THE MEETING OF THE BRITISH MEDICAL ASSOCIATION IN TORONTO.

AT a meeting of the medical profession of Toronto a nominating committee was elected to name a Representative Arrangements Committee for the coming meeting of the British Medical Association. Great enthusiasm was shown and an effort will be made to make the Toronto meeting one of the best in the history of the Association. It was thought well that the meeting should begin on August 21st in order that members might have no difficulty in arranging for accommodation, for the National Exposition begins the week after and not only are hotels and boarding houses crowded at that time but private houses as well. After the meeting of the profession the Toronto branch met and Dr. R. A. Reeve was recommended for President. This was a popular choice, for throughout Canada he is most highly respected. Dr. Reeve is Dean of the Faculty of Medicine in the University of Toronto, President of the Alumni Association, and Professor of Ophthalmology and Otology.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

Fleet Surgeon J. Lloyd Thomas, Principal Medical Officer, of H.M.S. *Excellent*, has been appointed to H.M.S. *Victory* for special service. The special service is his appointment as representative of the Medical Department of the Admiralty at a congress of military surgeons of the United States, at Detroit, U.S.A.

In accordance with the provisions of Her late Majesty's Order in Council of April 1st, 1881, Fleet Surgeon William Spry has been placed on the Retired List at his own request (dated Oct. 2nd, 1905).

ROYAL ARMY MEDICAL CORPS.

Captain H. V. Prynne and Major E. Eckersley have left Woolwich. Captain E. T. Inkson, V.C., joins at Woolwich. Major R. Holyoake is held in readiness for service in India.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieutenant George Thomson, Nottinghamshire (Sherwood Rangers) Imperial Yeomanry, to be Surgeon-Captain (dated Oct. 7th, 1905); Surgeon-Lieutenant James C. Herbertson, 2nd Volunteer Battalion, Argyll and Sutherland Highlanders, to be Surgeon-Lieutenant (dated Oct. 7th, 1905); Surgeon-Lieutenant Henry G. Smeeth, 4th Volunteer Battalion the Cheshire Regiment, to be Surgeon-Lieutenant (dated Oct. 11th, 1905).

ROYAL ARMY MEDICAL CORPS (MILITIA).

Aldershot Command: No. 2 Aldershot Company: Lieutenant (Honorary Lieutenant in the Army) J. C. Furness to be Captain (dated June 17th, 1905).

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 2nd Kent: George Gray Wilson to be Surgeon-Lieutenant (dated Sept. 7th, 1905). 1st Lancashire: Surgeon-Captain F. F. German resigns his commission (dated Oct. 4th, 1905). 3rd Middlesex: Surgeon-Lieutenant-Colonel (Surgeon-Lieutenant-Colonel, Army Medical Reserve of Officers) A. Lingard is granted the honorary rank of Surgeon-Colonel (dated Sept. 18th, 1905); Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel (Surgeon-Lieutenant-Colonel, Army Medical Reserve of Officers) A. Lingard resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated Sept. 18th, 1905).

Royal Engineers (Volunteers): 1st Bedfordshire William James Spence to be Surgeon-Lieutenant (dated Oct. 4th, 1905).

Rifle: 1st Roxburgh and Selkirk (The Border) Volunteer Rifle Corps: Supernumerary Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel G. H. Turnbull (Brigade-Surgeon-Lieutenant-Colonel, Senior Medical Officer, Scottish Border Volunteer Infantry Brigade), resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated Oct. 4th, 1905). 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment: The undermentioned Surgeon-Captains are granted the honorary rank of Surgeon-Major:—H. Allan (dated Oct. 4th, 1905) and J. H. Maclean (dated Oct. 4th, 1905).

THE NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund held on Oct 10th, Sir J. N. Dick, K.C.B., being in the chair, the sum of £55 was distributed among the several applicants.

ROYAL ARMY MEDICAL CORPS, LONDON COMPANIES (VOLUNTEERS).

The London Companies of the Royal Army Medical Corps (Volunteers) will attend Divine service at the Church of St. Bartholomew-the-Great, West Smithfield, on Sunday, Oct. 22nd, at 11 A.M. The sermon will be preached by the Rev. Sir Borradaile Savory, Bart., M.A., Rector of the Church and Acting Chaplain, R.A.M.C.(V.).

Correspondence.

"Audi alteram partem."

MOTOR APHASIA WITHOUT AGRAPHIA.

To the Editors of THE LANCET.

