chers' shops than of anything human. The wall of the left ventricle was one inch and three-eighths thick; I measured it myself. The right ventricle was half an inch thick; and the auricles proportionately thickened. So far we found what we expected—the heart was, as we diagnosed, greatly hypertrophied. We then cut into it to see the valvular disease on which all this hypertrophy probably depended; and what did we find? *Every valve of the heart perfectly healthy!* There was nothing but a slight patch of opacity on one of the curtains of the mitral valve, that could never have interfered with its action. Now here was a strange thing!—perfectly compatible with the absence of *bruit*, and so far satisfactory, but subversive of our hypothetical diagnosis, and leaving the hypertrophy utterly unexplained. Here was a case of enormous hypertrophy without valve-disease, without lung-disease (the lungs were perfectly healthy), and without kidney-disease. I may mention too that the pericardium showed no trace of disease. Such cases are not common, but we sometimes see them, and they are among the puzzles of pathology. Perhaps the most curious thing is that, although the heart-symptoms that ended in this hypertrophy commenced with rheumatic fever, there should be no evidence of the ordinary agency by which rheumatic fever generates hypertrophy of the heart. Could it be that the patch of slight opacity on the mitral valve could be the remains and indication of a former valvular lesion sufficient when recent to have started the deranged action which gave rise to the hypertrophy? I cannot think it. The mind is baffled in seeking an intelligible solution of so difficult a problem.

In the way of treatment, there was little to be done. The great means of alleviating the cardiac embarrassment in cases of this kind—hydragogue catharsis—was in this case inadmissible from the man's exhaustion and the many weakening influences to which he was subjected. If we had dared to give him twenty grains of compound scammony powder every morning, and had thus draughted away from his bowels six or eight abundant watery stools, we should for the time being have reduced the volume of the blood to be circulated and so disembarrassed his heart.

The only thing to be done, besides using every means to stop the hæmorrhage, was to endeavour to keep him up in every way—by food and stimulants, especially alcoholic. Food we had the greatest difficulty in getting him to take. The condition of his circulation and respiration prevented our employing sedatives to procure him rest. Thus our hands were tied in every way, and there was little left for us to do, but to stand by and watch the inevitable and fatal issue.

HEALTH OF PHILADELPHIA. Previously to every epidemic of cholera which has prevailed in this city an epidemic constitution of the atmosphere has always manifested itself in an increase of deaths from bowel affections. No such condition of things seems to exist at the present moment. The whole number of deaths from cholera infantum, diarrhoea, and dysentery, for the week ending May 26th, was only six, in a mortality from all diseases of two hundred and eighty-eight. (*Medical News and Library.*)

Original Communications.

ON A CASE OF LOSS OF POWER OF EXPRESSION;

INABILITY TO TALK, TO WRITE, AND TO READ CORRECTLY AFTER CONVULSIVE ATTACKS.

By J. HUGHLINGS JACKSON, M.D., Assistant-Physician to the National Hospital for Epilepsy and Paralysis; and to The London Hospital.

In the year 1863, a healthy looking man came under my care at the National Hospital for Epilepsy and Paralysis, for epileptiform seizures. He had then had four attacks. Each had affected, so far as he knew, the left side of his body only; but his speech was not disordered after them, and he was able to continue at his duties as a clerk. He continued to attend till early this year (1865). He then had a series of attacks; and these, his friends said, affected his right side. I now saw him at home with Dr. Roberts, of Lamb's Conduit Street, and with Dr. Roberts's assistant, Mr. Brown. After these attacks, the patient could talk, but he made mistakes in talking. There was, however, so much incoherence with this particular defect, that I did not then come to any positive conclusion as to how far his bad talking was to be classed in the same category with what has been described under the names of aphemia, aphasia, and many others. Of course, the proper thing would have been to have described the defects without any reference to such names, as the relations of defects of speech to actual incoherence are most important. I had no opportunity for doing this. I have already observed that defects of speech, or as I have called them more generally defects of expression, occur with paralysis on the right, and very rarely with paralysis on the left. I need scarcely remark that this has been previously pointed out by M. Broca and others.

