

MENTAL NUMBNESS

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We like medical articles with interesting titles. In the December issue of the *Archives of Internal Medicine* there is one called the "Syndrome of the Numb Chin." The authors could have pepped up the title a bit by substituting the word, "case" for "syndrome." It would have sounded more like an Earle Stanley Gardiner mystery and stimulated reader imagination to greater heights. We have found, too, that it is always best after digesting such a title to read the closing summary next. We did so, and the first line pulled us up short: "Numbness of the chin and lower lip must be considered a potentially ominous indication of grave disease."

We fell to speculating about the cases of numb chins in our own experience and recalled three such cases that had come to our attention in the past. None of these cases seemed potentially ominous at the time, but they will be reviewed here.

Case I-A boyhood classmate of ours with a particularly angular face, used to amuse himself and us by doubling a rubber band and slipping it around the point of his chin. After a sufficient length of time, the chin would turn a mottled purple color, and according to him, become quite numb. This could be demonstrated by repeated jabs with a penknife, which often drew blood but seldom caused pain. The syndrome in this case was usually self-limited, although the after effects cannot be properly evaluated since the patient was lost to follow-up.

Case II-For almost two months during our third year in medical school, the numb chin phenomenon was a common and daily occurrence from one to two in the afternoon in the diagnostic radiology class. Predisposing factors here were a postprandial state, a hot and darkened small room and a professor who talked in a soothing monotone. Since the seats had only armrests, the habit of choice was the slump, and a nodding head could be supported only by placing the palm beneath the chin. Prolonged pressure apparently was the etiology of chin numbness in these cases, and transmission of the numbness to higher cerebral centers was a common complication. Occasionally numbness would fail to develop in some cases of sudden disengagement where, through fulcrum action, whiplash injuries would result. In all cases, no lasting after effect other than aphasia on confrontation with X-Ray films was ever noted.

Case III-A final case was once encountered in a nightclub bar. The patient, lulled into a false sense of security by a succession of double Martinis, had lurched forward against the bar lip in a last conscious act. He remained for several hours suspended there by the point of his chin. On investigation the chin was found to be quite numb. In fact, the patient seemed uniformly numb all over. This apparently was a recurring syndrome, although in this case it could seldom be triggered except by double Martinis.

Despite the stimulation, we have discovered over the years that it never pays to read the articles with interesting titles too closely. The clever authors usually have used up all of their ingenuity producing the title and fall back into dull medical terminology and reporting in the body of the article itself. To save you the trouble of looking this one up, such was the case in the numb chin syndrome. It could just as well have been titled: "Syndrome of Mandible and Mental Paresthesias Secondary to Metastatic Neoplasias." But then we would have missed it entirely.