegele, 1931). For an overview of the different meanings of the term "Broca's region" see Uylings et al. (1999). Finally, a Broca region in the "strict sense" was distinguished from a region in a "broader sense" (Hervé, 1888; Riegele, 1931; Strasburger, 1938).

Where does this rather confusing situation come from and, even more importantly, what is the appropriate usage of the term "Broca's region"? In this context, the following points seem to be important:

1. The historical definition of Broca's region: how did Broca define "Broca's region"?
2. The anatomy of Broca's region: what is known about its micro- and macrostructure?
3. The function of Broca's region: in which brain functions (speech or non-speech related) is Broca's region involved, both in normal subjects and in patients?
4. Structural-functional analysis in the same spatial reference system.

Paul Broca and Tan's famous brain lesion

The concept of Broca's region was introduced after Pierre Paul Broca had published two papers claiming the existence of a centre for articulated speech on the basis of an anatomico-clinical observation (1861a, b). The papers described the brain of a neurological patient, Leborgne, who was transferred to the "Hôpital Bicêtre" because of a phlegmon. Leborgne had lost speech, and could no longer pronounce more than a single syllable, "tan" (for that reason, he became famous as "Monsieur Tan"). In addition to his inability to speak, he had a paralysis of the right side. He seemed to be normal in all other aspects.

Before Broca met Leborgne, he had participated in several meetings of the "Société d'Anthropologie" in Paris, where a great debate between Ernest Aubertin (1825-1893) and Pierre Gratiolet (1815-1865) took place about the sense or nonsense of a language centre in the frontal lobe. Whereas Gratiolet was convinced that the brain works as a whole, Aubertin declared that he would renounce the idea of cerebral localization if a single case could be demonstrated in which the loss of the faculty of articulate language is found without a lesion in the anterior lobes. Broca knew that an anatomico-clinical correlation would be possible if a patient's brain could be studied and that this correlation would solve the dispute. He therefore asked Aubertin to confirm that Leborgne had lost articulated speech (Stookey, 1954). Tan died a few days later on April 17, 1861. Broca performed the autopsy, and found a lesion at the predicted location in the inferior frontal lobe. He concluded that the location of the centre for articulate language ("faculté de langage articulé") was the third frontal convolution of the left hemisphere. Just one day after the autopsy, Leborgne's case was briefly presented by Broca before the Anthropological Society in Paris (Broca, 1861a). Four months later, he described it in more detail (Broca, 1861b).

It has to be noted, however, that the lesion of Leborgne's brain was huge (Figure 2). In addition to the involvement of the anterior speech region, Broca observed that the brain of Leborgne showed more posterior lesions, but he interpreted these lesions as occurring after the onset of Leborgne's aphasia and not being relevant for his speech disturbances. As shown by post mortem functional imaging of Leborgne's brain, large parts of the subcortical white matter, as well as parts of the middle frontal convolution, the insula and the temporal pole of the left hemisphere, were lesioned. The lesion even reached the parietal lobe (Signoret et al., 1984). During the following years, Leborgne's brain was supplemented by other brains of patients, e.g. that of Lelong, which lost speech after a more focused brain lesion (Broca, 1863).

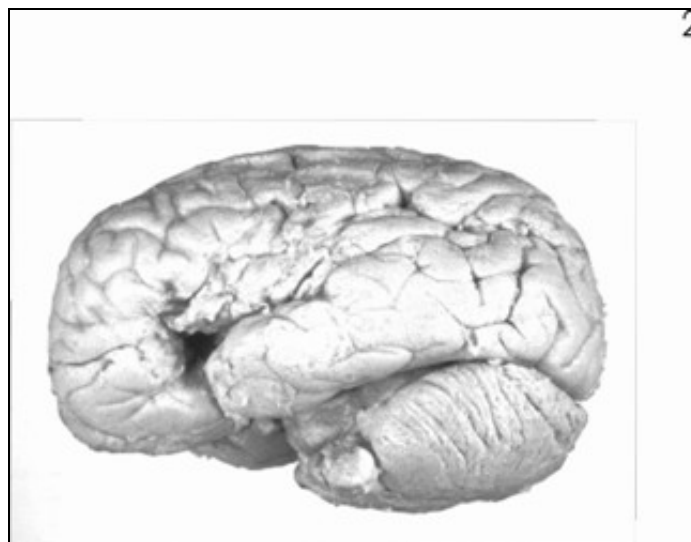


Figure 2: Photograph of the lateral view of the brain of Leborgne, the patient for which Broca introduced the concept of the motor speech region. This speech region was called Broca's area (or region) and the syndrome that results from its damage was called Broca's aphasia.

