tongue the wound in the cheek was brought together with a harelip-pin and a couple of silver sutures. With the exception of a moderately-severe attack of erysipelas, the patient did well after the operation, and was discharged from the hospital with the mouth soundly healed.

CASE 8.—Thomas P——, aged forty-five, a butcher, admitted into St. Bartholomew's Hospital on the 10th of January, 1879. Six months ago he first noticed a small sore on the left side of the tongue, which has since steadily increased. Within the last fortnight a swelling has appeared beneath the jaw, just behind the angle. There is an epithelial cancer extending along the left border of the tongue from near the tip to the last molar tooth. It is covered by a greyish-yellow thin slough. The edges are raised and everted. Its base and the greater part of the tongue are very firm. The submaxillary lymphatic glands and the glands in the parotid region are much enlarged and hardened.—Jan. 18th: Mr. Baker divided the tongue along the middle line, and removed the left half with the écraseur. —21st: Has passed better nights since the operation than for some weeks previously.—Feb. 15th: The wound has soundly healed. The swelling of the lymphatic glands in the neck has much increased, and now there is swelling on the right side. He has no pain in the mouth.

CASE 9.—John H——, aged fifty-two, a shoemaker, was admitted October 28th, 1879. About ten weeks ago he first noticed a sore spot on the left border of the tongue, which has gradually increased in size to the present time. About the middle of the left edge of the tongue is an irregular oval epithelial cancerous ulcer, with a raised and hardened base, and clean surface. A small hardened lymphatic gland can be felt beneath the jaw on the left side.—Nov. 1st: The whole tongue was removed by Mr. Morrant Baker. Its connexions in front and at the sides having been first in great part severed, an incision was made along the middle line with a blunt-pointed bistoury, and the separation of the two halves was completed with the finger. Two écraseurs were then applied to the two halves, and worked simultaneously. When the tongue had been almost crushed through, a ligature was applied to the pedicle beyond the écraseur, and the separation on each side then completed by cutting. The enlarged gland was then removed through an incision in the skin beneath the lower edge of the jaw.—Nov 24th: Nothing specially worthy of remark occurred after the operation; and the patient left the hospital well at this date.

The operation to which I have here drawn attention is one which is so much less difficult than many among those recommended, that I venture to think it will often be adopted by others, as it has been by myself, in cases which at first sight may seem unsuitable for any operation at all. I refer more particularly to cases in which lymphatic glands are diseased, and too extensively to admit of removal. It is true that no long period, if any, of complete immunity from pain and other trouble can be expected. But if we cannot completely remove the disease, it is of great importance to reduce its evils to a minimum; and in these cases the removal of the cancer from the mouth gets rid at all events of the most distressing of the patient's sufferings. Cases 6 and 8 are good examples in point. In the latter the lymphatic glandular enlargement was very considerable, even at the time of the operation; but the subsequent relief was great.

ON APHASIA, WITH LEFT HEMIPLEGIA.

BY J. HUGHLINGS JACKSON, M.D., F.R.S.,
PHYSICIAN TO THE LONDON HOSPITAL, AND TO THE NATIONAL HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

SINCE, in the vast majority of cases, affections of speech go with right hemiplegia, and since left hemiplegia is rarely so complicated, it is a matter of importance to inquire as to right- and left-handedness in all cases of affection of speech. It is particularly important with regard to the well-known hypothesis of Broca and Moxon. In the *Medical Times and Gazette*, August 25th, 1866, I suggested this inquiry, mentioning the case of a man who had defect of speech with left hemiplegia. This patient lamented that the paralysis was left-sided, because he was "a left-handed man." He had had hemiplegia of the right side without any affection of speech. This matter had some time before been fully discussed by Broca. The subject of left-handedness has been both philosophically and practically considered by William Ogle and Pye-Smith. In nearly all cases I have seen in which affections of speech have occurred with left hemiplegia the patients have been left-handed. Of course, it is a significant thing that affections of speech *nearly always* go with right hemiplegia; but a fact of far greater significance is that disease in but one lateral half of the brain, be it right or left, can destroy speech. There is another fact of equal significance—viz., that lesion in but one half does not produce wordlessness. For when damage of one side of the brain destroys speech the patient remains able readily to understand what is said to him, at any rate on all matters simple to him before his illness. This is proof positive that the speechless man retains nervous arrangements for words. Lesion in one-half of the brain, left most often, produces speechlessness, but lesion in neither half produces entire wordlessness. The aphasic condition cannot, I think, be properly understood unless we bear this in mind. It has been said that cases of aphasia give clear proof that thought, and elaborate thought, is possible without words. But the completely aphasic person is not wordless, although he is speechless. It is not a theoretical statement, it is a matter of demonstration that the speechless man is not wordless. I have been speaking of ordinary cases. In some cases of vast lesion in the mid region of the left cerebral hemisphere we are unable to say that the patient does understand all we say to him.[1]

In this inquiry we ought to note the sort of hemiplegia the patient has. To the best of my observation, the more the leg and the less the arm suffers the slighter is the affection of speech. And sometimes when the leg suffers very much and the arm very little there is no defect of speech, or only very transitory defect. Again, I may say, that, as Hammond has pointed out, slight and transitory hemiplegia occurs most often with that kind of aphasia in which there is a copious utterance of words, with mistakes of one word for another, with round-about expressions, &c.

