

The patient, Mrs B., aged sixty-two, came to me in 1890, suffering great agony from long-continued paroxysmal neuralgia of the superior maxillary division of the fifth nerve, for which I stretched the infraorbital branch with good effect. As soon as she was under ether I noticed a remarkable depression on each side of the sagittal suture, extending outwards as far as the parietal eminence; these depressions, owing to the great emaciation of the woman from long years of suffering, were well seen, and could be easily measured. Each one was 6 c.m. wide by 8 c.m. long, and apparently of the depth of the thickness of one's finger, say 1.5 c.m. The patient, on my subsequently questioning her regarding these parietal depressions, was much amused, and said I was the first medical man who had ever noticed them. She then went on to say that ever since she could remember they had existed, but were more apparent now on account of the emaciated condition in which she was. She also said that her father had had similar depressions on his head.

Now, this case supports the congenital theory of some of the cases, and also would suggest its hereditary nature. This patient I saw a short time since, and again measured the depressions; they were exactly the same size as three years before. These parietal depressions do not occur at the centre of ossification, and must not be confounded with the cases described by Sir James Paget, where at each parietal eminence there is a depression "such as the thumb would make if pressed in soft clay." In the cases above described, which I have no doubt are congenital, the depressions are of large size, and do not involve the centres of ossification.

Now, what is the significance of these depressions, and how are they produced? No doubt many of the cases which occur in very aged females are due to senile atrophy, and Professor Sir George Humphry has thrown out the suggestion that the formation of these parietal depressions may be due to the effect of pressure of the occipito-frontalis tendon, but the comparative rarity of the condition would, it seems to me, be strongly against this explanation.

It is more probable that the more advanced senile changes in the arteries (temporal) going to this part, uncovered by muscular tissue, would interfere with the nutrition of the external surface of the bone, whilst the inner surface supplied by the middle meningeal would remain normal, chiefly from the fact that the senile changes in this vessel would not be so extreme.