Broca's publication was not the first that suggested a language centre in the left frontal lobe, and he was not the first to hypothesize left hemispheric dominance. Several studies had been published since the early 18th century, which reported loss of language in patients after brain

lesion. Earlier evidence on the localization of language was provided, e.g. by Franz Josef Gall (1758-1828) and Jean Baptiste Bouillaud (1796-1881), who was Aubertin's father-in-law. Marc Dax (1770-1837), e.g., suggested as early as 1836, that disorders of speech were constantly associated with a lesion of the left hemisphere, thus introducing the principle of cerebral dominance. For the historical background, see Stookey (1954), Deneke (1985), Kolb and Wishaw (1996), Finger (1994; 1996), and Greenblatt (1995). Broca's paper of 1865 has been translated into English (1986). The same is true for some other papers (see Green's translation at <http://psychclassics.yorku.ca/Broca>). Broca acknowledged these earlier contributions. He was, however, the person who focused not on language in general, but on a particular aspect of language, i.e. articulate language, and he enabled the breakthrough of the theory of localization of function and of clinical descriptions of brain-damage effects (Kolb and Wishaw, 1996). Broca never processed this or one of the following brains of patients with brain lesions and loss of speech for histological analysis. Thus, he did not make any conclusions concerning the cortical microstructure of the lesioned region. This is not surprising considering that one of the very first papers describing regional differences in the microstructure, i.e. the cytoarchitecture, in the central region of the brain was published by Vladimir Betz only in 1874 (Betz, 1874). Brodmann's famous map showing the microstructural, cytoarchitectonic parcellation of the human cerebral cortex as well as several other cortical maps were published 40 years later (Campbell, 1905; Elliot Smith, 1907; Brodmann, 1909). Thus, Broca's observations were based on macroscopical and clinical observations, but they did not contain references to microscopically defined cortical areas.

The brain of Broca's patient was deposited in the Dupuytren Museum, Paris. It was re-evaluated macroscopically, e.g. by Pierre Marie Pierre (1906), Schiller (1979), Castaigne (1979) and Signoret et al. (1984). It has not been processed histologically.

Macroscopy and microstructure of Broca's region

Is it possible to identify the underlying cortical areas exclusively on the basis of the macroscopical descriptions of Broca? When referring to Brodmann's map (1909, Figure 3), it seems that areas 44 and 45, which occupy the posterior portion of the inferior frontal gyrus (opercular and triangular parts), are good candidates for being the microstructural correlates of Broca's region. It is not clear, however, whether the most ventral part of BA 6 is also part of Broca's region, nor can it be excluded, that parts of the cortex hidden in the depths of the Sylvian fissure or the orbital part of the inferior frontal gyrus (BA 47) also belong to Broca's region. Brodmann himself as well as the authors of other classical cortical maps, e.g. von Economo and Koskinas (1925), Sarkissov et al. (1949), and the Vogts (Vogt and Vogt, 1919) did not mention the term "Broca's region", and thus did not define this region with respect to their microstructural parcellation of the cortex.

