

Page 272—Lect. 10.—“ I have many times seen general paralytics aphasic after congestive attacks. In such cases, and in all cases where the speech was specially affected during the disease, I have always found after death that the third frontal convolution of the left side, and that region of the brain, had the pia mater especially adherent to the cortex.”

Page 277—Lect. 10.—“ I had once a patient, a young woman, (G. N.) under thirty, who, having heart disease, became hemiplegic on her right side, and aphasic after the birth of a child. Immediately after these there came on great mental depression, with suicidal tendencies, for which she had to be sent to an asylum. The hemiplegia passed away, but the aphasia remained all her life; and when the mental depression passed off, in a few months she gradually became exalted, and remained so for some months. Then she again became depressed, and was mentally a typical case of alternating insanity (*folie circulaire*) for the seven years she lived after this. She at last died of heart disease, and I found Broca's convolution almost destroyed by an old embolism, but the rest of the brain with only the traces of repeated excitations and congestions.”

Page 279—Lect. 10.—“ I need hardly say that if the lesion affects the posterior portion of the third frontal convolution of the left side, or the island of Reil on that side, or the fibres of communication inwards from those parts, or certain portions of the extra-ventricular nucleus of the *corpus striatum* of that side—in such cases we will have the aphasic speech symptoms. It is a disputed question whether complete aphasia can co-exist with perfect integrity of the mental faculties. If the lesion be strictly limited to the speech centre, which it very rarely is, the loss of mental power may be slight, but whether we can have mental completeness, according to the previous standard of perfect health of the individual, is another matter. I do not believe we can have such completeness if we could apply proper tests. I have never seen a case where it existed.”

The name of Dr. Clouston is, in my estimation at least, a guarantee for the safety and soundness of any opinion bearing his approval. He has made insanity and its concurrent bodily ailments the supreme study of his life, and he had the great advantage of serving for several years under the distinguished Dr. Skae, a gentleman who himself

enriched the specialty with some valuable contributions. Dr. Clouston has not jumped in the dark to his conclusions. He studies the morbid anatomy of the insane in the great book of nature, on the *post-mortem* table, and he never misses holding an autopsy unless when the friends of the deceased patients refuse him the privilege. I cannot close this allusion to his work without recommending it in the highest terms to every member of the medical profession, for it will certainly be read with both profit and pleasure by every thoughtful practitioner or student.

You will have observed that Dr. C. expresses his doubts as to the existence of well-marked aphasia in the presence of conserved mental power. It is certain that as regards the class of patients with whose mental condition he was most intimately acquainted, that is to say, persons of unquestioned insanity of mind—Dr. C's statement must be correct. But all aphasics are not sent into lunatic asylums, and it has been discovered in some countries, in which medical examination may not have been so exact as it is in Scotland, that aphasic persons have been deemed to be insane who were found not to be so.

There is a very interesting, and indeed a very puzzling form of aphasia, to which Kussmaul has given the name of *verbal deafness*—or deafness to words—a rather misleading designation, inasmuch as no deafness is present. The patients hear quite well, but the words spoken to them fail to convey their proper meaning, or indeed any meaning whatever, unless they are conjoined with gestures which of themselves may indicate the meaning of the speaker or interrogator; and then, to prove that the patients are not unable to understand what is thus communicated, they perform the acts required of them—such as putting out the tongue, and so forth.

Dr. Seppilli, of Imola, and Dr. Brugia, of Ferrara, Italy, have given in the last issue of the *Rivista Sperimentale*, and of the *Archivio Italiano*, respectively, two long and very instructive articles on this form of aphasia, from which I might advantageously quote largely, were it not that it would be unjust to these writers to make abstracts which would be imperfectly appreciated when detached from the contexts—I must therefore in fairness to them, and in compassion towards you, limit my citations to a few summarized facts.