unilateral representation of speech must therefore occur in some sinistrals at least. Although Goodglass and Quadfasel (1954) have allowed for this contingency in their theory of "cerebral ambilaterality," it must be admitted that no certain evidence of bilateral speech representation as yet exists. Until such evidence is to hand, it is perhaps wiser to conclude that language in the case under discussion was represented in the right hemisphere, and that this anomaly of dominance is to be linked with a weak constitutional sinistral strain.

Summary

A case is reported in which right temporal lobectomy was performed for the relief of temporal lobe epilepsy and associated psychiatric disturbances. Although preferentially right-handed, the patient developed severe post-operative dysphasia, especially marked and persistent in the receptive sphere. The significance of the findings in relation to handedness, familial sinistrality, and cerebral dominance is briefly considered.

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REFERENCES


THE MAY (1955) ISSUE

The May (1955) issue contains the following papers:—


ENCEPHALITIS IN LOA-LOA FILARIASIS. L. van Bogaert, A. Dubois, P. G. Janssens, J. Radermecker, G. Tverdy, and M. Wanson.


The Association of Dementia with Radiologically Demonstrated Cerebral Atrophy. R. H. Gosling.

Choroid Plexus Papilloma Causing Spontaneous Subarachnoid Haemorrhage. J. Ernsting.

The Use of Dehydroisoandrosterone in Psychiatric Practice. E. B. Strauss and W. A. H. Stevenson.

Ischaemic Sensory Loss in Patients with Spinal and Cerebral Lesions. R. W. Gilliatt.

Anxiety and an Autonomic Reaction to Pain. Malcolm Piercy, Alick Elithorn, R. T. C. Pratt, and Margaret Crosskey.

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