SIRS,—The case of motor aphasia without agraphia recorded by Dr. Byrom Bramwell in THE LANCET of Oct. 7th, p. 1027, is remarkable and interesting from several points of view. No example of such complete loss of speech, with such complete retention of the power of writing, has, so far as my knowledge goes, been published. I have seen cases in which writing has been recovered before speech and in which there has been a curious correspondence between defective speech and writing, the writing being, on the whole, more expressive of the ideas to be conveyed, so that I had ceased to hold the opinion that "intellectual expression" in writing was secondary to speech or vocal "intellectual expression" and implied the coöperation of the speech centre.

A noteworthy point in Dr. Bramwell's case is that articulation appears to have been impaired. When seen 16 months after the attack "she still spoke thickly and had the greatest difficulty with labials." While in the hospital a fortnight after her admission and recovering from the absolute speechlessness she could repeat well certain letters, the open vowels and certain consonants, but others imperfectly; others, again, not at all. Now, in ordinary motor aphasia the few words which the patient retains—"Yes," "No," interjectional exclamations—are, or at any rate may be, uttered quite distinctly. The defect is not articular. On the other hand, he cannot repeat words when they are pronounced before him and he is told to do so. In one case which I have reported the patient answered "Yes" and "No" appropriately to questions, but when told to say "No" he tried in vain for some time and then shook his head negatively and said, "No, I can't."

The difference here indicated between the speech affection of Dr. Bramwell's patient and ordinary motor aphasia shows in my opinion that the lesion was subcortical and probably at some depth from the cortex. Speech, or utterance in the sense of intellectual expression, and articulation are two distinct things. The cortical centre for speech or intellectual expression employs for utterance the centre in which articulation is organised, which is in a lower level altogether.

It may be remarked, again, that some facial paresis was still noticeable three and a half years after the attack, having been very marked at first. But we may have almost complete and very persistent aphasia without any facial paralysis at all, when the lesion is cortical. We have here, then, further evidence that the lesion was remote from the cortex.

I should have been very glad if the lesion could have been regarded as affecting the cortex of Broca's convolution or of the closely subjacent white conducting fibres, as it would have been strongly confirmatory of the interpretation I have advanced of the mechanism of speech and thought. This is that in certain convolutions of the posterior part of the hemisphere, receiving no radiating fibres from the internal capsule or any lower centre, but only from other convolutions, there is a sensory centre upon which converge fibres from the various perceptive centres, visual, tactile,

auditory, &c., and in which all the perceptions relating to external objects are combined into an image or idea, with which is associated the name. It is the *naming* or *idea* centre. There is in the pre-frontal convolutions a corresponding motor centre which sends down no fibres to the central ganglia or bulb, but is connected by collateral fibres with convolutions from which the internal capsule receives descending fibres. This I call the *propositionising centre*. In it names or ideas from the naming centre are arranged into propositions or sentences which are passed on to Broca's convolution or the graphic centre respectively for expression in speech or writing.

There are other points in this remarkable case which invite comment but they are not of the same importance.

I am, Sirs, yours faithfully,

Oct. 10th, 1905. W. H. BROADBENT.

THE MEDICAL REGISTER.

To the Editors of THE LANCET.

SIRS,—I should be much obliged if in the interests of the profession you would be good enough to draw the attention of all registered practitioners to the importance of keeping their addresses correct in the Medical Register. It ought to be clearly borne in mind that Churchill's Medical Directory is a private publication and is not the same work as the official Medical Register for which the General Medical Council is responsible. Changes of address should be notified at the office of the branch council at which a practitioner originally registered. The English Branch Council has this year sent circulars to all practitioners from P to Z, both inclusive, who originally registered at its office, and any person who has not received a circular or who has not yet sent in his answer should communicate with this office without delay.—I am, Sirs, yours faithfully,

H. E. ALLEN,

299, Oxford-street, London, W., Oct. 5th, 1905. Registrar.

THE PYGMIES IN ANCIENT EGYPT.

To the Editors of THE LANCET.

SIRS,—The articles of Dr. G. Elliot Smith and Dr. A. Churchward both contain information which is highly interesting for Egyptologists. I have often advocated the idea that in our researches we look too much towards the Semitic world in Asia and that we should find explanations of difficulties in the religion, the customs, and even the language of the old Egyptians if we studied more carefully the African populations which were their neighbours.

As for dwarfs or pygmies I cannot agree with the opinion of my eminent friend, M. Maspero, on this point. I believe the Egyptian texts mention two different kinds. One is the real dwarf, the deformed being whom rich people like to have in their houses for amusement, and chiefly for dancing. Their misshapen bodies seem to me the prototypes of the god Bes and also of a form of Phtah, as has been conclusively shown by Dr. Parrot (Recueil II., p. 129). But in other cases I think that the Egyptians really meant pygmies. For instance, the Danga of the kings of the Sixth Dynasty must be pygmies. Dwarfs are not rare in Egypt and if the Danga had been only small and distorted bodies I see no reason why their arrival in Egypt should have been an event, why the kings should have valued them so much, and why an officer should have recorded in his biography that he brought with him one of those beings if they were not of rare occurrence. The Danga must have belonged to an African tribe which had especial propensity to dancing, like other full-sized African populations. In the temples at Dier-el-bahari and at Luxor we see dancing executed by the Tamahu, a well-known African nation. They occur in various exercises for the occasion, they wear ostrich feathers, and they are called "the dancers of the royal boat."