This patient had no paralysis; but it is not to my mind without significance that he had no defect of talking, etc., after the first fits, when he was, as his friends said, convulsed on the left, and that there were the defects to be presently described after the attacks on the right. I do not, however, put the case forward as having much importance as a fact towards settling the question as to the side of the brain involved in disorders of speech, as probably both sides have been affected, although at different times. Moreover, many medical men would not agree with me in thinking that unilateral convulsions are frequently due, as I believe they were in this case, to disease of the hemispheres.

Besides, since the whole of this paper was first written, the patient has had attacks of a very curious sort, which I shall afterwards describe. They have resemblances to choreal movements; and thus to my thinking they have much importance, as shewing, with the other defects I am about to mention, the continuity of movement, actions, talking, and those conditions of nerve-tissue which do not necessarily result in outward movement; e.g., subjective talking. It is important to add, that this patient had had rheumatic fever thirteen years ago. I think it most probable that the nutrition of parts of his hemi-

spheres has been interfered with by embolism of small vessels.

I have had no hospital patient under my care for defect of speech whom I know to have been well educated except this one. He had performed the duties of an important government office requiring good education and intelligence.

Before I relate my case, let me draw attention to an important case, which in some respects resembles the following, related by Dr. Banks of Dublin, in a valuable communication to the *Dublin Quarterly Journal of Medicine*. Another case, with an autopsy, has been published by Dr. Russell of Birmingham. That case is a very complete one, and is of extreme value. Dr. Sanders's excellent case, in which inability to write was a marked symptom, has recently been published in this JOURNAL. More recently, Dr. Gairdner has published a very interesting and valuable paper in the *Transactions of the Philosophical Society of Glasgow*.

I met my patient in the street a few weeks after my visit to him just mentioned. He was then, to superficial appearance, as well as ever. I observed that he spoke quite well, and this throughout rather a long conversation. If he had made the slightest mistake of any sort, I should have caught it at once. I congratulated him upon being able to speak well again. He replied, however, that he was often at a loss for a word; and his father told me that his son frequently made mistakes in names. On my remarking that I had not detected any defect of speech, the patient said that his speech was imperfect most "when anything came on him suddenly", or when he was not thinking particularly of what he was saying. His greatest trouble, however, was in writing. He had no difficulty in penmanship; on the contrary, it was beautiful. His trouble was that he could not readily find the proper words, and those he wrote he often spelled incorrectly. He shewed me something he had just written; namely, words on a plan. For "box" he had written "gox"; for "silver", "cilver"; and again I saw that, after crossing out this mistake, he had written "silves". I was extremely interested in his mistakes; for there was mind enough to give them relation to proper speaking and writing. I asked him to collect for me all the mistakes he had made in writing, and in a week he brought me several letters. He said he could generally manage to write a tolerably correct letter, if he made a copy first and then looked over it. He brought me, also, a bundle of letters written before he was ill; I could find no mistakes of any kind in them. They were chiefly on business, but some also on simple family matters.

The following is the first copy of one of his letters. In this, as in all the others except where it is expressly mentioned, the address, date, and signature, are correct. The words in the square brackets are corrections written by the patient; those in the curved brackets are written by myself.

"I glad to say that I am going on all right, and I home [hope] to continue to do so. I galy [daly] take a long walk, and do not find the configue [fatigue] as I formerly did. I am aglie agissue agligere (obliged?) to stop and think what ("what" is crossed out) how spell (crossed out) the wors [words] are spelt. I can ver ger generally (altered to generally) go on verly well in may making the second copy."

The following is the second copy he speaks of; but it will be seen that several words are still spelled wrongly.

"I am glad to say that I am going on all right, and I hope to continue to do so. I daly take a long walk, and do not find the fatigue as I formerly did. I am oblige to stop and think as to how as to how the words are spell. I can generally go on

verly ("verly" crossed out) very well in making the second copy."

When I saw the patient, I asked him to spell daily; and he did it quickly and correctly. The next day he could not spell it, and seemed to think "daly" must be correct.

The following is another letter.

"I do not find any improm (crossed out, and "improvement" substituted) in by leth [my health] this dalt [last] few days. Bodily I seem about the same with the exempt- except that I ave, av have had indejention [indigestion]. I can recofect things for years past very well, but I am pusseld [puzzled] to find how to spell, and cannot do so with (without?) thinding [thinking] first. I seem to av have got on better this (crossed out) with this better (letter?) than I some thing (crossed out) times can."

