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APHASIA AND
KINDRED DISORDERS
OF SPEECH

IN TWO VOLUMES
VOLUME I

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APHASIA
AND
KINDRED DISORDERS OF SPEECH

BY
HENRY HEAD, M.D., LL.D. EDIN., F.R.S.

CONSULTING PHYSICIAN TO THE LONDON HOSPITAL
HONORARY FELLOW OF TRINITY COLLEGE, CAMBRIDGE

VOLUME I



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To

*The Memory of the three men who have most influenced
my methods of work and thought*

WALTER HOLBROOK GASKELL, M.D., F.R.S.
Fellow of Trinity Hall, Cambridge

EWALD HERING
Professor of Physiology in the German University
of Prague

JOHN HUGHLINGS JACKSON, M.D., F.R.S.
Physician to the London Hospital and to the
National Hospital for the Paralysed
and Epileptic, Queen Square

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P R E F A C E

THE preface to a book of this kind must always partake somewhat of the nature of an epilogue. The toil of composition is over and the author is anxious to explain how he came to undertake his task. Reasons must be given for the mode in which the facts are marshalled and apology made for the shortcomings of their presentation.

It is nearly forty years since my interest was first aroused in the problem of aphasia. After two years spent in physiological research under the guidance of Professor Hering in Prague I had returned to Cambridge to resume the study of medicine. In November 1886 an elderly woman was admitted to Addenbrooke's Hospital with what I should now call nominal aphasia and right hemianopsia unaccompanied by paralysis of any kind. I spent much time and ingenuity in examining her condition and in reading up the literature on the subject. When she died some seven weeks later from a large recent haemorrhage in the right hemisphere, a smaller well-defined lesion was found to occupy the parts beneath the left supra-marginal and angular gyri; this was evidently the cause of her original symptoms. At the request of the physician in charge, I prepared notes for a clinical lecture on the case, in which every symptom presented by the patient was satisfactorily accounted for by destruction of some centre or internuncial path. At that time the subject was dominated by the theories of Bastian and other diagram makers. Lichtheim's paper had just appeared and exerted a profound influence upon the clinical theories of the day. We believed that every sign and symptom could be deduced from a local lesion in some cortical centre or injury to the paths between them.

But when somewhat later I attended demonstrations on classical examples of aphasia, I lost this robust faith. Moreover I could not make my own observations fit the phenomena which should have been present according to the current theories. It was always necessary to invent some special reason to explain why the patient's condition at the moment did not conform exactly to the proper type.

Later, when working out the consequences of lesions of the peripheral nerves, it became obvious that the changes in function did not correspond to any forms that could be deduced from a priori consideration of the phenomena of normal sensation. The morbid manifestations could not be classed as isolated loss of sensibility to touch, pain, heat or cold, and not infrequently comprised a curious over-activity to certain forms of stimulation, in spite of the fact that the threshold was obviously raised.

As we passed on to investigate the result of functional disintegration at higher levels of the nervous system, this want of correspondence between the actual phenomena observed and the forms of sensation determined by introspection became still more evident. For example, a lesion of the cortex produced results which could only be classed under the heading of defective recognition of certain relations between sensory stimuli and the perceptions to which they gave rise.

I therefore determined to investigate the phenomena of aphasia in the light of these conceptions. But the methods of examination in common use were insufficient for this purpose, and from 1910 onwards I slowly built up a series of tests by repeated trials in suitable instances.

By 1914 my experience with these tests was sufficient to permit their application to the remarkable cases of brain injury produced by the war. But this alone would have been insufficient to lead me to the conceptions I now hold had I not read Hughlings Jackson's long forgotten papers on aphasia. These I subsequently reprinted in *Brain* during the early part of 1915 with an introductory preface. For the first time I began to see light in the confused medley of clinical observations, and with each patient I examined by the new methods, I came to understand more clearly Jackson's attitude to the problems of these disorders of speech.

