the tongue were free, and there was no difficulty of deglutition. She did not seem to have lost any of her intellectual powers; but her emotional sensibility was certainly increased. Her general health continued good up to the time of the last fatal seizure, which occurred in April 1850, without any premonitory symptoms. At the *post mortem* examination, the upper two-thirds of the anterior lobe of the left hemisphere was found to be a pulpy mass, in a state of complete destruction, with colourless softening; while the middle and posterior lobes were sound and healthy; but the greatest change was in the ganglionic masses at their base, and in the commissural structure. The upper half of the corpus striatum on the left side was destroyed by softening; the optic thalamus was shrunken to less than half its natural size, its upper surface being greatly wasted; while, on the right side, a small and recent apoplectic clot was seen on the upper and anterior surface of the corpus striatum, the whole of the upper half of which was in a state of *ramollissement*; while on the upper surface of the thalamus also were noticed some indications of white softening. The corpus callosum was destroyed, except at its anterior and inferior reflexion; and the anterior commissure and fornix were gone. Microscopic examination of the softened parts presented an abundance of compound cells, and of fatty matter in the capillaries. Now, in this case, it was quite evident that, with the disorganisation of the left anterior lobe, its functional power was entirely abolished; and, although the right hemisphere was healthy, and there was every evidence, from the history of the case, that it maintained and exercised a functional power as a centre of intellectual action, still the volitional agency was wanting to give utterance to the passing thought, *for the corpus striatum on the same side was not in its integrity.*

I would here remark, and express my conviction, that the imperfect power of articulation, to which we have our attention so constantly called, in hemiplegic patients, there can be little doubt, is most generally due to some structural lesion in the motor centres of volition—that is, in the corpora striata, or among their commissural fan-like fibres, which radiate from them to the cerebral hemispheres.

My next case is one of functional nervous derangement, highly interesting in all its psychological bearings, and strikingly illustrative, as a case in point, of loss of speech or the power of utterance where the intellectual faculties are in abeyance. It was the case of a young woman who accidentally fell into a river, and was nearly drowned. When I first saw her, on her being brought home, about three weeks after the accident, her only medium of communication with the external world was through the senses of sight and touch; for she could neither speak nor hear, taste nor smell. Her mental faculties appeared to be entirely suspended, there being for some time no evidence that any ideas were aroused by the sensations she received, although respondent movements of various kinds were excited through them. Thus her vision at short distances was quick; and so great was the state of exaltation of the general sensibility upon the surface of the body, that the slightest touch would startle her; still, unless she were touched, or an object or person were so placed that she could not avoid seeing the one or the other, she appeared to be quite lost to everything that was passing around her. She had no notion that she was at home, nor the least knowledge of anything about her. She did not even know her own mother, who attended upon her with the most unwearied assiduity and kindness. Her memory and the power of forming and associating ideas were quite gone. Wherever she was placed, there she remained throughout the day. She was very weak, but her bodily health was not much deranged; the tongue was clean, the skin moist, and the pulse quiet and regular; but the bowels were sluggish. After a lapse of three months, an incident occurred in the family which aroused her sensibility, and suddenly brought into play the suspended *power of articulating words, but not the perfect power of speech.* It was in a moment of strong emotional excitement that her power of utterance was suddenly regained. The sight of her mother in excessive anguish and distress forced open the floodgates of her inner sensibility; volition was roused; and the barrier was swept away which had so long kept her spell-bound in silence. Like a disruptive discharge of the nervous force, she suddenly though hesitatingly ejaculated, "W-h-a-t's the matter?" From this time, she began to articulate a few words; but she never called things by their right names. The pronoun *this* was her favourite word, and it was alike applied to every individual object, animate or inanimate. So long, indeed, as the intellectual centres were in an abnormal condition, the perfect power of speech was in abeyance. Nine months afterwards, under sudden and overwhelming emotional excitement, she fell down in a fit of insensibility of many hours' duration, to the great alarm of every one around her. But it proved critical and sanitary; for, when the insensibility had passed off, she was no longer spell-bound; the veil of oblivion was withdrawn. Her speech was restored. She awoke, as from a sleep of twelve months' duration, in the possession of her natural faculties and former knowledge, but without the slightest

recollection of anything that had taken place during the interval of the past year, in which her mental faculties had been suspended.*

In conclusion, I cannot too strongly recommend to the attention of all who are interested in this most interesting subject—aphasia—a most valuable series of papers now in the course of publication in the *Journal of Mental Science*, by Dr. Bateman. They are full of interest, sound reasoning, and the most valuable information, presenting us with a complete *resumé* of the subject from the earliest times.