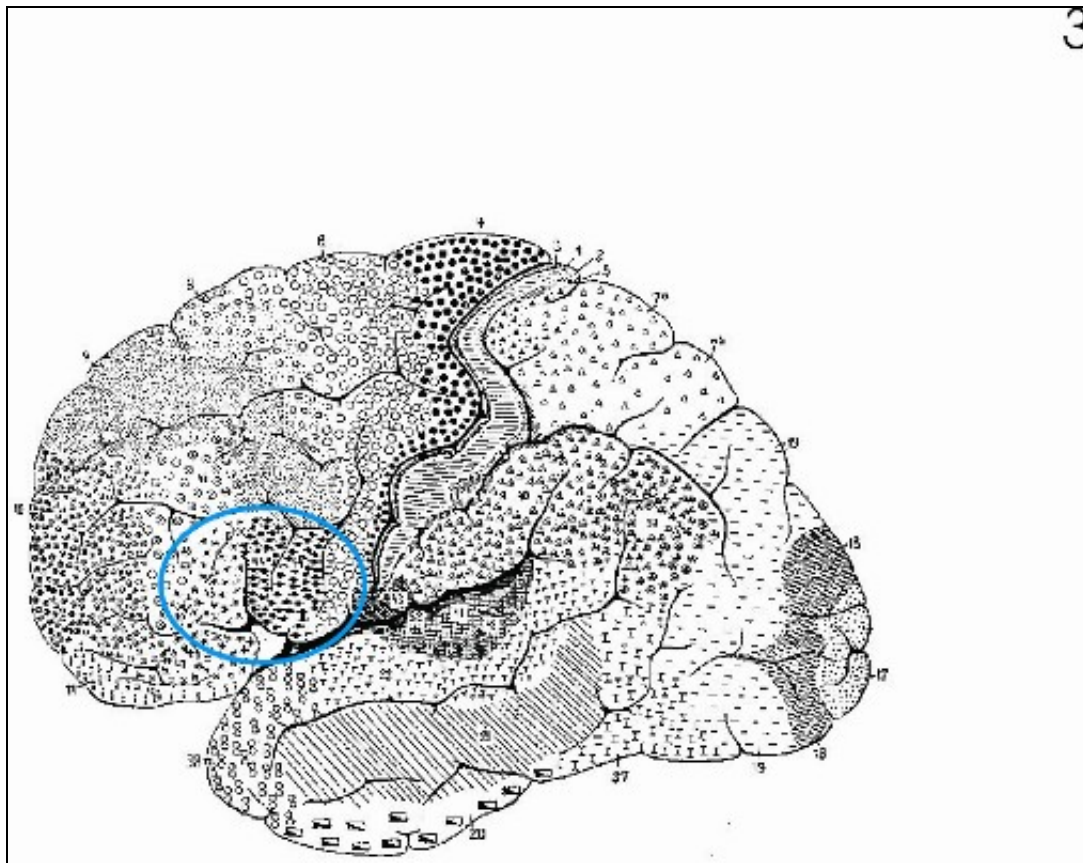


Figure 3: Cytoarchitectonic maps of the lateral surface of a human brain adapted from Brodmann (1909). Cytoarchitectonic areas are marked by different hatches and classified according to Brodmann's nomenclature by Arabic numerals. The approximated location of Broca's region in the posterior part of the inferior frontal gyrus is marked.

A reference to Brodmann's schematic drawing (1909) or any other classical cortical map, however, does not take into account the intersubject variability in the gyri and sulci of the frontal lobe, such as between the brains studied by Brodmann and Broca. This variability includes the presence or absence of sulci, the shape of sulci and gyri and their size (Ono et al., 1990; Duvernoy, 1991). E.g., the opercular part of the inferior frontal gyrus may consist of two small convolutions, whereas in other brains only one is present. Additionally, one of the two convolutions may lie on the surface of the brain, whereas the other may be hidden in the depth of the inferior precentral sulcus (Tomaiuolo et al., 1999). The same is true for the sulci, e.g. the vertical branch of the Sylvian fissure and the diagonal sulcus, which may differ in shape, or may even be absent. Data on the presence of the diagonal sulcus, e.g., vary between 12.5% in the right hemispheres (Geschwind and Levitsky, 1968) to 72% in the left hemispheres (Ono et al., 1990). Our own studies showed that this sulcus was present in half of the 20 observed hemispheres (Amunts et al., 1999). Thus, there is considerable intersubject variability in the macroscopical anatomy of the inferior frontal lobe, which makes a sulcus-based definition of Broca's region problematic, to say the least.

Furthermore, intersubject variability of the anatomy of Broca's region also includes the location of the borders of cortical areas with respect to the surrounding sulci. The border between BA 44 and BA 6 is an example for this type of intersubject variability. The analysis of ten human postmortem brains showed that the location of the border between BA 44 and BA 6 varied between the rostral and caudal walls of the precentral sulcus. It differed therefore with respect to the fundus of the sulcus by approximately 1-2 cm (Amunts et al., 1999). The ventro-rostral border of BA 45 was, in most of these brains, located dorsally from the fundus of the horizontal branch of the lateral fissure and its continuation. In four (of 20) hemispheres, however, the border was found on the ventral wall of the horizontal branch. In these cases, BA 45 extended onto the orbital surface of the inferior frontal gyrus. Sometimes, the border between BA 44 and 45 was located in the

surrounding of the ascending branch of the lateral fissure in some hemispheres, but in others was close to the diagonal sulcus, or interposed between both sulci. Finally, the location of the cytoarchitectonic borders with respect to the sulci also differed between the two hemispheres of a single brain (Figure 4).

