

ruption causes a disturbance of the equilibrium, with retention of sensibility.

#### A CASE OF SEMI-LATERAL FACIAL ATROPHY.

L. Blumenau (*Wjestnik psichiatrii i nevropatologii*, 1889, vii., 1). A factory operative, fifty years of age, presented distinct atrophy of the right lower half of the face; the cheek was here fallen in, the skin wrinkled, the lower lip thin, and the nostril narrower than on the opposite side. The atrophy also extended to the right half of the tongue, the soft palate, and the maxillary bone. His moustache only grew upon the left side; the right side of the upper lip was completely hairless. The frontal region of the face was not affected. The sensibility of the skin, electric excitability, and peripheric temperature were normal on both sides of the face.

The development of the morbid process began in his sixteenth year; the patient observed then a whitish spot upon the upper lip. In his course of five years the atrophy reached its present extent, and since then has remained without change. No circumstance could be found in his history to which one might attribute aetiological importance.

#### COMPRESSION OF THE SPINAL CORD IN CONSEQUENCE OF FRACTURE OF THE SECOND DORSAL VERTEBRA.

J. Anfimov (*Wjestnik psichiatrii i nevropatologii*, 1889, ii.). A man, thirty-four years of age, and up to that time in good health, employed upon a street-railroad, July 28, 1888, was run over by a droschky, by which he got a violent blow between the shoulders; he fell prostrate and was thrown to one side. He did not lose consciousness and was able to raise himself and walk home, about fifteen kilom. away, where, about two to three hours afterward, sudden and complete paralysis of the lower extremities made its appearance. He was brought at once into the surgical clinic, where, besides complete paraplegia, inferior, paralysis of the bladder and rectum was diagnosed. Loss of sensibility over the entire body below the second rib was also remarked; temperature 37° C., pulse 48 in 1'; painfulness to pressure of the cervical vertebrae. The next day an attack of asphyxia appeared, which was removed by artificial respiration and injection of ammonia; in the days following, phenomena of fever and decubitus. September 13th he was received into Prof. Mierzejewski's clinic in the following condition: