

evident signs of exhaustion, the breathing became slow, pulse feeble. I immediately prescribed him tea-spoonful doses of brandy-and-water, equal parts every ten minutes, until some improvement showed itself or something gave me warning to stop, and in the course of an hour the pulse and respiration improved greatly. I may here say that I was repeatedly asked to bleed this patient, by his friends, and by every one with whom I came in contact. I have been since asked by medical men when telling them of the case why I did not bleed. I did not do so because I had no faith in it and I am firmly convinced that had I done so my patient would have sunk and died. He might have become conscious for the moment, but only to be followed in a short time by death. I have seen patients killed, or at all events their end hastened by the too free use of the lancet, but this is a digression. I may here mention that during the whole course of treatment his urine was passed without any trouble, the first few times in the bed—owing no doubt to his inability to make his wants known; but after a few days his attendants could tell by his restlessness that he wished to urinate, and by placing the urinal in a proper position he would immediately do so. This showed me that he was to a certain extent conscious. He could also tell what was given him to eat, as articles of food that he formerly disliked he would spit out after the first mouthful. This brings us to the end of the first week. Now for the first time he opened his eyes, but no recognition of surrounding objects was manifest, only a blank vacant look, although when the hand was passed rapidly across the field of vision the lids would close for a moment. There being no signs of improvement I again on the 8th day applied another blister on the side of the head, opposite to that of the seat of injury and also put him on a mixture containing Bromide and Iodide of Potassium, which was continued during the remainder of the time he was under my charge, in all five weeks.

During the nine following days he continued nearly in the same state with very slight signs of improvement. Would rest well at night and eat all the food given him. At the end of sixteen days he was much stronger than at any previous time. He now showed signs of recognizing those about him whom he knew formerly, and if asked to shake hands would do so, but no word escaped his

lips. The pupils still remained dilated although sight was restored.

On the eighteenth day while his sister was sitting at his bedside asking him if he would not speak one word in answer to some question, to her surprise he said "yes." This was the first time he had uttered a word, or had made an attempt at utterance during all this time, and now all in a moment came back to him the power of expressing himself in words. After this time he continued to improve rapidly, could answer questions quite well, but was very easily confused and would then wander off on something else. When asked about the accident he had no recollection of where or when it had occurred, or how long he had been laid up. His improvement continued for the next two or three weeks, both in health and intellect, and at the end of five weeks from the time of the accident he returned home, walking to the station a distance of five hundred yards without assistance. This was the last time I saw him, and other than a slight dilatation of the pupils, which gave him a vacant look, I could detect no difference in him. I understand that he has since returned to his duties as brakesman.

This case I think peculiar in many respects, in the first place we have partial unconsciousness, the patient appearing as if he were in a sleep, and again this semi-conscious state, lasting for nearly three weeks. All the functions of the body were fulfilled, some of the senses seem to have been blunted while others remained unimpaired; but what I wish more particularly to speak of is Aphasia or the loss of the faculty of speech, a failure of the memory of words and of the memory of those acts by which words are articulated this implies loss of intelligence. The Aphasia seems to have been owing in this case to some injury to the anterior lobe of the brain over the left Supra-orbital plate; this was exactly under the seat of the external injury. Dr. Gall was the first who located the faculty of speech in the anterior lobes of the brain which lie on the supra-orbital plates irrespective of side. Dr. Marc Dax taught in 1836 that in the left anterior lobe alone was situated this faculty. M. Broca in 1861 brought it down finer still, and put it in the posterior part of the third frontal convolution on the left lobe of the brain. If this be true then we have in this case from a blow on the left temple, injury of the posterior part of the third frontal convolution on