ON ARTIFICIAL RESPIRATION AS A REMEDY IN DISEASES OF THE CHEST.

By HORACE DOBELL, M.D., Senior Physician to the Royal Hospital for Diseases of the Chest.

I HAVE long been accustomed to prescribe artificial respiration, as an auxiliary to other treatment, in cases of chest-disease accompanied by imperfect aëration of the blood, especially in the young, the weak, and the old. When it has been practicable to get this treatment fairly carried out, I have seen the most pleasing results. But the difficulties are many. It is evident that the Marshall Hall method is inadmissible, as patients, seriously ill with chest-disease, cannot bear to be rolled about. The method by alternating pressure on the sternum, also, cannot be borne, especially when there is heart disease. The Silvester method, therefore, is the one which I have chiefly employed; but it has these among other disadvantages. 1. It is very seldom that there is room while the patient lies in bed for the arms to be carried back sufficiently. 2. When a patient is sitting up, if weak or suffering from heart-disease, raising the arms above the head produces faintness. 3. The operation is very fatiguing and distressing to the patient, as well as to the attendant. The result is that, in the cases in which it is most urgently required, it is quite a chance whether it can be effectively done. It happened that at the time Dr. Bain read his paper "On an Improved Method of Practising Artificial Respiration in Cases of Suspended Animation" (at the Royal Medical and Chirurgical Society, December 8th, 1868), I was attending an exceedingly bad case of capillary bronchitis in an old man, the subject of extensive emphysema with dilated heart and anasarca. There was the greatest difficulty in preventing him from sinking into hopeless carbonic acid poisoning. I had been fighting against this for several days by employing an attendant to use artificial respiration by Silvester's method, as often as the patient became more than usually blue and drowsy, but the fight was a most difficult one; the patient was unable to lie down, and the raising the arms while he sat in an easy chair fatigued and distressed him so much that it was evident he could not bear it much longer; yet he was quite unable to go on without it. Immediately after hearing Dr. Bain's paper, I visited the patient and altered the plan of proceeding. He sat in a high-backed easy chair. I got behind him upon a stool sufficiently high to give good command over his shoulders from above, and then, grasping them from before with the tips of the fingers towards the arm-pits, dragged him up with sufficient force just to take off his weight from the chair without unseating him, held him so for about three seconds, then let him down, and after a rest of about three seconds lifted him again as before. This was repeated twenty times, and the patient, instead of showing signs of fatigue and distress, said he felt revived, and the improved colour of his lips, nails, and skin, and the brighter expression of his eyes, plainly told the good effect it had produced upon his blood. He willingly consented to have the operation repeated every two hours. It was easily done by his attendants, and persevered in for four days and nights. The effect has been so remarkable, that it is now no longer required. I believe that the operation saved his life.

I cannot too strongly recommend the adoption of the same plan in all that class of cases to which I have here referred. I would also point out how important it is in the young, the weak, and the old, when suffering from diseases impeding respiration, to prevent them from sitting or lying with the weight of the arms pressing upon the chest. The weaker they became—and the more overpowered with carbonic acid poisoning—the more completely is the weight of the arms and shoulders allowed to sink down upon the thorax and thus to interfere with respiration. I believe that numbers of lives are lost by neglect of these precautions, and of artificial respiration just at the critical period when the fever and excitement of the congestive stage give place to the lassitude accompanying free exudation.

* This case of suspension of the mental faculties, of the powers of speech and special senses, with the exception of sight and touch, and continuing for many months, I published, with a Commentary on its bearings, upon the Philosophy of the Human Mind, and the Physiological Psychology of Man, in this JOURNAL, in 1855.