A case of loss of speech (the patient could only utter the words "come on to me," or "come on," and "yes" and "no"), with left hemiplegia, under my care in the London Hospital, is noted in the Hospital Reports (THE LANCET, March 17th, 1868), as an exception to the rule that the hemiplegia with aphasia is right. In the number of that journal, April 4th, 1868, appears a letter from me stating that the patient was left-handed, my friend, Dr. Prevost of Geneva, who saw the patient with me, having suggested the inquiry. No necropsy was obtained in this case. I may here give further remarks on the patient's left-handedness. Four of his six children—those by his first wife—were left-handed; the two by his second wife were not. It is proper to state, for what it is worth, that she said she always corrected her own two children when they used the left hand instead of the right. We may, however, assume that all mothers do so. The patient wrote with his right hand, but used the left for other things—for his knife when repairing boots, &c.

Sometimes a patient is said not to be left-handed because he writes, uses his dinner-knife, &c., with his right hand. This is an error. Left-handed children are not allowed to write with the left hand, nor to use the dinner-knife, spoon, &c., with that hand. A left-handed patient recently under my care, in reply to the remark that he wrote with his right hand, said that the reason was that his schoolmaster used to walk about the school with a short stick and would hit him on the knuckles when he (the patient) had his pen in the left hand. Left-handed soldiers are not permitted to use the left hand for the sword, although, perhaps, they may in fight. A left-handed compositor could not use his left hand for setting up types.

The following is an unpublished note, nearly as I took it down at the time, some years ago, of a case of partial aphasia, with left hemiplegia. It will be seen that an important part of a sailor's work was of necessity done by the right hand.

[1] I have suggested that the process of which speech is the end is preceded by an automatic reproduction of words. It has recently occurred to me to inquire whether the process of receiving speech of others may not also require a double service of words. It may be that whilst in an ordinary case of aphasia speech is impossible from disease in the left cerebral hemisphere, and ability to understand speech remains, there may for the latter purpose be a double process, starting in the right cerebral hemisphere and ending in the higher centres of the left—centres higher than those commonly believed to be the sole speech centres.

Thanks to the courtesy of my late friend, Dr. Harry Leach, I had the opportunity of investigating an interesting case of defect of speech, with left hemiplegia, in the Seamen's Hospital. At present the hemiplegia is very slight indeed; it amounts only to a little weakness of the arm, but it is clear that this side was considerably affected at the time when speech was lost. It will be observed that part of the history is given in the patient's aphasic language. Six months ago, when in the Calcutta river, during hot weather, the patient felt tired, and had no appetite. When one night at the wheel "could not when I see the compass tell the right thing." He remarked to a shipmate that he, the patient, had lost his speech. [Here the patient stopped in his account altogether; I urged him to go on.] "Said perhaps to-morrow night." He went to bed and "sleep for hours, and was awoke; when awake no speech. Captain came forrard." [Here I could not get to know what the captain had said; the patient's words were spoken in a low tone, and as if jumbled together.] "Was four or five or six days to be." [Then he stopped; I urged him to go on.] "There was a slate, and for three or four days, I suppose, and I thought I would try and my write and pen up, and could not do at all." I gathered from this that he tried to write. I said, "*Why* could you not write?" He replied that he did not know. He could not read at that time, although he could see. He did not know why. He was in bed one week. I asked him what the captain thought of him. "Captain said speech come a time, a little."

He could write his name readily, using his right hand. He could copy with perfect accuracy, and brought a slate with verses from the New Testament written on it. I told him to write the name of the place where he was taken ill. He wrote "Ca," and then stopped. I urged him to go on. He replied, "I can't," but in about half a minute he added "cuttir" to the "Ca." I asked the name of the place. He replied readily, "Calcutta." I next asked him to write the name of his ship. He wrote "*Thanpole*," but told me the name was *Stanhope*. I then asked him to write the day of the week. He wrote "Sa," then "utu," and then "ey" (=Sautuey). I asked him to tell me the name of the day. He readily said "Saturday." Next I tried him at reading. He read quite correctly, but very slowly, word by word, like a schoolboy, but he made no mistakes. I urged him to read fast; *then* he made blunders—viz., "nature" for "virtue," "have" for "happily." But he stuck fast altogether very soon, and on resuming went on slowly and correctly. He wrote to dictation, with but few mistakes, and those possibly owing to defective education; but he wrote very slowly, and only word by word.