For, although I was in intimate relation with Dr Hughlings Jackson during the later years of his life, he rarely if ever touched on his views concerning disorders of speech. Many were the talks we had together on evolution and dissolution as manifested in the functions of the nervous system, and he would frequently point out to me the bearing of his theories on my observations concerning disorders of sensibility; but he

PREFACE

ix

seemed to have lost heart with regard to his papers on aphasia, in consequence of the complete neglect into which they had fallen. After his death, when I read them through in order, they came as a revelation, and not only explained the observations I was making on patients with war injuries but also indicated the route of further advance. New methods and a fresh point of view were fruitful in new results.

My observations demanded consecutive presentation in order to bring out the new principles upon which they were based. I was anxious to bring forward my conclusions unhampered by constant reference to the work of others and have therefore prefaced them with a historical account written on somewhat unusual lines. More than 125 years have elapsed since the subject of aphasia first aroused attention, and it was impossible to give a complete or unbiased history of the views propounded at one time or another concerning its nature and cause. During this period current philosophy, physiology and psychology have undergone profound modification, and many of these changes have reacted not only on the theories but also on the clinical observations made under their influence.

These developments are the subject of my historical sketch. I have selected certain epochs and men as representing some definite aspect of thought. I have made no attempt to give a consecutive and coherent account of the ideas held at any one time concerning such groups of symptoms as for instance alexia, agraphia and the like. Owing to this personal method of presenting the historical facts, I have been unable to notice or give due weight to the admirable contributions of many observers whose conceptions tallied with those held by more prominent protagonists.

Moreover, since I hold definite views of my own this historical introduction cannot be an unprejudiced account, for it is intended to prepare the way for fresh facts and new theories, and I could not divert the narrative to deal adequately with hypotheses which have no direct bearing on my observations. This must of necessity blind me somewhat to the work of those with whom I am in fundamental disagreement. I hope that I have done no man any wrong, and beg those of my fellow-workers who think they have been neglected or misunderstood to pardon my want of comprehension.

I have attempted to blaze a track through the jungle, but make no pretence at having reached the end of the journey. I can only hope that some ardent and adventurous spirit may follow in my path and find that my labours have helped him to the solution of the profoundly interesting and difficult problems of disorders of speech.

Finally, it is my pleasant duty to thank those who have helped me in carrying out and presenting this work in the form it has finally assumed.

First of all, I cannot sufficiently express my debt of gratitude to my wife, to whom I have submitted for her unfailing judgment every sentence I have written.

Mr F. C. Bartlett has given me invaluable assistance, especially in the more theoretical portions. His acute and penetrating criticism has saved me from many pit-falls and his sympathy has cheered me through dark and difficult passages.

Further, I must sincerely thank Professor Elliot Smith for the generous way in which he not only placed the resources of the Anatomical Institute of University College at my disposal, but poured out for me his unique knowledge of cerebral topography. In my gratitude I gladly include his assistants, Dr Shellshear, Dr Tudor Jones and the late Dr John Hunter; their enthusiasm helped and guided me in my difficult and laborious task of determining the anatomical site of the cerebral lesion in certain cases of gun-shot injury.

H. H.

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CONTENTS OF VOLUME I

Preface *page* vii

PART I

Chap.	I. FROM THE SCHOOLMEN TO GALL	1
	II. BOUILLAUD TO BROCA	13
	III. HUGHLINGS JACKSON	30
	§ 1. Classification of affections of speech	34
	§ 2. Superior and inferior speech	38
	§ 3. Speaking and thinking	40
	§ 4. Internal and external speech	42
	§ 5. The "proposition" antecedent to internal and external speech	44
	§ 6. "Imperception" and the condition of the "Images" in a speechless patient	46
	§ 7. The mind of the Aphasic	49
	§ 8. Speech and cerebral localisation	49
	IV. THE DIAGRAM MAKERS	54
	§ 1. The English school	54
	§ 2. The German school	60
	V. MARIE THE ICONOCLAST	67
	VI. CHAOS	77
	§ 1. Henschen and anatomical localisation of function	77
	§ 2. Von Monakow and diaschisis	84
	§ 3. Liepmann and apraxia	93
	§ 4. Imperception or agnosia	103
	§ 5. The word as a unit of thinking and speaking	116
	§ 6. The clinical psychologists	122
	VII. HISTORICAL RETROSPECT	134

