Philip Crampton (1777-1858) and his description of nominal aphasia

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Introduction

The 1815 Act establishing governors of the Richmond Asylum as a corporation with perpetual succession shows how powerful these people were. They were to make bye-laws 'for the regulation, direction and management of themselves and of the said asylum and all the patients therein and of all and every physician, surgeons, apothecaries, housekeepers, nursetenders, and other attendants, officers and servants of whatever nature and description so ever or of belonging to the same'. Philip Crampton, who was made Surgeon-General by the Duke of Richmond (for whom the asylum was named) in 1813, was one of the 14 governors appointed on August 31,1815 by the new Lord Lieutenant, Earl Whitworth, (a 15th was appointed on November 15). Crampton was among the four who survived on July 30, 1830 when the then Lord Lieutenant, the Duke of Northumberland, established the Richmond District Lunatic Asylum, the district comprising the city and county of Dublin, counties Louth, Meath, Wicklow and the town of Drogheda. Crampton seems to have been an *eminence grise* so far as the Richmond was concerned for he does not feature any further in Joe Reynolds's masterly account of the asylum,[1] so in honouring his 150th anniversary we must search elsewhere for his *curriculum vitae*.

Life and labours

Philip Crampton was born on June 7, 1777 in Dublin. He was indentured to a surgeon in 1792 and studied in the College School of Surgery, Mercer Street. Even though he was an intimate of Wolfe Tone he served in Sir John Moore's army in May 1798 in Wexford [the scene incidentally of John Cheyne's (1777-1836) introduction to Ireland] before his appointment in September 1798 at the Meath Hospital. He took the MD in Glasgow in 1800 and two years later he married Selina Cannon, whose 'face was her fortune'. He lived at 14 Merrion Square and had a holiday home, St. Valerie's, near Bray (when advanced in years he claimed he swam Lough Bray, rode into Dublin, and amputated a limb before breakfast). To the lucrative post of Surgeon-General he added a wealthy private practice. He died on June 10, 1858 and was interred encased in Roman cement in Mount Jerome. The Earl of Carlisle promoted an inartistic memorial at the junction of Great Brunswick [Pearse] and College Streets that fell before his centenary, but Foley's statue still graces the Royal College of Surgeons in Ireland *(see Figure 1)*.

Cameron says 'he was sagacious in diagnosis, ready in resources, dexterous in the use of instruments and sympathetic in his treatment of patients. ... a look, a touch, one or two pregnant questions, and the diagnosis was made, and the treatment determined upon. ... his hand was light and steady devoid of ostentation', in pre-anaesthetic Dublin. [John McDonnell gave the first whiff of ether in the Richmond Hospital on January 1, 1847]. In the way that eponyms are not always reliable, the eye muscle in birds that his description (in 1813 in *Annals of Philosophy*) won for him Fellowship of the Royal Society was already known to Porterfield as early as 1757. He wrote an essay on inversion of the eyelid, improved the operation for cleft palate, and contributed practical papers to *Dublin Hospital Reports*, *Dublin Journal of Medical Science*, and *Medico-chirurgical Transactions*.[2]

Nominal aphasia

In the *Dublin Journal of Medical and Chemical Science* in 1832 Crampton wrote an account of 'Certain injuries to the Head' beginning with a general introduction about, first, the necessity of using a journal to communicate information and advice to juniors, and secondly, to discuss when to trephine or not in cases of head injury. Two cases with parietal fracture were relieved by elevation of the depressed bone - and recovered, but when he attempted to treat a gunshot wound to the *os frontalis* the patient pleaded with him to desist for the 'sensation was dreadful' as soon as he even touched the wound. Treated only with leeches, the wound healed in two months and the young man later went into the Church and served as a clergyman in the west of Ireland.

Crampton goes on to record a 'case of compound fracture of the skull treated by Mr Cusack, and extracted from the Hospital Journal by my pupil Mr Hamilton'.

On the night of March 17, 1832, in a drunken brawl a dragoon struck James Fagan, a 23-year-old pipe-maker on the head with his sword. Fagan was knocked unconscious, and when admitted to Dr Steevens Hospital he was violent and incoherent and 'had a wound over the right parietal bone'; his skull was found to be fractured and the brain exposed. A slip of bone was removed from his brain by James William Cusack (1788-1861) on March 22. He had occasional convulsive attacks followed by recovery without stupor, and on March 25 he developed a pulsating tumour in the centre of the wound. This 'fungus' enlarged considerably (small walnut) over three weeks before rapidly declining to disappearance. Largely recovered, the patient was discharged on May 15, to return to work. He was seen again on 20 July:

His health was excellent, but his memory of *words* but not of *things*, is greatly impaired: he told me 'he knew every thing as well as he ever did, but he could not put a name on anything'. I showed him a button, he laughed, and said, 'I know what it is very well, it is a ba, ba, ba, - Och! I can't say it,

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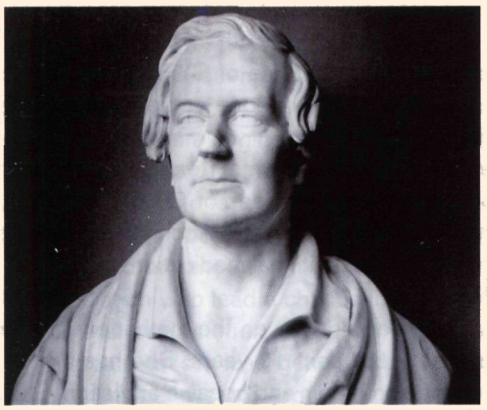
Figure 1: Sir Philip Crampton, reproduced with permission (Copyright RCSI)



