

tancy of speech was most marked when she came to a noun, the triatus varying in duration according to the uncommonness of the word. Latterly she could not record the commonest terms, and periphrases or gestures were used to indicate her meaning. She was always relieved and pleased if the words were given her, when she invariably repeated them. For example she would say, 'Give me a glass of —.' If asked if it was 'water,' she said 'no;' 'wine,' 'no;' 'whiskey,' 'yes, whiskey.' Never did she hesitate to articulate the word when she heard it." This last sentence is emphasized in italics by the authors of the paper, as if they had intended to imply that with the lesion described she ought not to have been able to articulate. As before said, the term aphasia is now used especially in such a case as is here described, where the memory of words has gone, whilst the power of speech remains. The case is likened to that of a man who in a foreign land knows a language through his ear, but cannot speak it, although he can readily repeat a word when given him. I should, therefore, with all deference, beg leave to draw a different conclusion from the facts of the case than the authors of the paper do, and regard it as one highly corroborative of the views of Broca and his followers.

SAMUEL WILKS.

Grosvenor Street, June, 1872.

LETTER FROM DR. A. ROBERTSON.

*The Editor of the Journal of Mental Science.*

SIR,—In the April number of the Journal there is a valuable communication by Drs. J. B. Tuke and Fraser on a case of aphasia in the Fife Asylum, with an account of the morbid conditions which were observed on examination of the body after death. Dr. Tuke showed the brain at the recent quarterly meeting of the Association in Glasgow; but as its exhibition had not been specially announced among the *agenda* for the meeting, and as there was a good deal of business on the billet, there was but little discussion on its important bearing on the general question of aphasia. I therefore beg that you will permit me to make a few observations in your columns, especially as I think that Dr. Tuke is disposed to deduce too sweeping conclusions from a solitary case, in regard both to Broca's theory and my own, or rather the part of mine to which he thinks it is opposed. Besides, though very reluctantly, I deem it incumbent on me, in self-justification, to correct the erroneous impression which Dr. Tuke's references to the latter theory are apt to convey, in regard to its nature and especially as to its author; for in papers published in the "Journal of Mental Science," the Edinburgh and the Glasgow Medical Journals, in addition to less formal articles submitted to the Medico-Chirurgical Society of this city, I have always spoken of it in such terms as would suggest what is the simple fact, that it originated with myself.

In Dr. Tuke's paper, at page 53 of the Journal, the following occurs:—"The pathological appearances in the specimen now before you do not stand opposed to *Dr. Bastian's theory*, so far as amnesia is concerned, for a considerable area has been taken away by the excavation; but they do not support *his idea* that the motor tract is diseased in aphasia, for we have no history of permanent hemiplegia" &c. Now what does Dr. Bastian himself say? I shall quote his own remarks on the point from his important contribution on the subject in the "Medico-Chirurgical Review" for January and April, 1869. After discussing the different theories which had been advanced in explanation of the aphasic state by MM. Lordet, Baillarger, Broca, Trousseau, and others, he points out that I had directed attention to the material objection to Trousseau's theory—that forgetfulness of words was the chief morbid condition, which arose out of the fact that the thinking power was comparatively unimpaired in many aphasics, and concurs with me in holding that, as a necessary consequence, language is in their minds. He then quotes from my paper the hypothesis I had submitted—"That there is a lesion of efferent fibres passing between the convolutions and the great coordinating centres, probably at some point of a line extending from the external frontal convolutions to the corpus striatum, so that voluntary motor impulse

for the articulation of language cannot be transmitted. The *essential* morbid change is therefore *motor*, and not *mental*.\* Afterwards he says, "As will be seen further on, *Dr. Robertson's view*, so far as it goes, is a closer approximation to what I believe to be the correct one than any of the others have been, though he does not speak of the mode in which words do become nascent in the mind of aphasic individuals, or further develop his theory." (The italics are mine.) No further comment should be required to establish who is the author of this, the motor theory of aphasia.

The special objects I had in view when I first entered on the discussion of the nature of aphasia, was to show that the prevailing ideas entertained regarding the mental condition of the sufferers were erroneous; and to prove that language was really in their minds, but was confined there because the media of expression were damaged or destroyed. These points I endeavoured to establish from a variety of considerations, based on anatomical, physiological, pathological, and metaphysical grounds, and also on the facts obtained by the careful study of several cases of the disease, then under my care. How far I was successful will appear from the very general acceptance of the theory by those who have thought most deeply on the subject.

When once it is admitted that the silence of the aphasic does not depend on lack of words, localisation loses much of its significance; for admitting that language is in his mind, the chief question is not, where is the organ of language? as the necessity for supposing that there is such an organ no longer exists, but merely where are situated the conducting and co-ordinating media for transmitting those impulses whose result is articulate speech. The preponderating weight of evidence points to their connection above with the external frontal convolutions; but I have not in any of my contributions to the subject assented to the view that they exist only on the left side. The majority of the recorded facts up to the present time certainly favour that belief; and I myself have published four cases, with *post mortem* examinations, which corroborate it.† But there are a few cases which show that the opposite doctrine is not untenable. We are not, therefore, in a position to arrive at a conclusion on the question; our duty is to wait for more facts, and to hold our judgment in suspense. I still cling to the idea that in the doctrine of vascular areas, as suggested by Dr. Hughlings Jackson, a solution of the seeming anomaly will be found. For if there be a difference in the anatomical arrangements of the vessels of the two hemispheres, such as is known to exist in other bilateral organs, it may be that in plugging of the artery (the most common cause of aphasia) on the right side, in lesions of that hemisphere, the strand of white matter containing the conductors for language is not deprived of its supply of blood, and speech does not suffer.

