

Right Hemiplegia with Aphasia. Reported by T. G. Roddick,
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(Read before the Medico-Chirurgical Society.)

G. D., aged 62, jail-guard by occupation, was admitted into the Montreal General Hospital on the 14th January, 1873, under the care of Dr. Howard, being recommended by Dr. Scott. Is a short, stout man, hair and whiskers grayish, ruddy complexion, short neck, limbs muscular; has never indulged in spirits or malt liquors for twenty-two years. On the morning of Saturday, (January 11th), preceding his admission to hospital, he came from the jail, as usual, to breakfast at his own house. His wife noticed that the juice of the tobacco he was chewing was constantly trickling out of the right corner of his mouth, which she remarked more particularly on account of his ordinarily very cleanly habits. While at breakfast, also, the coffee he drank would run out of the same corner of his mouth and annoy him incessantly. At 11 a.m. same day he tried to split wood, but the axe was constantly flying from his grasp, and when he made a blow at the billet his right leg would give way under him, and he staggered and almost fell several times. At dinner he was much worse than in the morning, and could not bring the knife to his mouth without the assistance of the left hand. He persisted in going on duty at 2 o'clock in the afternoon, and while pacing the jail yard was seen by one of the prisoners to fall as though struck down. When found he was deeply insensible, and made no attempt to speak for an hour, at the end of which time he was removed to his residence. When spoken to he would invariably say "yes" to every question asked, and when any reference was made to his condition he pointed to his head, and altogether appeared to understand all that was said to or of him. He remained precisely in this condition until his admission to hospital three days after the attack. Up to this time he has never passed water in bed, but would insist on being raised when requiring to empty his bladder or bowels.

His condition on entering the hospital was as follows: Total loss of sensation and motion of the entire right side; the eyelids are not closed simultaneously; the tongue is protruded slightly to the right side; the leg is slightly rigid; the arm not so; he is very emotional, crying when suddenly spoken to, or when he finds he cannot speak; makes desperate efforts to articulate, but fails; evidently understands what is said to him, as he makes signs with his left hand; cannot even say "yes," as he did at first; there is now incontinence of urine, but it is difficult to keep a urinal in position on account of his restless condition; pulse 96, and regu-