Another letter.

"My dear Sir,—I am glad to say I an soing [going] on fulvidloury (crossed out) favourably and op hope to leave London in a fue [few] days for gange [change] of eair [air]. I have had a long and levear (crossed out) severe adact [attack]. The the (crossed out) only thing I can see the mater [matter] with me it [is] the wand (crossed out) want of writing and corep coretur coker (three abortive attempts to write correspondence?)

"I am dy (crossed out) my dear sir, etc."

I was surprised to find how badly he read, after hearing him talk glibly and well. I asked him to read the following extract from the test-types used at the Royal London Ophthalmic Hospital (No. 1 of Jäger). It will be convenient, however, to give it first as he copied it, although this came afterwards. I mention the type, as I think that probably the trifling errors in his copy are due to carelessness in reading small type, and perhaps somewhat to nervousness. The additions in the brackets are my corrections.

"The place of our retreat was in a little neighbourhood consisting of farmers who tilled their our [own] grounds, and were equal strangers to opulence and poverty. As they had almost all the convenience [s] of life within themselves, they seldom visited towns or cities in search of superfluities. Remote from the polite, they still retain [ed] the primæval simplicity of manners; and frugal by habit, they scarce knew that temperance was a virtue. They wrought with cheerfulness on days of labour."

He read very slowly, and made, as nearly as I could estimate from the sound, the following mistakes, many of which he corrected. Red, round, hand, for neighbourhood; standers for strangers; opulus for opulence; possery, popery, for poverty; visit for visit; sepperitition, sepperist, sepperit, sepperistis—abortive efforts to say superfluities (he could not say it after me until I said it very carefully and slowly for him); remake, remoke, remote, for remote; polites for polite; primavel for primæval; mimplicity for simplicity; menners for manners; fruel for frugal; temperance for temperance; cheerlessness for cheerfulness; lady for labour.

It may be that such mistakes as "polites", "fruel", are due to carelessness; but he pronounced these mistakes very clearly, and corrected them sometimes. Nor were the mistakes due to a permanent difficulty in articulation. He could say any word I asked him to say. He could repeat without the slightest slip the following difficult lines.

"Around the rugged rocks the ragged rascal ran the rural race."
"Up a high hill he heaved a huge round stone."

"Frue!" is perhaps the way in which a drunken man would shorten the word "frugal"; but there was at that time no such thickness about the patient's talk.

It must be observed that these last-mentioned trials are rather specimens of what he could do by care and by attending to what he was doing, and not of what he could say when talking loosely. As he still said that he made mistakes at home, I asked him to collect them for me. The following is the result.

"Intending to say the following words, I said, for case, clase; for sister, sisper; for stomach, spomach; for that, sthat; for never learnt, never lant, never tant; for to wear, to pear; for plate, s-s-s-plate; for three, th-th-th-ree; for pig, prig; for bedstead, beekstead; for Emma, Enna; for go to bed, go to ded; for reid [read], leid; for coat, sloat; for turn his toes out, turn his nose out; for later in the day, laer in the day; for answer as a tung [tongue], answer as a tooth; for how is your tooth? how is your hand—your tongue—your feet? for mistake or two, mistalabal; for to such extent, to such an expemut; for going to wear, going to vell; for sticking plaster, picking plaster; for sight, fight; for blood, brod; for beat, bread; for going right, going rike; for you need not wet it, you need not wat it; for you have a little cold, you have a little clean; for the sun is at its high, the sun is at the moon; for you want some more meat to eat with them, you want some more meat to drink with them; for meat, bread; for knife, eggs; for wall, floor; for walk a mile, take a mile; for of meat, of mead; for not been my doing, not been ny doing; for nise [nice], nite; for tight, trite; for of a boy, of a dog; for alf [half] a sleep [sleep], alf a sleass; for travel, traverk; for he is nocked [knocked] up, he is locked up; for to school on Saturday, to school on Skatterday; for people coming from church, people coming from slearch; for one stair, one floor; for all the week, all the sweet; for you had better save them, you had better ceave them; for its all mussell, its all muddle; for custard, tustard; for shoves as bright, shoves as shite; for table, tadle; for the fastest train, the largest train."