I asked him if he was left-handed. He said he was. I asked him how he knew he was. He said "Took a hammer in my left." (I suppose he meant this for illustration's sake.) He always used to cut his food with his left hand. He added, of himself, that he used the needle (in mending sails) with his right hand. I asked him how this was if he was a *left*-handed man. He replied, "Whenever I come that, when I, I can't, cannot make myself." Here he stopped, and I urged him to go on and tell me why, if he were *left*-handed, he used the needle with his right hand. "Well, when I, when I do the thing, or any, any, any sort, the palm, you know they put it on the right hand." "Why?" I asked. "Because that's because why they've none in the ship—not eh, eh, palm for lab, left hand."

I gather from this and from his gestures that in using the needle he forced it through the sails by help of some leather apparatus, and that this apparatus would not fit the left hand, just as a glove for the right would not fit the left. I then remarked to him that he wrote with his right hand. He said, "Brought it to be learned with right." (Brought up to write with the right hand.)

I would remark here on the importance of noting slowness of speech and hesitation in estimating degree of aphasia. Slowness and hesitation are signs of impairment of speech. It is interesting to note that this patient wrote very slowly, and that he read worse when hurried. But the possibility that this patient was imperfectly educated renders these facts of less value. No doubt degree of education has much to do with the degree of writing power (expression by writing) in cases of aphasia. For high education in writing means that writing has become highly automatic.

There was some years ago under my care in the out-patients' room at the London Hospital a man, twenty-one years of age, who had defect of speech, inability to write and to read, who was hemiplegic of the left side. Yet there seemed to be circumstantial evidence that he was not left-handed. His father, his mother reported, had found great difficulty in getting him to use his left hand in caulking, in which the left hand has to be used. This man had had two attacks of convulsion, and it is possible that there was a double lesion. Of course without an autopsy it is impossible to be certain. Dr. Wadham (St. George's Hospital Reports, 1869) has recorded a case of left hemiplegia with aphasia. The following is from Bateman "On Aphasia:" "The subject of Dr. Wadham's case, a young man of eighteen, belonged to a left-handed family, as four of his brothers as well as himself were left-handed. This case having terminated fatally, there was found to be almost an entire absence of the island of Reil on the *right* side, its place being occupied by a large cavity containing a little fluid and a small amount of broken-down brain-matter; the *left* hemisphere was perfectly healthy." This case is one of extreme value, as there was an autopsy.

ON MEDICAL CERTIFICATES OF INSANITY.[1]

BY T. N. BRUSHFIELD, M.D.,
MEDICAL SUPERINTENDENT, BROOKWOOD ASYLUM, SURREY.

I HAVE been induced to write a paper on the subject of Medical Certificates of Insanity, and for two distinct reasons: first, to afford those medical practitioners who have not directed much time to the study of insanity some practical hints as to the entries to be made in them, and which are wanting in the ordinary text-books;[2] secondly, to point out some imperfections in the present statutory form of certificate, and to suggest some additions and alterations, so as to render it more comprehensive, satisfactory, and complete.

I know of no position in which a medical man is placed in a greater state of embarrassment than when, perhaps without having had any previous practical acquaintance with the subject, he is suddenly called upon to treat or to advise upon the treatment of his first case of insanity. The issues are so important, involving as they do the welfare of the patient and the happiness of his family, that when he asks himself the momentous question as to whether it be a case for home treatment or for removal to an asylum, the professional man can then realise the serious responsibility attached to the opinion he will have to give to the distressed relatives, and this can only serve to intensify his own anxiety. When he *has* had some previous experience of the nature and treatment of mental diseases, it will be a comparatively easy task for him to arrive at some definite opinion as to the plan to be adopted in the particular case, as well as to give valid reasons to the relatives for his decision. I may remark that, from his previous knowledge of the patient, the regular family practitioner can distinguish and appreciate any change in the demeanour, habits, and conversation of the person to be examined, as compared with the previous condition, far better than any stranger who may be called in. The medical man having decided to recommend the immediate removal of the patient to an asylum, and the relatives having consented to this, the law requires that prior to his admission there, certain statutory forms be filled up, the most important of which is the medical certificate of the patient's insanity. In the case of a private patient two such certificates are needed; in that of a pauper only one. There is no difficulty in filling up the more clerical portion of these certificates, as the printed forms always contain copious marginal explanations. The necessary form for a private patient may always be obtained from asylums receiving that class of inmates. In the case of a pauper it is the duty of the relieving officer to supply one.

For practical purposes we may divide the certificate into two distinct portions, the *statutory* and the *medical*. Let me here state that I purpose throughout my paper giving illustrative excerpts from certificates that have come under

[1] A *précis* of this paper was read at a meeting of the South-Eastern Branch (West Surrey district) of the British Medical Association, held at Farnham on March 25th, 1880.

[2] The work containing the best remarks upon the subject is the small but valuable one by Dr. Millar, entitled Hints on Insanity, and which has reached its second edition. As far as I know, the only paper on this matter is Dr. Bucknill's admirable but too short one published in the Asylum Journal, vol. vii., p. 79 et seq.