Letters to the Editor

Distinguishing and Improving Dysarthria due to Facial Weakness

To the Editor.—An impairment of speech production can accompany a lesion of the seventh cranial nerve, producing paresis of facial muscles. The patients may become aware of their difficulties in speech production, producing paresis of facial muscles. The dysarthria is also apparent oy s arthria due to lesion is the cause of the speech impairment showed me a separate manifestation of the central disorder of central processes.

To show maneuver for improving dysarthria in facial paresis.

placed the index finger approximately I cm above the corner of the upper lip on the weakened side of the face and gently pushed upward to elevate the corner of the mouth (Figure). There was an immediate clarification of the patient's pronunciation as the corner of the mouth was elevated. The effects were most evident on those consonant sounds requiring precise lip movements (ie, labial sounds such as “pa” and “ba,” for instance). Speech production again deteriorated when the upward pressure on the face was removed.

I have used this method as a rapid clinical test to distinguish whether dysarthria is due to facial muscle weakness. Clinical judgment is, of course, also required to define whether the facial weakness is due to a central nervous system or a peripheral process. Furthermore, patients are delighted to have a simple means for improving the quality of their speech production that can easily be integrated into a natural posture of placing the elbow on a table or arm of a chair, supporting the chin in the palm of the hand, and elevating the corner of the upper lip with the index finger. The pose is reminiscent of Rodin's "The Thinker," providing an aesthetic pose for this therapeutic maneuver.

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The letter is reprinted because "Roman numeral VII" was erroneously changed to "eighth" in the text.—Ed.

Ly me Borrellosis: Discovery of the Causative Agent

To the Editor.—I would like to comment on the article by Finkel in the January 1988 issue of the ARCHIVES. The overview is a valuable addition to the rapidly growing literature on this subject. Unfortunately, it omits the discovery of the causative agent and the seminal article in which it was described.

In September 1981, Burgdorfer recognized a spirochete in the mid-gut tissues of the deer tick, Ixodes dammini, from Shelter Island, NY. The finding was serendipitous since he was searching for Rickettsia rickettsii, the agent of Rocky Mountain spotted fever.1,2 Sporadic cases of that illness had occurred in that region. Subsequently, serum samples of patients with Lyme disease were found to contain antibodies to that spirochete, the organism was isolated from the blood of two patients, and it was demonstrated in characteristic skin lesions.3,4 The discovery in the European tick vector, Ixodes ricinus, of spirochetes indistinguishable from those in I dammini was made in the spring of 1982.2

Burgdorfer's finding underscores the importance of a prepared mind in scientific discovery. Because of his long experience with Borrelia-bearing ticks and his interest in Lyme disease and erythema chronicum migrans, the association was made. Medicine has already been greatly benefited by that discovery. Future benefits are likely to be even greater.

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