The difficulties of understanding the propagation of new growths through the blood are not greater than in the cases of pyæmia, syphilis, or inoculated variola, nor in the cases of the diffusion of lead, mercury, or silver through the system.

Malignant disease means a form of malady which infects the whole system from a local source. The character of the disease clearly depends in great measure on local influences. Some new formations cannot propagate themselves, and others can; this depends on their structure. Why is the body liable to a number of local affections which vary in this way? Here lies a difficulty; but, because it cannot be answered, it does not follow that it is due to some inherent vice in the system. Ten different persons may have ten different morbid actions arise on a defined spot on the body. One man may have a sebaceous tumour on his head, another a patch of lepra on his chest, another an ulcer on his leg, another a warty growth on his finger, another an enchondroma on his toe, another an epithelioma on his scrotum, another have a growth made up of nucleated cells on his neck, another have a tumour made up of bone on the thigh, another have a fatty tumour on his shoulder, and the tenth a black tumour growing up in a mole. Now, if we take these different morbid conditions, we call some innocent and others malignant, because the former remain localised and the others spread. Is this difference in their structure associated with their spreading, due to some constitutional difference in the subject, or are local causes only in operation? I should say, without disputing the question of tendencies in persons to different morbid actions, that the old doctrine, and that taught generally up to the present time, that constitutional causes are alone in operation, is refuted by the arguments before given. It is possible that, looking upon the constitutional and local causes as distinct, we may be only regarding the one side of the shield. If there be two sides, I should say that clinical surgery had, until late years, looked at the one side only, and that morbid anatomy had given us the other side of the picture.

Some of the more evident arguments, taken from the fact of cancer returning on the same spot from whence it was supposed to be removed, or in the adjacent glands, and similar facts, need not be repeated.

TEMPORARY AFFECTION OF SPEECH (APHASIA): "APHASIC" WRITING.

By J. HUGHLINGS JACKSON, M.D.,

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THIS case is of interest, as showing temporary loss, or rather great defect, of speech, with inability to write and to read. There was, to use the accepted nomenclature, Aphasia. I report it because I can give a specimen of the writing, or, so to put it, of the inability to write—that is, to speak in writing. My friend Mr. Steggall was so kind as to draw my attention to the case, and to procure for me the specimen of writing mentioned.

The patient, an intelligent Scotchman, forty-two years of age, had had five attacks, in the last three of which there was loss of speech. It is necessary to give an account of all his attacks, for the sake of the pathology of the case. My belief is, that the several symptoms were the results of thrombosis of very small cerebral arteries; but, most unfortunately, I put off going into the clinical pathology of the case (state of arteries, heart, urine, etc.) until another occasion: I never saw the patient again. I have elsewhere described what may be called Epileptic Aphasia; but the temporary affections of speech in this case were not, I think, of that kind.

First Attack, October 1870.—After walking more than a mile to his shop, he opened his shop, and then went outside to brush dust off the window-frame. The left arm suddenly lost power, and the leg became weak. There was, however, a trifling power of movement in the arm, and, by the time that Mr. Steggall reached him, it was recovering. The same evening, he served in his shop, and also next day. The arm was still weak, but he could use it for measuring and unrolling ribbons, etc.; however, he did not absolutely recover. Eight days later, he had his second attack.

Second Attack.—He was out, and was again seized in the left arm and leg. He went home "drawing the left leg after him". In this attack, the leg suffered more than it did in the first, but still was not so much affected as the arm was in this second attack. In a week, he could do some work, but was under medical care a month, at the end of which time he was nearly well, but had had ever since numbness of the left finger-ends.

In both attacks, he seems to have had some defect of sensation in the paralysed parts. He thinks the face was not drawn in either attack, but it felt stiff. There was no trace of loss of consciousness in either, and no vestige of cramp or spasm.

Third Attack.—On Friday, January 20th, 1871, at 8 P.M., when in the shop, he suddenly felt that his speech had gone. He tried to speak aloud, and could only mumble. A customer came in for a pair of stockings; he could not speak to her, and went into the parlour, beckoning to his wife to go into the shop to take his place. He was better in two hours, and next morning was all right.

Fourth Attack.—On Tuesday morning, January 24th, 1871, he found his speech gone when he got up. He went down stairs, lit the fire, and boiled the kettle. He opened the shop, but could not speak to his customers. He had not, however, lost the power of uttering something, as he made mistakes—"said what was quite different". He can only call to mind one of his mistakes; viz., "penly" for "penny". So he gave up serving, and tried to tell his wife that he would go for a walk. He could not say it. At her suggestion, he tried to write it, and could not. The woodcut shows the result of his effort. As he

says, since he could not "write" it, he tried to "print" it, as in the last line. I asked him why he could not write; he said he did not know, and added that he could not spell. There was nothing wrong with his arm. He tried to read the newspaper, but could not. I again asked why. He said he did not know; "seems as if sense was gone," "could not make words out." His sight was not affected; he began at the top of an article. "I dare say I read a word, but I could not make any meaning out of it". He lay down and slept from mid-day to 8 or 9 in the evening. When he awoke, he could speak plainly, but not for long; "soon came back to the old mumble". He went to bed at 10, and next morning could speak quite well again.

Fifth Attack, Thursday next.—On awaking, he could not speak, and did not speak for an hour. Unfortunately, he did not try to write, except on the occasions referred to.

In none of these attacks did he find anything wrong with his face or tongue.

He seemed to be in good health; and the only thing complained of was pain in the left temporal region (a most important symptom), and numbness of the left side of the face, and numbness of the left fingers. As I have said, I have no details of the clinical pathology.

ON APHASIA.

By T. CLAYE SHAW, M.D.,

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IN the present state of opinion regarding the connection of aphasia with the lesion of a defined portion of the brain, all cases bearing directly on the subject should be put on record. Subjoined are the history and *post mortem* examination of a man aged 74, a tailor by trade, who suffered from well marked amnesic aphasia. According to his wife's account, he was always temperate, and had never smoked. The first paralytic seizure occurred in March 1867, but sight and memory had somewhat failed eighteen months before. At this period (1867), the right extremities were paralysed; and the aphasic condition was present, for he gave to understand by signs that he wanted a slate and pencil to express himself with, not being able to say what he wished; and yet he could not write intelligibly when the materials were given to him. He called his wife "Joe" and "Jack", complained of the right side of his face and head feeling "too large", and answered questions incoherently. In September 1867, he became epileptic, and was under treatment at the Queen Square Hospital for some months. Afterwards he became violent, and hid knives and ropes with the avowed intention of using them against others. In June 1872, he was admitted into the Leavesden Asylum, in the following state. He was right-handed. The body was fairly nourished. There was right hemiplegia, with contraction of the extremities, and drawing of the face from palsy of the left facial muscles. He had epileptic fits about once a month, the right extremities being always much involved in the seizures. He had great difficulty in getting out the word he wanted to say; e.g., he could not