

and also whether he could not give some suggestions relative to the course of the fibers of deep pressure sensibility of the facial region.

Dr. Kennedy replied that as the result of his investigation with Dr. Maloney of many purely fifth and seventh nerve injuries, he had been led to believe that the pressure-pain sense in the face was only partially supplied by that group, and partially by the sympathetic. He and Dr. Maloney had arrived at the conclusion that the sympathetic had a great deal more to do with the sensation of pressure-pain in the face than it had previously been given credit for. That conclusion had been reached by a process of elimination.

Dr. Taylor, in closing, said that in the case he had shown nothing was done but to expose the ganglion and divide the nerve roots. No plug nor other foreign material was interposed. In Dr. Abbe's cases the roots were divided anterior to the ganglion, and some foreign material was interposed to prevent regeneration, but in his own cases, Dr. Taylor said, the roots were divided posterior to the ganglion, and the fact was generally accepted that the posterior sensory root did not regenerate.

Dr. Taylor said he had never resorted to the use of alcohol injections for the relief of trifacial neuralgia, nor did he expect to do so, but he had seen a number of cases where that method of treatment was followed by very disastrous results.

Dr. Leszynsky said that personally he had never had any bad results follow the alcohol injections.

## A CASE OF HEMI-HYPERTROPHY OF THE FACE

By I. Abrahamson, M.D.

A man, 26 years old, single, a machinist by occupation, and a native of Hungaria, came to the clinic complaining of occipital pains which began in the morning and lasted the entire day.

Examination showed a hemi-hypertrophy of the lower two-thirds of the left face, which the patient stated dated back as long as he could remember. The hypertrophy involved chiefly the bony structures, but also the ear, teeth and tongue. The bones that were involved were the superior and inferior maxillary, the malar and the temporal. The alveolar processes were enlarged. On the inner side of the left cheek there was a sessile tumor, and a similar one over the left parietal region. The x-ray showed that the left base of the skull was also involved, and there was decided condensation of the bone. The sella turcica was not enlarged. The fundi and the special and general sensations were normal. The fields were normal. The urine was negative, the sugar tolerance normal, as were the electrical reactions. There was an absence of vasomotor symptoms, *i. e.*, sweating, flushing, salivation and lachrymation. The patient's body was symmetrical, and there was no change in the reflexes. The subcutaneous tissue was not markedly involved over the affected side of the face. Psychically, the patient was normal.

Dr. Abrahamson said he regarded this as a case of hemi-hypertrophy of the face, probably of congenital origin. Since Beck described the first case, in 1836, a number of similar cases had been reported, both congenital and acquired. In some only the soft structures were involved, in others only the bones, while in some the entire half of the body was involved. The bones most often involved were the maxillæ.

Many theories for this condition had been advanced by various writers, the most likely being that it was associated with a disturbance of the hypothetical nutritional or trophic centers in the periependymal gray matter of the encephalon, and that a relationship existed between facial hemi-hypertrophy and acromegaly and syringomyelia.

### A CASE FOR DIAGNOSIS

By William M. Leszynsky, M.D.

A young man, a clerk, 21 years old, six years ago had an attack of cerebrospinal meningitis from which he made a complete recovery in about two months. A year later he suffered from frequent and severe generalized headache, usually accompanied by vomiting and epistaxis. This continued at intervals for nearly a year. The boy's habits had always been exemplary; he had never used alcohol nor tobacco, and there was no history of traumatism, exposure to cold nor luetic infection.

The patient came under Dr. Leszynsky's observation in August, 1909, and briefly summarized, the case was as follows: A slowly progressive development of atrophy and paralysis beginning in the ulnar distribution of the left hand until claw-hand resulted; some atrophy in both shoulder girdles; a lesser involvement of the ulnar group of the right hand; vasomotor paresis in both hands; absence of local sensory symptoms; no pupillary disturbance. Several months after the onset of the symptoms, the lower extremities became implicated, the paralysis being limited to the peroneal group on both sides. There was an area of sensory disturbance over the trunk on the left side, affecting all forms of sensibility, and an area of incomplete thermo-anesthesia over the inner aspect of the left arm. At the end of a year there was a rapid exacerbation of the symptoms in the lower extremities, with complete bilateral drop-foot, hypotonia, ataxia, absence of all reflexes, and slow urination. This continued for a few months, when rapid improvement began and gradually terminated in complete recovery. The left side was principally affected, the sensory symptoms being confined to that side. The duration of the disease was one year and eight months.

In presenting this patient, Dr. Leszynsky raised the query whether this was an atypical case of polyneuritis of obscure origin, with symptoms of radicular involvement and functional disturbance of the cord, or could polyneuritis be excluded.

### TRANSITORY PSYCHOSES

By M. S. Gregory, M.D.

The speaker said that in presenting a paper with this title, he did not wish to be understood as conveying the idea that there were disease entities which might properly be termed transitory psychoses. He used the term to signify those shorter or milder attacks of well-known and definite psychoses, those transitory mental disturbances symptomatic of many physical disorders, and those comparatively short emotional outbursts the exact mechanisms of which were but incompletely appreciated. The author said it was not his intention to evolve any new