PART II

INTRODUCTORY		142
Chap.	I. METHODS OF EXAMINATION	145
	§ 1. Serial tests	149
	§ 2. Further tests employed in this research	160
	II. CLINICAL EXAMPLES	166

Chap. III. THE NATURE OF THE DISTURBANCES OF FUNCTION IN APHASIA AND KINDRED DISORDERS OF SPEECH	<i>page</i> 197
§ 1. They cannot be classified as affections of speaking, reading or writing	197
§ 2. The “motor” aspect of these disorders of language is not due to a pure “anarthria”	199
§ 3. These disorders of language cannot be classified as “motor” or “sensory”	202
§ 4. The essential nature of these disorders of language	207
§ 5. Symbolic formulation and expression	210
IV. DIVERSE CLINICAL MANIFESTATIONS ASSUMED BY THESE DEFECTS OF SYMBOLIC FORMULATION AND EXPRESSION	218
§ 1. Verbal defects	221
§ 2. Syntactical defects	230
§ 3. Nominal defects	240
§ 4. Semantic defects	257
V. THE EFFECT PRODUCED BY THE DEGREE OF LOSS OF FUNCTION ON THE FORM ASSUMED BY AN APHASIA	269
§ 1. A case of acute verbal aphasia followed through various stages of recovery	271
§ 2. Other examples of the clinical forms assumed during recovery	275
§ 3. The relative order in which the various acts of language recover in different forms of aphasia	289
§ 4. Regression	294
VI. THE EFFECT PRODUCED BY DISORDERS OF SYMBOLIC FORMULATION AND EXPRESSION ON VARIOUS FORMS OF BEHAVIOUR SUCH AS SPEAKING, READING, WRITING AND THE USE OF NUMBERS	300
§ 1. Articulated speech	302
§ 2. Comprehension of spoken language	306
§ 3. Reading	312
§ 4. Writing	317
§ 5. The alphabet	323
§ 6. Numbers and arithmetic	328
§ 7. General conclusions	338
VII. PICTURES, DRAWING, VISUAL IMAGERY AND MUSIC	349
§ 1. Appreciation of pictures	350
§ 2. Drawing	359
§ 3. Visual imagery	368
§ 4. Music	379

CONTENTS

xiii

Chap. VIII. SUMMARY STATEMENT OF THE RESULTS OF CLINICAL EXAMINATION	<i>page</i> 381
§ 1. Principles underlying the tests employed	381
§ 2. Forms of behaviour which are not affected in these disorders of speech	385
§ 3. Forms of behaviour which suffer in these disorders of speech	394
§ 4. Clinical varieties of aphasia	411
§ 5. General mental capacity	418
§ 6. Conclusion	423

PART III

I. WHAT IS MEANT BY LOCALISATION OF FUNCTION	431
§ 1. "Motor centres" and excitation of the cortex	431
§ 2. The effect of cortical ablation or injury	434
§ 3. A local lesion of the brain produces some distinctive loss of function	436
II. THE ANATOMICAL SITE OF THE LESION IN SOME TRAUMATIC CASES OF APHASIA	442
§ 1. Methods employed for determining the position of the cerebral injury	443
§ 2. The site of the lesion in various forms of aphasia due to gunshot injuries of the skull	444
§ 3. The relation of the form assumed by the aphasia to the site and nature of the lesion	468
III. GENERAL CONCLUSIONS AND SUMMARY	474
§ 1. General conclusions	474
§ 2. Summary	478

PART IV

I. VIGILANCE	479
§ 1. What is meant by "vigilance"	480
§ 2. Automatic actions	486
§ 3. Sensation and its subservient physiological dispositions	488
§ 4. The continuity of consciousness	490
§ 5. Purposive adaptation	491
§ 6. Psychological and somatic behaviour dependent on the state of vigilance of the nervous system	493