In the next number of the *Journal* Crampton published another paper 'On Acute Inflammation of the Brain'. After a polemical introduction he returns to Fagan who still enjoyed a drink. 'In my quality as a "reporter" I have to state Fagan is in Dr Steevens Hospital again after a drunken debauch on August 22. 'He nearly lost all power in his right arm and hand, and the right side of his face was obviously affected by paralysis'. Two days later, an abscess at the old site was drained and again he recovered, though the right side of his body was weak. He had severe problems with words:

He cannot repeat proper names, but miscals [*sic*] almost every thing; although he can perfectly describe the use of it, he calls, for instance, a watch, a gate; a book, a pipe, &c., ... it was remarkable, however, that the moment he employs a wrong word he is conscious of his mistake, and is most anxious to correct it. ... "When I sit up suddenly I don't see rightly; but soon I see as well as ever". ... He counted five on his fingers; but could not say the word 'finger', though he made many attempts to do so. He called, his thumb, 'friend'. When desired to say 'stirabout', he said, and invariably says, 'buttermilk'; but was immediately conscious of his error, and said, 'I know that's not the name of it'.

It was noted that Fagan had no pain, and that he spoke correctly and even fluently but avoided all proper names. Crampton concluded this account of *nominal aphasia* or *anomia* by summarising the symptoms of compression: convulsions, stupor, paralysis of the opposite side to that on which the injury had been afflicted, thus correcting the word 'right' in the original hospital note.[4] *Caveat scriptor.* [The fate of the dragoon is not vouchsafed to us. Nearly a hundred years later Leopold Bloom, after surrogate son Stephen had been floored by an army private in a Nighttown brawl, cautioned against 'equipping soldiers with firearms or sidearms of any description, lest they go off at any time, which was tantamount to inciting them against civilians should they by any chance fall out over anything'.[5]]

Aphasic disorders have been known from Biblical times, and over several centuries they have been described individually in impressive clinical studies such as Crampton's, but the modern history of aphasia begins with surgeon-anthropologist Paul Broca (1824-1880) whose achievement in 1861 was to relate symptoms to lesions in conditions where speech was lost or impaired yet comprehension was retained. Broca called the condition (motor or expressive) *aphémie* and Armand Trousseau (1801-1867) renamed the condition *aphasia*. However, confusion arose and the surgeon's claims were doubted when patients with aphasia were found not to have lesions in the lower left frontal lobe. Henry Charlton Bastian (1837-1915) in 1869 described forms of aphasia with impaired comprehension, but it was Carl Wernicke (1848-1904), a neuropsychiatrist at Breslau (Wrocklau), who clarified the varieties of sensory or receptive aphasia in *Der aphasische Symptomencomplex. Eine psychologische Studie auf anatomische Basis* (1874) when he described fluent aphasia associated with damage at the tempero-parieto-occipital junction. John Hughlings Jackson (1855-1911) by emphasising the verbal aspects of aphasia became an early exponent of linguistics. Kurt Goldstein (1878 –1961) used 'central' where Wernicke had used 'conduction' aphasia but preferred 'concept fields' to 'localisation centres', and A R Luria (1902-1977) related his dynamic aphasia to frontal cortex anterior to Broca's area. Not all neurologists agreed with these 'map-makers'. Pierre Marie (1853-1940) and Henry Head (1861-1940) could not accept Wernicke's idea of localisation, although unknown to themselves they ended up supporting his views.[6]

Indeed, Henry Head extended Crampton's account of *nominal aphasia* in his monograph on *Aphasia and Kindred Disorders of Speech* (1926), characterising it as difficulty in finding words in spoken and written language even though the understanding of spoken and written language, writing from dictation, reading aloud, and repetition are normal. Difficulty with finding words is most marked with naming – the wanted word may re-appear in automatic or serial speech, so it is not loss of memory (*amnesia*) but a disturbance of 'recall'.[7] It is now recognised that the fault lies in the left temperoparietal cortex, although it may also result from ischaemic disorders in the territory of supply of the posterior cerebral artery.

Conclusion

Although Sir Philip did not feature prominently in the administration of the Richmond Asylum, his influence in Dublin Castle, publicly acknowledged when Queen Victoria created him baronet in 1839, was no doubt valuable to the Governors (and perhaps the Government) at crucial intervals, and he deserves anniversary remembrance for his astute observations on nominal aphasia, a condition which sooner or later affects us all.

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References
1. Reynolds J. Grangegorman, psychiatric care in Dublin since 1815. Dublin, Institute of Public Administration. 1992, pp. 23-4, 46.
2. Cameron C A. History of the Royal College of Surgeons in Ireland. Dublin, Fannin, 1886, p 646-649.
3. Crampton P. On certain injuries of the head. Dublin Journal of Medical and Chemical Science, 1832; 2: 30-45.
4. Idem. On Acute Inflammation of the Brain Dublin Journal of Medical and Chemical Science, 1832; 2: 199-211.
5. Joyce J Ulysses 1922, edited and introduced by Declan Kiberd, London, Penguin 1992.
6. Geschwind N. Carl Wernicke, the Breslau school, and the history of aphasia. In Brain Function, Speech, Language, and Communication, edited by E C Carterette, Berkeley, University of California Press, 1966, pp. 1-11, 79-82.
7. Head H. Aphasia and Kindred Disorders of Speech, London, Cambridge University Press. 1926.