

## **On emotional aphasia / by D. de Berdt Hovell.**

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# EMOTIONAL APHASIA.

BY

D. DE BERDT HOVELL, F.R.C.S.E.

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LONDON:

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1875.

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# PHYSIOLOGICAL ANATOMY

BY

D. DE BRIDT HORN, M.D.

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[Translated from the German by J. H. Green, M.D.]

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LONDON:  
JOHN B. LIPPINCOTT & CO., PRINTERS, GREAT BRITAIN STREET, W.

1872



ON  
EMOTIONAL APHASIA.

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ACCORDING to the Lexicon, the first meaning of aphasia is deprivation of speech from fright, astonishment, &c. The name is, therefore, more appropriately given to this, the emotional form of the disease, than to that arising from organic change, to which it is usually applied, and from which it differs in being for the most part temporary, although in severe cases it may and does sometimes assume a permanent form. The loss of power of articulate expression which arises from organic disease would be perhaps more correctly represented by *αφημια*, but that is not considered to be a classical word, being derived from *φημη*, *report*. If we reject aphasia as unclassical, we must then fall back on aphasia as the generic term, and consider it as applying both to speechlessness from fright and organic disease, so that aphasia may be—

1. Emotional, or temporary.
2. Organic, or permanent.

The perversion of words which not unfrequently takes place in similar conditions would be perhaps more correctly termed metaphasia. A patient of mine who was insensible for three days from an attack of apoplexia



fulminans, after his recovery used to call his legs his "incomes."

The varieties of this and allied affections would thus be—

1. Aphasia, loss of power to speak, but not to think or write.

2. Amnesia, loss of speech from loss of memory or co-ordination.

3. Agraphia, loss of power to write, but not to think or speak.

4. Metaphasia, loss of power to find the right word or expression.

I was called at midnight to see a lad, aged 16, who had lost the power of speech. He was what was termed a teller in a large house of business, and his duty was to call out entries in an audible voice for two hours at a time. His parents having been in better circumstances, he was anxious to get on in life, and he was not only diligent in his business but had undertaken extra work in after hours. He was rather excited, pulse quick, &c., but had no other presentable symptom other than that, like Zachariah, "he was dumb and unable to speak," and made signs that he wanted writing material, by means of which he expressed himself correctly and gave pertinent answers to questions asked. He recovered his speech in twenty-four hours, and rested for a week; but, notwithstanding caution and advice not to over-exert himself, the same condition of aphasia returned about six weeks after, and continued forty-eight hours, when he again recovered, and was apparently well. About two months after a third attack occurred, apparently from excitement on seeing a boat-race, in which, being much interested, he ran and shouted along the bank for some time and distance. From this, the third attack, he did not recover so readily, and in accordance with the wishes of his friends, I procured his admission into an hospital, where he underwent various examinations and opinions, but after the lapse of five days recovered his speech under the influence of galvanism. It will be observed that the duration of aphasia was twenty-four hours, or one day in the first instance; forty-eight hours, or two days, in the second; and 120 hours, or five days in the third; that the interval between the first and second attack was six weeks, and eight or nine between the second and third. The circumstances of the second attack were not so marked;



but it will be observed that in addition to the excitement and anxiety which attended the third attack more particularly, there was fatigue of voice, if I may be allowed the expression, which may be considered parallel and analogous to the fatigue of the hand in writing which usually attends scrivener's palsy. In estimating the causes of the third attack more particularly we may fairly add to the predisposing circumstances not only the excitement and anxiety about the result of the race, but also physical fatigue and exhaustion. As these causes, especially when combined, quite sufficed to my mind as an explanation of the attack, it was not without surprise and a certain amount of displeasure that I heard that his case was not considered to be aphasia, but feigned disease, or hysteria. There was nothing, however, in the circumstances of the case or patient to warrant this opinion. My object in bringing the case forward is first to assert its claim to be considered essentially a case of aphasia ; and secondly, to offer an hypothesis in explanation of the cause, and in so doing to disclaim any discussion as to the exact seat of disease in any particular part of the brain. This is not the only instance I have met with in which emotional aphasia has been temporary and disappeared after removal of the cause, and in this respect it has a marked distinction from the disease arising from organic causes, which more frequently, and perhaps less accurately, bears the name ; but I quite see and understand how it comes to pass that minds which are scientifically bent upon discovering and localising this and other diseases come to disbelieve the truth and doubt the real existence of those which have not a recognised local source. Diseases of this class have their seat in that part of our economy which lies between the material part of our nature, on which some dwell too much, and the immaterial part, on which some dwell too little ; yet withal, of which some affect to think too much for their use in this working world. I assume at the outset that, as the spinal cord is the source of action, and the brain of intellect, so the emotions, which from their very name necessarily *move* us, have their representative seat, but, perhaps, not altogether their source, in the sympathetic system, concerning the use of which professors of anatomy a quarter of a century ago used to shrug their shoulders and be silent.

The experiments of M. Claude Bernard have shown the



alteration in the functions of those parts supplied by the sympathetic which ensues upon division by the knife—viz. :—

1. Dilatation of vessels, with increased rapidity of circulation.

2. Increase of muscular irritability, and general increased sensibility of cerebro-spinal nerves—hyperæsthesia—in other words—

I. Loss of control over the heart and arteries—the circulating system.

II. Loss of tone in nerves of motion—muscular system.

III. Loss of tone and increased sensibility in the nerves of sensation.

It is difficult to say precisely how the influence of the passions and emotions falls upon the nervous system and the organs supplied by it ; but undoubtedly the disturbance and loss of power consequent upon emotions closely resemble those conditions which ensue upon division of the sympathetic with the knife.

Of these the most striking and perhaps the most frequent is palpitation and other disturbances of heart's action. It is also obvious that this palpitation and disturbance of heart's action so far from representing a condition of strength, indicates quite the reverse ; and we have only to carry the mind's eye along all the great and lesser arteries till we reach the arterioles, which necessarily supply the minute nerves of motion, sensation, and secretion, to see how, not only the disturbance, but loss of power which attends this state of things, must result in—(1) paresis, (2) hyperæsthesia, and (3) susceptibility to irritation ; because not only is a sound condition of nerve power essential to healthy circulation, but, on the other hand, healthy circulation of blood is equally essential to sound nerve power, and this cannot be fulfilled by dilatation of vessels with either increased rapidity of circulation, or, on the other hand, that stasis of arterial action which, as regards function and secretion, is equivalent to anæmia ; when, I repeat, this altered and disturbed condition of circulation applies to the blood-supply of minute nerves ? Briefly, not only are these the direct effects of depressing emotions, but indirectly also of the reaction which ensues upon excitement and excessive exertion, whether physical or mental ; to both of these may be added the disturbing influence of the irritating emotions, anxiety and minor worry. One or more of these causes, potent in itself, more



powerful still in combination, will prove sufficient to account for many a single symptom and general morbid condition, which, however ideal and incredible to the physician, has only too great a reality of pain or incapability to the experience of the patient. Instances of talking nonsense under circumstances of fatigue and excitement, as mentioned by Dr. Gairdner, of Glasgow, are not so rare. This, of course, is not pure aphasia, though it might be considered a form of it; neither is it metaphasia in the sense of the instance mentioned above, which, unlike that of Mrs. Malaprop, did not arise from careless ignorance, but from mental inability to find the right term. Properly speaking, this state of things would be owing partly to amnesia. In the diagnosis of the various forms of aphasia it is obviously very important to determine how much is owing to organic, and how much to emotional, causes.



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nothing which, however identified in the past  
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