CONTENTS

Chap. II. CEREBRAL LOCALISATION	<i>page</i> 498
§ 1. Suggested explanation of the site of the lesion in the various forms of aphasia	499
§ 2. The nature of the disorders of speech produced by a local lesion of the brain	504
III. LANGUAGE AND THINKING	513
§ 1. Acts of direct reference	517
§ 2. Images and thinking	520
§ 3. The use of symbols in thinking	523
IV. CONCLUSIONS AND SUMMARY	533
§ 1. General conclusions	533
§ 2. Summary	545

CONTENTS OF VOLUME II

PART V

INTRODUCTION	<i>page</i> vii
§ 1. Grave disorders of speech	vii
§ 2. Specific forms of aphasia	x
(<i>a</i>) Verbal aphasia	x
(<i>b</i>) Syntactical aphasia	xiv
(<i>c</i>) Nominal aphasia	xvi
(<i>d</i>) Semantic aphasia	xix
§ 3. Cases illustrating cerebral localisation	xxiv
(<i>a</i>) Gun-shot and local injuries of the skull	xxiv
(<i>b</i>) Removal of an extra-cerebral tumour	xxx
§ 4. Vascular lesions	xxxii
§ 5. Congenital defects of symbolic formulation and expression	xxxiii

REPORTS OF CLINICAL CASES

No. 1	<i>page</i> 1	No. 15	227
2	14	17	248
4	55	18	259
5	64	19	278
6	76	20	295
7	89	21	320
8	108	22	329
9	124	23	348
10	151	24	370
11	181	25	379
13	198	26	394
14	215		

References	401
<i>Index of Authors cited</i>	409
<i>General Index</i>	413
<i>Index of Clinical Reports</i>	427

LIST OF ILLUSTRATIONS

VOLUME I

Fig. 1.	Diagram illustrating the relations of the different word centres and the mode in which they are connected by commissures	<i>page</i> 56
2.	Diagram showing the approximate sites of the four word centres and their commissures	60
3.	To show the "quadrilateral" of Pierre Marie in horizontal section	70
4.	Illustrating the man, cat and dog tests	154
5.	Illustrating the hand, eye and ear tests	159
6.	Illustrating the hand, eye and ear tests	161
7.	To show the site of injury to the brain in Nos. 6 and 17, cases of Verbal Aphasia	445
8.	To show the site of the injury to the brain in Nos. 13, 14, and 15, cases of Syntactical Aphasia	449
9.	To show the course of the bullet through the left temporal lobe in No. 15, a case of Syntactical Aphasia	451
10.	To show the site of the injury to the brain in Nos. 2 and 7, cases of Nominal Aphasia	456
11.	To show the site of the injury to the brain, seen from behind, in Nos. 2 and 7, cases of Nominal Aphasia	457
12.	To show the site of the injury to the brain in Nos. 8, 10, and 18, cases of Semantic Aphasia	460
13.	To show the site of the injury to the brain, seen from behind, in Nos. 8, 10 and 18 to the left and No. 5 to the right of the middle line	461
14.	To show the site of the injury to the brain in No. 5, a case of Semantic Aphasia	463

VOLUME II

15.	To show the wounds of entry and of exit in No. 1	3
16.	To show the limitation of the fields of vision in No. 2	16
17.	Spontaneous drawing of a camel by No. 2	22
18.	Attempt by No. 2 to draw an elephant to command	23
19.	Elephant drawn to command by No. 2 after he had recovered his powers of speech to a considerable degree (March 1921)	48
20.	To show the injury to the skull in No. 9, a case of Verbal Aphasia	125
21.	Attempt by No. 9 to draw an elephant to command	131
22.	To show the limitation of the fields of vision in No. 9	137
23.	The alphabet, written spontaneously by No. 10	155
24.	To show the situation of the bullet wound in No. 11	183
25.	To show the limitation of the fields of vision in No. 11 (June 1915)	184
26.	To show the limitation of the fields of vision in No. 11 (March 1924)	190
27.	Attempt by No. 15 to draw an elephant to command	232
28.	Attempt by No. 21 to draw an elephant to command	324
29.	To show the limitation of the fields of vision in No. 22	331
30.	Successful attempt by No. 25 to draw the head of an elephant	385