I called on him one day, and asked him to spell several words. For plough he gave plow; for cough, coff; for dough, first dough, then dowe; for daily, daly; for generally, he began several times, and when I told him it began by g, he could not proceed; for laugh he gave lauf (he pronounced the word something like this). For picturesque, at the first trial, picthuress; at the second trial, pickthuressk; at the third trial, he said, "No, that's not right", and deliberately spelled "esque".

I then dictated the following from an article in the *Saturday Review*. His mistakes are in brackets.

"The man [mand] whose [woos] mind [minds] is entirely taken up [out] with small [sall] details [detales], fancies [sances] he has a right to sneer [seen] at every one gifted [gisted] with less [lest] minute knowledge [knowledge]. Because [Begase, and again Begause] he can [gan] grease [crease] the wheels [weels] and tighten [bighten] the screws [schrees] of machinery [masheenery] he fancies [sances] himself an authority on the laws [laus] of motion [mosien]."

I then asked him to spell the word whose, aspiring it strongly. He wrote "hose". Small, he spelled "sall", as in the text; but quickly remarked, "No, that's not it; that's sall." He then hesitatingly spelled it rightly. Sneer he spelled sneer; because, becaus; and laws, lass. I said no. He then spelled "lause". I again said no. He said interrogatively, "There is a laws spelled l a s s?" I said, "That is lass, not laws." He replied, "So it is"; but still could not spell the word correctly.

[To be continued.]

A FEW REMARKS ON CANCER.

By R. H. MEADE, F.R.C.S., Consulting Surgeon to the Bradford Infirmary.

HAVING been a great deal interested last year at Leamington, by hearing Mr. Moore's paper on Cancer, with the discussion which followed it, I venture to hope that the same subject may be revived at Chester, this summer, and that Mr. Moore may be able to report the acquisition of some valuable information in answer to the statistical inquiries which he made of the profession respecting the antecedents of cancer.

In Mr. Moore's paper, (which he afterwards published in a more extended form, and a copy of which he kindly sent me) there were many interesting remarks upon the pathology and treatment of this frightful disease; but several points were very open to criticism; and it is upon one or two of these that I venture to make a few observations. First, as to the constitutional nature of cancer; Mr. Moore is of opinion that it is purely local in the first instance, and independent of any morbid taint in the body. Now it would be very gratifying to be convinced that this hypothesis is strictly true, but I fear that we cannot at present come to that conclusion; there being so many facts which militate against it. The exceeding difficulty of preventing the recurrence of cancer after operation, is a strong argument in favour of its constitutional origin. How is it that a patient sometimes remains well for one or more years, and the disease then returns? If its return depend upon its incomplete extirpation, one would expect it to show itself quickly.

If cancer be not constitutional, how can we explain the fact of the comparative frequency of the occurrence of what are called recurrent tumours, "in the descendants or near relatives of those who are or who have been cancerous?" The distinguished surgeon and pathologist (Mr. Paget) whose words I have quoted, adds, "It is as if their growth" (that of recurrent tumours) "were due to some diathesis, through which the cancerous, in some instances, fades away into health, or is in some gradually developed."

Mr. Moore is obliged to admit that cancer is in some measure hereditary; but here he will not allow that any constitutional affection is transmitted; but says that, in his opinion, the inherited peculiarity is clearly a local one, and arises from the same kind of parental influence as may determine the production of deformities, or peculiarities of external form.

Mr. Moore suggests that, if cancer were in the blood, it might be found by chemistry, or the microscope. Can these means detect tubercle there, in patients predisposed to consumption? And yet will not Mr. Moore admit that phthisis is constitutional?

There can be no doubt of the hereditary nature of cancer, though, as in all other hereditary complaints, its descent cannot always be traced, and parents or other near relatives of a cancerous patient may have died of the same complaint in some internal form, without its nature having been known. I think that many old people die of cancer of the liver, or of some other internal organ, in whom the disease is not recognised during life. Believing, however, that cancer is both hereditary and constitutional, I admit that, as in other diseases of the same class, the diathesis may often originate *de novo* in the individual whom it attacks.

As in scrofula and tuberculosis, so in cancer, the constitutional taint varies greatly in intensity, so that the disease may appear sometimes to be strictly local. In scrofula we often see a single joint affected;