not amenable to discipline, and who were not able to do what was right and wrong. We have certain limits, and it is curious that lawyers who do not recognise degrees of responsibility in regard to crimes, recognise degrees of capacity in regard to civil acts.

Dr. CLOUSTON—Judges and juries have to come to a definite decision on a given case, and supposing it is admitted that any given case is on the border land between responsibility and irresponsibility, what are they to do?

The CHAIRMAN—Let the jury bring in a verdict of culpable homicide, and leave the judge to pass sentence. It is no more difficult for a judge to pass sentence on a lunatic than in any other case of culpable homicide.

On the motion of Dr. ROBERTSON, a cordial vote of thanks was awarded the Chairman for presiding.

A similar compliment to the Faculty of Physicians and Surgeons, brought the proceedings to a close.

CORRESPONDENCE.

APHASIA.—LETTER FROM DR. WILKS.

To the Editor of the Journal of Mental Science.

SIR,—The last number of your Journal contains a paper by Dr. Batty Tuke and Dr. Fraser on "A Case with a Lesion, involving Broca's Convolution without Broca's Aphasia." The authors say "it is one in which the posterior half of the third left frontal convolution was completely destroyed, both as regards the grey and white matter, and the only defect in language was partial verbal amnesia," and they finally declare that the case is "a complete testimony to the erroneous nature of Broca's convolutional localisation." I have read the case with care, and have come to a conclusion totally opposed to that of these gentlemen. This fact I was content to record in my note book, but having had on more than one occasion the case brought before my notice as an evidence of the incorrectness of the prevailing theory, and to which my own opinions incline, I have felt bound to state publicly that the case by no means warrants the inference which Drs. Tuke and Fraser have drawn from it; indeed, on the contrary, I regard it as one eminently valuable in proof of the truth of Broca's and his followers' views.

The authors of the paper give the various meanings which writers have attached to the term aphasia, and they then allude to the different opinions amongst observers as to the exact seat of the lesion which causes the phenomenon; they thus lead the reader to believe that much confusion of ideas exists in relation to the whole subject. This, however, is not the case, for the term aphasia is now generally understood in a tolerably defined sense, and the seat of the cerebral lesion associated with it is pretty well marked out. Most medical men understand by the term aphasia *amnesic aphasia*, the case where there is no marked paralysis of the organs of vocalisation, but the memory of words, with the object of expressing ideas in language, is gone. The patient may understand what he hears or reads, but he cannot express himself in language until the word is suggested to him, when he readily recognises it and repeats it. Such cases are usually met with in connection with right hemiplegia, and it is found that the convolutions on the outer and under side of the corpus striatum are injured.

It is consequently thought that the aphasia is an accident of the hemiplegia, in consequence of the proximity of certain convolutions to the corpus striatum, and that it is merely associated with it because one convolution is no more likely to become diseased than another, whilst the corpus striatum is especially liable to morbid changes. Should, however, the convolutions be alone affected and aphasia occur without hemiplegia, it would be an instance eminently selected to prove the correctness of Broca's theory. This seems to be exactly the case we have here. The patient, a woman, had softening and destruction of part of the under surface of the left anterior lobe, involving rather more than half of Broca's convolution, and her symptoms during life were as follows: "Her hesi-

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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, Trouseau, and others, he points out that I had directed attention to the material objection to Trouseau'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 co-ordinating centres, probably at some point of a line extending from the external frontal convolutions to the corpus striatum, so that voluntary motor impulse