ARTICLE XII.

A CASE OF UNILATERAL ATROPHY OF THE FACE, ACCOMPANIED WITH SLIGHT PARALYSIS OF THE ADDUCTORS OF THE VOCAL CORDS. By BEVERLEY ROBINSON, M.D., Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, New York.

A. B., æt. 26, theological student, single, was born in a neighbouring country parish, of which his father was pastor. He came under my care on April 12th of the present year for weakness of voice following prolonged efforts of speech. Until the age of fourteen years no trace of the present disfigurement was visible. After that age friends began to ask my patient as to the cause of the *red* and sometimes *blue* streak upon his forehead, which showed itself during times of excitement, or when his body was warmer or colder than usual. Upon the first appearance of this streak there was no indentation at the vertex and no irregularity of the upper lip. The hair on the top of the head came out gradually, growing thinner and thinner over the area which is now bare.

Patient's hair still falls out, though to no great extent, around the edges of his bald spot. Since first noticed the streak upon the forehead, followed by a notable depression of surface, has grown steadily more conspicuous. This development has taken place very gradually, so that progressive change is unobservable except when the present condition is compared in memory with what existed several years ago (6 to 7). Since patient has been under my care (about $2\frac{1}{2}$ months) atrophy of the upper lip has made slight progress.

Actual state is as follows: Patient's general health is excellent. One is struck upon approaching him by a notable depression over the forehead a little to the right of the median line, which extends from the root of the nose to the hair covering the calvaria, without interruption. Between the frontal depression and the bald place at vertex there is a space about one inch broad where there are some thin hairs, but nevertheless the depressed appearance at their level, when searchingly examined, is found continuous with bare area at vertex, and depression over frontal bone. The bare place at vertex measures four inches in an antero-posterior direction, two inches in its lateral diameter. The depression upon the forehead is two-eighths of an inch broad at its lower extremity between the eyebrows, and half an inch broad where it reaches the border of the hair of the head.

Besides the depression of forehead and vertex there is considerable puckering of the upper lip for one and a half inch from right labial commissure towards the median line. The lower lip on the right side shows also slight puckering. The parts affected are slightly more sensitive to touch than is normal. This is especially true of the bare spot at the vertex. At this level, as well as throughout the extent of the frontal depression, the skin is easily movable over the bones beneath. It is thinner than the skin of the adjacent region, and presents a scarred coloration (bluish-white). The muscular fibres over the inner portion of the right eyebrow are apparently atrophied. Frontal and parietal bones are both depressed, and have evidently lost substance. The portion of the upper lip affected is thinner than its opposite extremity, and permanently drawn up in such a way as to appear as if there were a loss of substance at this level. The right upper lateral incisor tooth is always visible. If the patient attempts to close his

mouth the right labial commissure is notably drawn upwards and towards the right. In conversation there is always quite a gap between the two lips on the right side. The lower lip on the right side is not quite as thick as on the left. The affected portions of both lips contract well under the influence of a mild faradic current, and there is evident pain upon pricking with a pin.

Palate and uvula show no deviation from median line. Taste, smell, hearing, and eyesight are all perfect. Patient has never suffered any pains locally—either in lips, forehead, or vertex. His present throat-trouble dates from about eighteen months ago. It consists mainly of weakness and hoarseness in singing, and at times he has falsetto notes in ordinary conversation. He attributes throat-trouble to undue exertion (singing, shouting, cheering, etc.) under unfavourable ambient conditions of night air and smoky rooms, during his collegiate course. Upon laryngoscopic examination slight paralysis of the adductor muscles of the vocal cords is apparent. There is, however, no congestion and no other morbid condition. Pharynx and faucial opening are healthy.

June 27, 1878.—I have continued to treat patient until present date, partly by means of the faradic current applied externally to the muscles of the throat, partly by astringent solutions carried directly in contact with the vocal cords. He has also taken a tonic internally composed of iron, phosphoric acid, and strychnia. His voice is to-day much stronger than it was when treatment was first begun, although not yet completely restored. The unilateral atrophy, in so far as the upper lip is concerned, has made slight progress.

Remarks.—My excuse for publishing the above case is the relative rarity of the affection of which it furnishes an interesting example. Only

four analogous cases have been brought before professional notice in the United States. One by Hammond, another by Draper, a third by Bannister, and this fourth, by myself. I should have been glad to make an examination of the muscular fibres of the upper lip and state their condition. This my patient would not permit. I presume there is atrophy in my case, but not muscular degeneration, on account of the preservation of contractility. The circumstance of the laryngeal paralysis is noteworthy, but from the fact of its improvement under treatment I can scarcely believe there is any relation between the two affections considered other than that of coincidence. The nerve connection of the facial in its course, with the pneumogastric, cannot, moreover, explain any propagation of diseased structure from the periphery towards the nervous centres. And the only probable solution of the problem is that the disease is situated, in this instance, in the bulb, and is an affection of the trophic cells which are the nucleus of the right facial nerve.

Note.—The patient, whose history is recorded above, was presented by me at a stated meeting of the New York Neurological Society, June 2, 1878.

ARTICLE XIII.

SOME EXPERIMENTS ON THE ALLEGED POISONOUS ACTION OF LEAD CARBONATE IN FRESHLY PAINTED ROOMS. By CLEMENT BIDDLE, M.D., Assistant Surgeon, U. S. Navy.¹

THESE experiments were made with the view of investigating the alleged poisonous action of the lead carbonate of white paint from freshly painted rooms; that is, to find out whether the cases of so-called lead poisoning resulting from the occupation of freshly painted chambers were really due to the lead of the paint or not. I had always believed that lead poisoning from this sort of exposure was tolerably certain to follow, until the sudden illness of a friend, supposed to be from this cause, turned out to be nothing more alarming than a bilious attack, when the subject suggested itself to my mind as a proper one for investigation. Can, then, a healthy person be poisoned from breathing the air of a freshly painted room? is now the question for solution.

The possibility of such is held to be probable by all authorities. Dr. Taylor, in his work on *Poisons*, alludes to himself as having suffered from severe colic through respiring the vapour of fresh paint. Prof. Austin

¹ An abstract of the Thesis awarded the Chemical Prize, at the Commencement of the Jefferson Medical College, March, 1878.