# Obituary.

# WILLIAM CORBET, M.B.

It is with considerable regret we have to record the death of a most amiable member of our specialty in Ireland, that of the above named gentleman, after an illness of but a few hours' duration. On the day of his death the deceased was in his usual health, and after going his accustomed and punctual rounds of his patients, was on his way in his own carriage to Dublin, when he was seized with an attack of paralysis, under which he succumbed in the course of a few hours. The deceased had attained theripe age of seventy-nine years, but was still active in mind and body, and m ght be literally said to have died in harness. Dr. Corbet had been the very efficient Resident Physician and Chief Officer of the Government Institution for the Criminal Insane at Dundrum in the County Dublin, having been the first who was appointed to that most important and responsible Office, and having discharged its duties with seal and ability for the lengthened period of twenty-two years. He was a gentleman of a highly cultivated mind and eminent as a classical scholar. He was modest and retiring, almost to a fault, which prevented him from being better known either amongst his own profession or the general community. In our issue of October last an opportunity was afforded us, in reviewing the Irish Inspectors' Parliamentary Report in January, to refer to his able management of the establishment over which he presided so many years, and to remark upon the very inadequate remuneration doled out to him by the Executive Government for his valuable and conscientious services. Dr. Corbet was a regular member of the Medico-Psychological Association for a series of years up to his death, but did not take any part in its meetings, the limited time he had for recreation being devoted by him to annual Continental tours for invigorating him for the continued efficient discharge of his arduous duties.

#### CORRESPONDENCE.

## APHASIA.

# To the Editor of the Journal of Mental Science.

SIB,—In reply to Dr. Wilks' letter contained in your last number on our case of lesion of Broca's convolution without, as we hold, Broca's Aphasia, we beg to say, that far from wishing to indicate that any confusion existed by what was meant by Aphasia, our desire was to indicate that a very accurate differentiation existed between its varieties, and were it not for Dr. Wilks' statement, we could not have believed that in London the term Aphasia was held by most medical men to indicate the one form, Amnesic Aphasia. In the North the two forms are recognised and acknowledged in diagnosis and terminology. We think it cannot be doubted that this was not a case of Ataxic Aphasia.

We think it cannot be doubted that this was not a case of Ataric Aphasia. The woman could pronounce all words. The left frontal lobe was injured in three of its convolutions, and the locus indicated by Broca as the seat of the power for the production of articulate speech (not memory of words), was involved in their destruction. All Broca's cases on which he has founded his theory, are distinctly cases of Ataric Aphasia. His patients had lost the faculty of speech and had not lost the memory of words. This woman had the faculty of speech intact, but had forgotten certain words. On this ground we argued that Broca was wrong in his localization.

If Amnesia in this case was the result of the lesion, it is a singularly important one, as it tends to bring the subject to a very fine point. Be it remembered that certain nouns were the only words this woman had forgotten; all other parts of speech were perfect, therefore, if the lesion and the loss of power over their use were cause and effect, we would be in a position to argue that the power of employing nouns lay in this neighbourhood, and that the use of the more complicated parts of speech lay elsewhere. But we cannot believe in any primary connection between the symptoms and the lesion; this imperfection increased gradually with the loss of general intellect. The lesion had existed for eleven years, but when we first knew her the amnesia was very slight, and we cannot suppose that the lesion had altered for many years.

If Dr. Wilks were to advance the theory of the right side of the brain having taken up the function of the left in the case, supposing it to be correct, the normal sequence in the acquirement of language must have been curiously reversed, for, as above stated, substantives which are, under ordinary circumstances, the first words acquired, were the only parts of speech absent. This fact disproves any such hypothesis.

speech absent. This fact disproves any such hypothesis. If, inadvertently, we did not give Dr. Robertson, of Glasgow, full credit for his labours on Aphasia, we beg to apologise, but we must add we see nothing in his letter to change our opinion of the deductions the case causes us to draw in reference to his theory.

We are, &c., J. BATTY TUKE, M.D., &c. JOHN FRASER, M.D., &c.

Fife and Kinross Asylum, Cupar, 3rd September, 1872.

#### PENSIONS TO ATTENDANTS.

## To the Editor of the Journal of Mental Science.

SIR,—In the early part of last year I wrote to the "Lancet," suggesting the propriety of a Pension Fund being formed for the benefit of attendants in Scotch Asylums. I have thought over the matter since, and feel even more convinced than I did then that the institution of such a fund is both practicable and desirable.

I believe that if all the asylums and lunatic wards of poor houses would combine and agree to pay 10s. a head per annum for every attendant in the service, quite sufficient funds would be provided to meet the demand.

The annual payments ought to go on, I think, accumulating for ten years before any pension be granted. No one would be entitled to participate in the fund under 50 years of age, and who had not been ten years in the service. £15 might be given for ten years' service, £20 for fifteen years, and £25 for twenty years. The amount of pension, however, is a matter which could be easily arranged after the formation of the fund. I would be inclined to allow the females to participate at the age of 45, as being sooner aged than men.

participate at the age of 45, as being sooner aged than men. The outlay on the part of asylums would be but little on the whole, and the benefits, I think, would be great.

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