

these oscillatory movements of the eyeball were present on attempting to close the eye. The phenomenon gradually disappeared.

### A CASE OF NEURALGIA LIMITED TO THE SENSORY FILAMENT OF THE SEVENTH NERVE

By M. Allen Starr, M.D.

The patient was a young woman, the wife of a physician, who was suffering from an intense type of neuralgia, the pain being absolutely limited to the sensory filament of the seventh nerve, which supplied the anterior surface of the auditory canal and a part of the external ear. The observation was interesting on account of the strict limitation of the pain, corresponding as it did with the area which Dr. J. Ramsay Hunt had described in connection with his cases of facial palsy following herpes auricularis. In his case, Dr. Starr said, there was a noticeable flattening of the face on the affected side, which rather strengthened the diagnosis of a disease of the facial nerve.

Dr. J. Ramsay Hunt said that while he had not seen a case of idiopathic neuralgia of the sensory mechanism of the seventh cranial nerve, these cases have been collected and described in his article in the *Archives of Otolaryngology* for December, 1907, "Otolgia Considered as an Affection of the Seventh Cranial Nerve."

There was, in his opinion, no question but that Dr. Starr's case was one of primary tic douloureux of the seventh cranial nerve.

Dr. Hunt has observed reflex otalgias in the same distribution as well as post-herpetic otalgias following herpetic inflammation of the geniculate ganglion of the facial nerve.

In these cases the pain was likewise circumscribed as in Dr. Starr's case, to the depths of the ear, the auditory canal and the interior of the auricle.

At the present time he has a case under observation of a young woman, who has suffered from recurrent lancinating pains in the region of the left auricle and auditory canal for the past five months. These pains are gradually diminishing in intensity, and are typically neuralgic in character. The auditory mechanism is entirely free from any evidences of organic disease.

This otalgia followed an acute febrile disturbance and a small crop of vesicles on the posterior surface of the left auricle. This case was evidently post-herpetic in its origin and is interesting because of its long duration.

Dr. William M. Leszynsky, who had seen the patient whose history was reported by Dr. Starr, said he could confirm what had been said in regard to the character of the pain. It was apparently a very severe but an atypical form of trigeminal neuralgia.

### A CASE OF THROMBOSIS OF THE POSTERIOR INFERIOR CEREBELLAR ARTERY

By I. Abrahamson, M.D.

The patient was a man, 44 years old, a native of Russia and a tailor by occupation. His previous history was unimportant. He had been