



Figure. On the patient's right side, there is a clear difference between the appearance of the platysma muscle at rest (view at upper left in composite photograph) and during voluntary effort to retract both corners of the mouth (view at lower left). On the patient's left side, there is only minimal contraction (views at upper and lower right). In the frontal view, the fully contracting right platysma (arrow) can be directly compared with the paretic muscle on the left (question mark). Note also the incomplete retraction of the left corner of the mouth.

The first sign of Babinski

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A 36-year-old man sustained brain and spinal cord injuries in a traffic accident, and had left hemiparesis. Findings on the affected side included spasticity with increased tone and reduced power of left upper (3/5) and lower (2/5) limb flexor and extensor muscles, slight superficial and complete deep sensory loss in the left lower limb, brisk deep tendon reflexes in left upper and lower limbs, and an extensor plantar response. The abdominal wall was hypotonic. Slight weakness of the left corner of the mouth was present during attempted re-

traction. Remaining facial muscles were normal. Babinski's platysma sign was present on the left (figure). The site of the lesion that gave rise to this sign could not be determined with certainty.

Extension of the great toe on plantar stimulation is only one of several signs eponymously linked to Joseph F. Babinski. *Dorland's Medical Dictionary* conflates his two toe signs (extension of the great toe and fanning of the toes), which Babinski described separately as the "Babinski reflex." If the toe signs were listed separately, the number of Babinski signs in the dictionary would be six.¹ The sign that comes first chronologically is Babinski's platysma sign: in hemiparesis, contraction of the platysma muscle is less vigorous on the affected side.¹ This sign may also be present in facial weakness of peripheral origin.

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