If the case of the Danga is still doubtful I can quote two instances in which it seems to be certain that the inscriptions mean pygmies. In the sculptures which describe a great festival in the temple at Bubastis we see a procession of priests, among whom are three small men marching along and holding long canes. They have a title which Brusgch translates "guards," "beadles," something connected with the police of the temple. These guards are neither children nor dwarfs; they are well proportioned and are certainly pygmies. They are probably not Egyptians, for we find in the same ceremony another African population, the Anu or Anti of Nubia, coming from the south. A third extraordinary figure is a man having a face like Bes but a well-proportioned body. The inscription which is above the figure cannot be understood; it ends with *nanasu nana*, which may be this man's language.[1] Another instance where we find the pygmies mentioned is in a nome or district inscription from the temple at Philæ of the time of Ptolemy IV. It begins with the nome of Nubia, where we find the words: "I give my bow to His Majesty that he may subdue the Anti ..... the dwarfs of the countries of the south bring their tributes to his palace." Now it is clear that here we must translate pygmies and not dwarfs. Dwarfs could not pay tribute, it must be a settled population. Here, again, as at Bubastis, they are quoted with the Anti and are said to come from the south where we expect to find the pygmies.

I might add to these two instances the population called the *Pit* which Brusgch considers as the Ψύλλοι of Herodotus, and his identification seems probable, but it requires further proofs, as this name, which means the springer, or the leaper, may be only an epithet describing their dancing abilities.

I am, Sirs, yours faithfully,

Oct. 2nd, 1905. EDOUARD NAVILLE, D.C.L., LL.D.

CHORISTER'S HEART.

To the Editors of THE LANCET.

SIRS,—At present, when there is an inquiry into the causes of national physical deterioration, it is opportune to mention one to which little or no attention has been directed. This, perhaps minor as regards the numbers which it affects, is sufficiently important to merit consideration. The cause referred to is singing, as taught to, and practised by, boys and young adults in church choirs. This statement at first sight may appear to be erroneous, as it is generally accepted that voice production and choral practice are beneficial and tend toward a better development of the individual. After ten years' careful observation I am convinced that disciplinary singing, commenced in early boyhood or girlhood, is the causation of enlargement of the heart as a whole and more especially of its right side. This is accompanied by a proneness to palpitation and even dilatation upon comparatively slight mental or physical exertion. Pain occurs, which may be referred to the left breast, shoulder, back, or waist; depression and anxiety are concomitants. That these are conditions common to overstrain in athletes is well known, but an athlete is less liable to such derangements than is the young growing boy. In the former the various organic systems have acquired a degree of stability; in the latter they are plastic, sensitive, and ready to adopt impressions.

Turning from the general to the special features, take for illustration a boy of eight or nine years of age who has been engaged in choir singing for from six to 12 months. The relations complain that he is not sleeping well, that he feels always tired, that his alertness is gone, and that he does not care to run about. The boy looks pale, puffy under the eyes, and has an anxious facial expression; the shoulders are sloping; the left side of the body inclines forward; the general attitude denotes unrest. On examination one observes that the veins of the upper extremities and neck stand out and are fuller than normal; the thorax has a one-sided, rachitic appearance, owing to the prominence of the præcordia. Pulsation is visible in the fourth and fifth left interspaces, in the sixth right, in the epigastric area to the left of the xiphisternum, and occasionally in the second left intercostal space. These phenomena at eight years of age are obviously abnormal, while, on auscultation, the heart sounds denote its enlargement. At 13 years, in a boy naturally robust who has been a chorister for three or four years, the veins of the arm and neck are enlarged, the general development is poor, the left-sided appearance of the chest is more marked, while a sulcus, similar to Turnbull's "rachitic" and corresponding to the costal attachment of the diaphragm, sometimes is present. The muscularity of the lower limbs is deficient owing probably to the disinclination for active exercise. The cardiac impact is now most visible in the fifth and sixth left interspaces and in the epigastrium, while the heart sounds are as audible over the surface of the right ventricle as upon the apex of the left. Although the voice "breaks" and singing becomes impossible the changes already set up do not subside, for at 16 years of age the enlargement of the heart persists and the

[1] Naville: Festival Hall of Bubastis, Plates XV. and XX.