A CASE OF ACQUIRED CIRCUMSCRIBED HYPER-HIDROSIS

WILLIAM ALLEN PUSEY, M.D.

CHICAGO

A Jewish girl, aged 22, presented herself, with what I thought was a large wet dressing around her right wrist. On removing it, I found beneath an entirely intact skin. To my surprise I then learned that the gauze dressing, an inch or more thick, was wet solely with perspiration. The sweating area was on the extensor surface of the wrist and on the back of the hand toward the ulnar side. As may be seen in the accompanying illustration this area was from $2\frac{1}{2}$ to 3 inches wide and 5 inches long. It was sharply defined and its location did not vary. The skin was slightly pinkish and sodden. Sensation in it was diminished, but it was otherwise normal. The sweating occurred in almost constantly repeated attacks. A few seconds after the dressing was taken off and the surface wiped dry, minute beads of perspiration began to appear, and in a few minutes, the surface was covered by large drops of perspiration which were dropping into a puddle on the floor. In a few minutes more, the surface began to dry, and within ten or fifteen minutes, the sweating had ceased. At subsequent examinations, there were the same intermissions. The surface sweat profusely for a while and then the sweating ceased, to begin again after from five minutes to half an hour.

The patient said that she could start the sweating by vigorously twisting the wrist. Neither this nor rubbing or slapping the surface seemed to influence the sweating under my examinations. Other methods of exciting the sweating in the case were not tried.

The disturbance began eleven years ago, when the patient was a child 11 years old. The original spot was about the size of a silver dollar. At times the trouble disappears, and she has had periods of freedom from it of from one week to five or six months' duration. There is no appreciable variation in it in the different seasons. The sweating is more profuse during the day than during the night, and the patient thinks it is increased by warmth.

The patient is a well nourished, well developed young woman. She has had the common diseases of childhood except scarlet fever. Two and a half years ago she had appendicitis with operation; but beyond these she has had no illnesses. She is of fair intelligence, but is evidently not of a stable nervous type. She shows total anesthesia of the conjunctiva and pharynx, but gives no history of hysterical attacks.

She was given a 25 per cent. solution of aluminum chlorid and was told to use this cautiously over the affected area. This was done because of the remarkable property of aluminum chlorid and zinc chlorid in checking localized sweating, but it was not expected that it would have any effect in this case. Surprising to relate, the sweating was checked in the course of a week or ten days, and there has been no unusual

Hyperhidrosis in a circumscribed area on forearm. The large drops about to fall from the wrist and hand accumulated in from three to four minutes after drying the surface.

sweating of this area now for two months. Whether this improvement is one of the intermissions that the case has shown in the past, or whether it is due to the aluminum chlorid solution, or to the subjective effect of impressing the patient by doing something I do not know, but I am inclined to think the aluminum chlorid has produced the result.