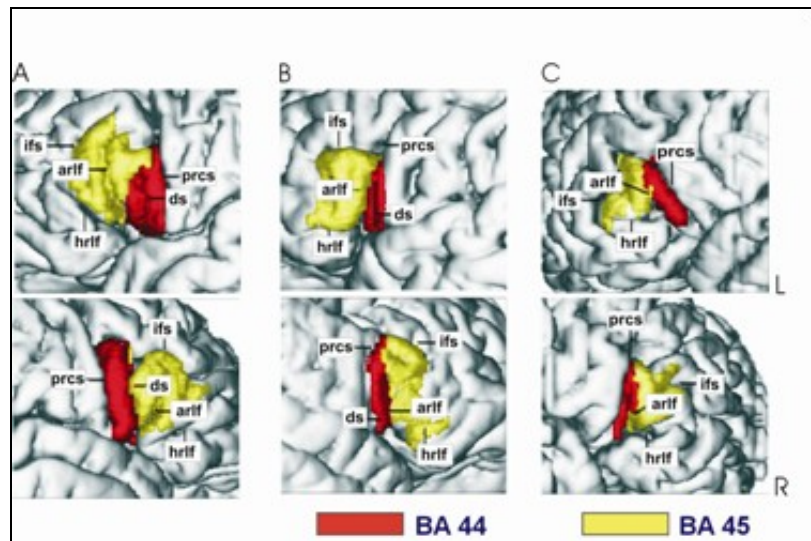


Figure 4: Lateral views of 3D reconstructions (surface rendering) of three individual postmortem brains (A-C) with BA 44 (red) and 45 (yellow) of the left (L) and the right (R) hemispheres after cutting of the brain into histological sections, staining for cell bodies, and observer-independent definition of cytoarchitectonic borders on serial histological sections (Amunts et al., 1999). arlf – ascending branch of the lateral fissure, ds – diagonal sulcus, hrif – horizontal branch of the lateral fissure, ifs – inferior frontal sulcus, prcs – precentral sulcus. Note the high intersubject variability with respect to (i) differences in shape and size of both areas, (ii) variability in the sulcal pattern, and (iii) in the relationship of areal borders to surrounding sulci. E.g., whereas the diagonal sulcus marks the border between BA 44 and BA 45 in the right hemisphere of brain B, this sulcus is inside BA 44 in the left hemisphere of brain A, and is absent in brain C.

The first approach was introduced by Broca, who studied behavioural deficits of aphasic patients after frontal lobe lesions. The second approach became available only during the last decades, and allowed the functional analysis of Broca's region in healthy subjects as well. Both approaches of studies have significantly improved our understanding of language in general, and the contribution of Broca's region in particular. They also have added complexity: it has been shown that infarcts affecting Broca's region and its immediate surrounding may cause mutism, which can be followed by a rapidly improving dyspraxic and effortful articulation, and, finally, no persisting significant alteration of language function. On the other hand, the more complex syndrome traditionally referred to as Broca's aphasia, including Broca's original case, is characterized by protracted mutism, verbal stereotypes, and agrammatism. It is associated with a considerably larger infarct that encompasses the operculum, insula and adjacent cortex (Mohr et al., 1978). It has also been reported that articulatory speech disorders may be related not to Broca's region, but to the insula (Dronkers, 1996). Finally, whereas the focus of the first reports on functional deficits in Broca's aphasics was on articulation, it is now shifted to more specific deficits, e.g. in comprehension and application of grammatical rules (Grodzinsky, 2000). Disadvantages of the anatomo-clinical approach for studying language-related cortical regions are the considerable variability in lesion size, side and development, as well as brain plasticity.

