

Reply

Sir,

Concerning the controversy about facial peripheral palsy and Charles Bell¹, we will reply to the author's specific doubts in this opinion section:

[1] Abu Ali Al Hussayn Ibn Abadalla Ibn Sina's (Avicenna) work was written in ancient Arabic, in the century X (AC), obviously unavailable. Therefore, we used a translation by Professor Kataye, Professor of Otolaryngology at the Medical School of Alep, Syria, published in 1975²;

[2] Concerning Nicolaus Friedreich, we did not refer to his Latin publication in 1797; we referred to Bird's citation published in the *Annals of Medicine* in 1800³;

[3] The probable right facial paralysis of Charles Bell, mentioned by Jongkees^{4,5}, was based on the analysis of a black and white, good quality portrait⁵;

[4] We agree that a first case report of facial palsy (not an idiopathic peripheral facial palsy), was published in 1821. The second case was mentioned by Bird as published in 1828. For this, Bird probably used the text published by Bell in the *London Medical Gazette*⁶;

[5] Concerning the so called mistakes and "innacuracies" in our paper, they were not seen by Professor Jongkees and by Professor Werner Kindler, who agree with our positions;

[6] In relation to our Fig 1D: Professor Kindler describes... "*Dr. M. Hertl offered a photograph taken by himself. It shows a Roman vase, which was found in the region by Mount Madalena - not far away from Klagenfurt*"⁷. Klagenfurt, Celovec, in Slovenia, is in Austria nowadays, very close to the frontier with Slovenia;

[7] In relation to our Fig 4D, *it shows not only a facial palsy, but it seems to be a parotitis tumor involving the facial nerve, as it looks from the lateral view*⁸. So, there are several causes of disproportionate impairment between the superior and inferior facial folds;

[8] The Fig 7C is a didactic photo of a patient in electrotherapy, a method for the treatment of facial paralysis. We did not describe this patient as having facial paralysis;

[9] In relation to the Figs 1C, 4D and 6D, the authors seem to be confused in relation to the semiology of the VIIth cranial nerve. Déjérine⁹ describes a left facial paralysis of central origin (Figure), in a 27 year-old female with left hemiplegia by embolism, caused by mitral insufficiency. On this photograph, taken on the 50th day of evolution, it is clearly seen that: [A] the superior fold is paralysed; [B] that the left eye is more open than the right; [C] the eyebrow is more elevated. DeJong stated that "...*occasionally, a patient with incompletely developed Bell's palsy will have relative sparing of the upper face, causing confusion with a central facial paralysis*"¹⁰. In conclusion, the anal-



Fig. 25. — Paralyse faciale gauche d'origine cérébrale, chez une femme de vingt-sept ans atteinte d'hémiplégie gauche totale et absolue d'origine embolique — insuffisance mitrale. — Dans cette photographie prise le cinquième jour de l'hémiplégie, on voit très nettement que le facial supérieur est paralysé. L'œil gauche est, en effet, plus largement ouvert que l'œil droit et le sourcil gauche plus élevé que celui du côté sain (Salpêtrière, 1897).

Figure. From Déjérine⁹: left facial paralysis of central origin, in a 27 year-old female with left hemiplegia by embolism.

ysis of the superior fold is not the best criterious to separate peripheral facial paralysis from facial paralysis of central origin.

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