Another hypothesis has been proposed by me which, I think, is quite as credible as that the two hemispheres which resemble each other so closely should differ so materially in function; and it is also explanatory of the same lesion in different persons being attended with dissimilar effects *quoad* language. I quote it from my paper on "The Pathology of Aphasia."‡ "It is not necessary to suppose that the same fibres in every case act as the conductors for the incitations which give rise to language, as speech is an *acquired* faculty; so that possibly different fibres in different persons may transmit the impulses for words, provided only they are connected with the co-ordinating centres for articulation. If this were so, a lesion of precisely similar situation in two persons which caused aphasia in the one might not implicate speech in the other."

Dr. Tuke thinks it probable that the extra-ventricular nucleus of the corpus striatum is associated with "the faculty of articulate speech." In the "Lancet" of May 11th of this year, it is recorded that Dr. Bristowe had shown a brain to the April meeting of the Pathological Society, in which the left corpus striatum

\* Quoted from my paper on "The Pathology of Aphasia," in the "Journal of Mental Science" for January, 1867. The view of the nature of the aphasic lesion expressed in that article was communicated by me to a meeting of the Medico-Chirurgical Society of Glasgow, in the beginning of April, 1866, and afterwards published in the "Glasgow Medical Journal" for May of the same year.

† "Glasgow Medical Journal," February, 1871.

‡ "Journal of Mental Science," January, 1867.

was "entirely destroyed," but the power of articulation had returned in three or four weeks after the apoplectic attack. That case is opposed to Dr. Tuke's hypothesis. It also disposes me to think that the co-ordinating centres for articulation may be at a lower point of the brain; perhaps, as was formerly believed, in the medulla oblongata. And this view is strengthened by Dr. Broadbent's careful dissections, in which he found that very many fibres of the crus cerebri did not terminate in the corpus striatum or other central ganglion, but *passed by* them in their ascent to the convolutions.

I have, however, always thought that the lesion in aphasia was of efferent fibres *above* the co-ordinating centres; for in almost all, if not all recorded cases, the patients could pronounce one or more words distinctly. Had the defect been *in* these centres there would probably have been stuttering in the articulation of *every* word.

I am, &c.,

ALEX. ROBERTSON.

#### Appointments.

COURTENAY, E. MAGUIRE, A.B., M.B., T.C.D., late Clinical Assistant, West Riding Asylum, to be Assistant Medical Officer, Derby County Asylum.

BISHOP, S., M.R.C.S.E., has been appointed Assistant Medical Officer to the Fisherton House Lunatic Asylum, Salisbury, *vice* Barnard W. Wellings, L.R.C.P. Ed., L.F.P. & S. Glas., resigned.

LOW, D., M.B., C.M., has been appointed Assistant Medical Officer to the Perth District Lunatic Asylum, *vice* Brodie Cruickshank, M.B., C.M., resigned.

MICKLE, W. J., M.D., M.R.C.S.E., has been appointed Medical Superintendent of the Grove Hall Asylum, Bow.

M'LEAN, W. F., M.B., C.M., has been appointed Assistant Medical Officer to the Haydock Lodge Lunatic Asylum, Newton-le-Willows, *vice* D. Gentle, M.D., L.R.C.S. Ed., appointed to the Colney-hatch Lunatic Asylum.

RAYNER, H., M.D., M.R.C.S.E., has been appointed Medical Superintendent of the Male Department of the Middlesex Lunatic Asylum, Hanwell, *vice* W. C. Begley M.D., M.R.C.P.L., resigned.

RICHARDS, JOSEPH P., M.R.C.S., L.S.A., Assistant Medical Officer, Female Department, Hanwell, has been appointed Superintendent.

SUTHERLAND, H., M.B., M.R.C.P.L., has been appointed Lecturer on Insanity at the Westminster Hospital Medical School.

*From the London Gazette, Friday, April 12.*

WHITEHALL, APRIL 11.

The Lord Chancellor has appointed CHARLES PALMER PHILLIPS, Esq., Barrister-at-law, late Secretary to the Commission, to be a Commissioner in Lunacy, on the resignation of John Forster, Esq.

The Lord Chancellor has appointed JOHN FORSTER, Esq., to be an Honorary and Unpaid Commissioner in Lunacy, on the resignation of Colonel Morgan Clifford.

NOTICES OF BOOKS RECEIVED, with other matters, are unavoidably omitted in this number, on account of pressure on our space.

#### NOTICE.

The next ANNUAL GENERAL MEETING of the Medico-Psychological Association will be held at Edinburgh on WEDNESDAY, the 31st July, under the presidency of Sir James Cox, M.D. Notices of papers, &c., to be sent to the Honorary Secretary, 37, Albermarle Street.