The application of functional imaging to the analysis of language in healthy subjects has opened new ways in cognitive science. Models have been developed which provide a more detailed picture of the components of language and relate these components to a more distributed network instead of one or two language centres. For reviews see, e.g., Friederici (1997), Brown & Hagoort (1999), Gazzaniga (2000), Grodzinsky (2000), Marantz et al. (2000), Price (2000) and Bookheimer (2002). Language studies are based on a variety of different concepts. Whereas some studies

analyse language in perceptual or motor terms, e.g. fluency, reading, rhyming (Zatorre et al., 1992; Price et al., 1994; Paulesu et al., 1997; Gurd et al., 2002), others focus on language as governed by special rules (Zurif et al., 1993; Friederici and Mecklinger, 1995; Heim et al., 2002; Ben-Shachar et al., 2003; Meyer et al., 2003). A third focus comes from comparative neuroscience and brain evolution, e.g. the mirror neuron hypothesis (Rizzolatti and Arbib, 1998), or the hypothesis of Aboitiz and Garcia (1997). These different approaches are not mutually exclusive, but rather seem to be complementary. Consequently, the question of the function of Broca's region may lead to different answers.

Structural–functional relationship of Broca's region

The analysis of both brain lesions and functional activations during language tasks depends on the precision of the localization of lesion sites or activated cortical areas. It has been shown, that neurones with similar receptive fields and response properties lie within the same cytoarchitectonic area. Response properties of neurones change across cytoarchitectonic borders (Tanji and Kurata, 1989; Matelli et al., 1991; Luppino et al., 1991). Considering these data as well as the considerable intersubject variability in the macrostructure of the brain, it follows that cortical areas, not sulci and gyri, represent the anatomical correlates of brain function.

The anatomical interpretation of functional activations is often based on the stereotaxic atlas of Talairach and Tournoux (1988). Talairach and Tournoux used Brodmann's schematic surface drawing of an architectonic map (Brodmann, 1909) as the basis for the architectonic parcellation in their atlas. They simply transferred Brodmann's areas to their own atlas brain by trying to identify corresponding sulcal patterns in both brains, assuming a strong association between the sulcal pattern and the borders of cortical areas. Such an association, however, was already doubted by Brodmann (1908), and does not exist for Broca's region, in particular (see above).

Therefore, three-dimensional, cytoarchitectonic probability maps of Brodmann's areas 44 and 45 (Amunts et al., 1999) have been applied for the structural–functional analysis of language (Indefrey et al., 2001; Horwitz et al., 2003; Amunts et al., 2002), motor imagery (Binkofski et al., 2000) and attention (Herath et al., 2001). Probability maps are based on the observer-independent definition of the cortical borders (Schleicher et al., 1999; Zilles et al., 2002) of BA 44 and 45 in cell body stained sections of ten human brains, subsequent 3D-reconstruction and alignment of the postmortem brains and their cytoarchitectonically defined areas to a standard reference brain. The superimposition of the cortical areas within one reference brain enabled determination of overlap of each individual cortical areas in each voxel of the reference brain, i.e. to quantify intersubject variability in size and location of the cytoarchitectonic areas.

These maps were also applied in an fMRI study, in which we enquired whether and to which extent both areas 44 and 45 of the left hemisphere are involved in a verbal fluency task in healthy volunteers. The experiment was motivated by the original definition of Broca's aphasics, that is, the presence of disturbances in fluency, thus attributing fluency to Broca's region in healthy human subjects as well. This hypothesis, however, has never been rigorously tested. Therefore, verbal fluency was investigated in 11 healthy volunteers, who were asked covertly to produce words (Gurd et al., 2002; Amunts et al., 2002). A factorial design was used which contrasted semantic categories against overlearned fluency. These data were compared with probabilistic cytoarchitectonic maps of BA 44 and 45 (Amunts et al., 1999). Both in vivo and postmortem MR data as well as the cytoarchitectonic maps were warped to a common reference brain using a new elastic warping tool. The superimposition of activations during the fluency task and the maps of BA 44 and 45 showed the involvement of left BA 44 and 45 when verbal fluency was compared with rest (Figure 5).

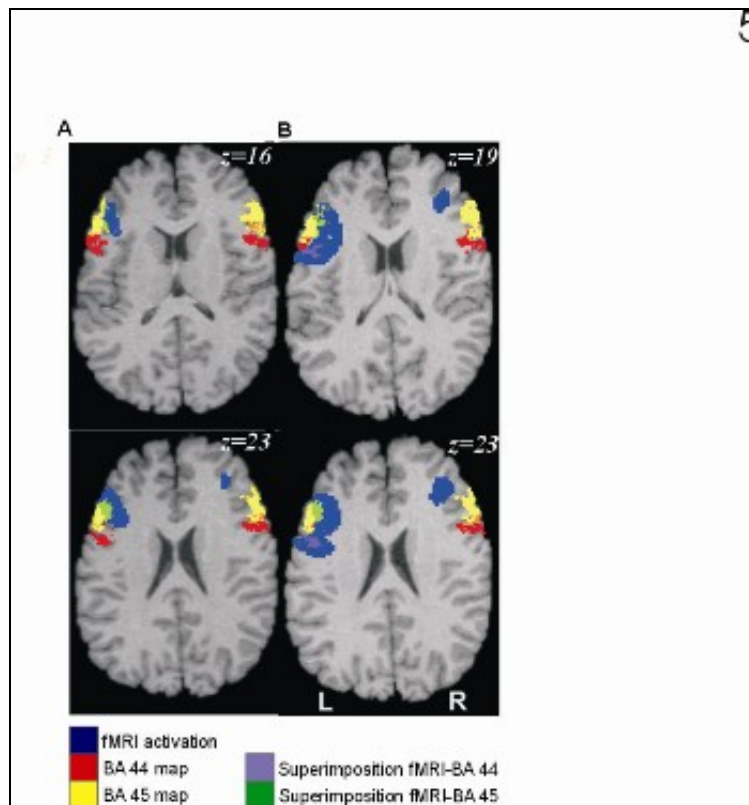


Figure 5: Superimposition (violet and green) of cytoarchitecturally defined BA 44 (red) and 45 (yellow) with relative differential increases in neural activity during a verbal fluency task (Gurd et al., 2002) for 11 subjects (blue) as shown on representations of the standard reference brain in stereotactic space (Roland and Zilles, 1994). A: semantic vs. over-learned fluency, B: all conditions vs. rest. The local maxima of the areas of significant relative increase ($p < 0.05$, corrected for multiple comparisons) in neural activity were superimposed on horizontal sections of the standard reference brain. R – right, L – left hemisphere. The cytoarchitectonic maps of BA 44 and 45 (Amunts et al., 1999) were obtained by (i) superimposing the individual cytoarchitectonic maps in the format of the reference brain, and (ii) selecting only those voxels, which were present in 4 or more out of 10 brains of each area. Orange pixels mark the overlap between the maps of BA 44 and BA 45, i.e. show those regions, in which both BA 44 and BA 45 were found with a probability of 40% and more. Note, that if semantic fluency was compared with over-learned fluency (A), left BA 45 was activated, whereas the comparison of all conditions versus low level baseline activated both BA 44 and 45 (B).

The comparison of semantic with overlearned fluency showed the participation of left BA 45, but not 44. In conclusion, although both areas participate in verbal fluency, they do so in different ways. Left BA 45 seems to be more involved in semantic aspects of language processing than BA 44, while the latter is probably involved in high-level aspects of programming speech production per se (Amunts et al., 2002).

The combination of cytoarchitectonic probabilistic maps and functional activations increases the precision of the topographical interpretation of fMRI data as well as of lesion data. This precision is necessary since neurolinguistic and neuropsychological approaches test more and more specific, detailed aspects of language processing in contrast to the historical concept of language. It may be hypothesized that these detailed aspects of language do not “occupy” a whole cytoarchitecturally defined area, e.g. BA 44 or 45, but parts of them. It may also be hypothesized that several of these aspects share networks within the same cortical region considering the very different tasks that cause an activation of one of these two areas. As compared to the motor, somatosensory, auditory, and visual systems, where function converges with the anatomy of certain cortical areas and fiber tracts, the structural–functional analysis of language seems to be less well established.

In summary, the concept of Broca's region and its role in language has changed from a centre of language production and articulation to a center which is involved in the processing of syntax, semantics, phonology as well as in non-language related tasks, e.g. motion. Such diversity may suggest a subparcellation of Broca's region for which evidence has been provided both in functional imaging studies (Zatorre et al., 1996; Friederici, 2002; Koski et al., 2002) and in architectonic observations (Vogt, 1910; Riegele, 1931; Kononova, 1935; Petrides and Pandya, 1994; Amunts et al., 1999). And/or as an alternative, it may suggest that the function of Broca's region can only be defined on a more abstract level. Finally, it might be the case that the concept of Broca's region is not yet appropriate, and that Broca's region represents rather a historical concept, than a functionally and anatomically defined brain region. Anatomical probability maps may help to solve this question.

Katrin Amunts
 Institute of Medicine
 Research Centre Jülich GmbH
 D-52425 Juelich
 Germany
k.amunts@fz-juelich.de

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