LOCALIZED FACIAL SWEATING, FOLLOWING
CERTAIN OLFACTORY STIMULI *

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The three following cases are instances of a peculiar sweat reflex which does not seem to have been recorded in the literature. The fact that the last two were brought to notice shortly after the first was seen, however, would argue that the condition is not as uncommon as would appear from the lack of records.

In all three cases the sweating is confined to certain definite facial areas and follows, rather quickly, the ingestion, or even the smelling, of certain pungent articles of diet. The reflex involved apparently includes, on the afferent side, the olfactory nerves (possibly, also, to a lesser extent, the gustatory) and, on the efferent side, the secretory fibers of the sweat glands of the face, which are distributed with the seventh cranial nerve.

Why the sweating should be so sharply localized and invariably confined to the same areas, and why certain stimuli and those only, in any given case, should cause this reflex, has not been determined. Heredity is undoubtedly a factor, since, in one case, the condition has appeared in one or more members of the family during four generations, at least, and in the other two cases it has been traced through two generations. In all instances, the individuals thus affected are of a distinct nervous type and have a sensitive skin and mucous membranes. There seems to be, however, no neurotic element present.

Experiments with a variety of other pungent substances, in an endeavor to obtain the reflex, have been negative.

The following is a brief outline of the case histories:

CASE 1.—Perspiration of the face, following ingestion of tomatoes, strong cheese, roast beef and pickles.

Patient.—M. L. W., aged 54, married; the second of three children. His mother died of old age at 78; his father died at 56, of yellow fever; one sister died of heart disease at 57. The patient and one sister suffered for years from pronounced hypersensitiveness, involving numerous functional derangements and marked caprices relating to strong odors. The patient has written his own personal history, as well as his idea of the condition of the other members of the family.

History.—"For most of my life, certainly during all the adult period, I have been peculiarly affected by tomatoes, especially by those stewed. Always after eating them a perspiration would break out on my face, especially on the nasal surface, and to a less extent on the upper lip and temples. This generally occurs in one or two minutes, or less. Persons seated with me at the table have often commented on the fact, sometimes noticing it before I was aware of it myself. On the removal of the lid of a covered dish of stewed tomatoes, set directly before me, the inhalation of the fumes sometimes produces the same result, though in less degree. The same is true of strong cheese (as Roquefort) or pickles. My sister writes me: 'We certainly have inherited from our mother a peculiarly sensitive and irritable skin. I do not remember her ever having any actual skin disease, except aggravated eczema, once or twice, on her hands. I can not remember that anything she ate ever brought out perspiration. You must recall how much trouble she had with her nose.' Mother occasionally had a hair tonic applied and always declared that, in a few minutes, she distinctly tasted the quinin, which was one of the ingredients. She was very sensitive to all kinds of drugs, and, on calling in a new doctor, had to urge him to give her

less than ordinary doses. My sister continues: 'As for myself, I have had eczema three or four times on my hands, and have suffered terribly each time; as to the perspiration after eating, you are quite right about the cheese.' This in answer to my inquiry as to my recollection of having seen her eat sago cheese and noting the perspiration on her nose, which, when wiped off, showed green on the handkerchief. 'Green cheese always affects me in that way, but not often any other kind. I do not know that our sister ever had any trouble in that way; but she had eczema of the legs. My children have never been troubled by perspiration arising from certain foods.'"

Examination.—The patient was tall, well made and fairly muscular; hair light; complexion fair; complained that his skin was always very sensitive to the bites of insects, even to the attack of a single mosquito. When first seen, he was suffering from an eczema of both legs, which made its appearance without apparent cause. The urine was normal. The patient was otherwise in good health. Closely questioned on all points relating to the hypersecretion of sweat due to food, it was his opinion that it followed the use of Roquefort cheese, tomatoes, especially stewed, and, in a less degree, pickles. Lately he had noticed that hot roast beef, especially the odor, induced the same phenomenon.

Demonstration.—March 28, at our request, the patient demonstrated this peculiar influence of the food on the sweat glands. He first partook of cheese and in less than two minutes sweat was noted on his nose and forehead; in less than another minute his entire face was bathed in perspiration. There was neither redness nor flushing, but the skin presented a shiny appearance, due to a sebaceous flow. The cheese was then discontinued and removed from the table. After a delay of ten minutes, his face was wiped a number of times, until free from moisture. He then partook of stewed tomatoes, and in less than one minute the facial sweating became profuse and was much more marked than that following the ingestion of cheese, thus confirming his previous observations. Apparently there was no hypersecretion on other parts of the body, he having carefully examined the region of the axillae. A series of experiments with garlic, asafoetida, valerianate of ammonia and acetic acid gave negative results.

CASE 2.—Perspiration of the infraorbital region, following ingestion of onions. The subject was a well-nourished man, aged 40 years, of nervous temperament and sensitive mucous membranes, but otherwise normal.

Family History.—The patient's paternal grandmother, who died at the age of 100, was the first member of the family in whom this peculiarity was noted. His father, who died at the age of 78, suffered from this condition to a marked degree, the sweat literally streaming from the region below the eyes whenever he ate or smelled onions. Two living sisters were affected in like manner, the older, aged 33, being more distinctly influenced than the younger, who was 30. In all of these instances the infraorbital regions alone were affected and onions were the only stimulating agents which would produce the effect.

Demonstration.—On April 18, under the observation of one of us, the patient ate three small green onions. Within thirty seconds he spoke of a sensation of cold under both eyes, followed, in a few seconds, by noticeable beads of sweat, the sweating becoming more pronounced and reaching its maximum in about five minutes, at which time it was so profuse that it was necessary to wipe it away. An attempt was made to stimulate the olfactory region electrically, but without success, because of the sensitiveness of the nasal mucous membrane, which would not tolerate the introduction of electrodes.

CASE 3.—**Family History.**—The earliest record of the condition in this family relates to the grandfather, who died at the age of 80. The father in the case under discussion, who is alive and well at the age of 70, has, as long as he can remember, under the influence of certain foods, perspired about the eyes and upper lip. A brother and a sister, both older than the patient, were never subject to the affection. One brother, aged 43, has been thus affected since childhood, while a younger brother has been exempt.

Patient.—The subject of this record was a man of 42, a blonde, of nervous temperament. He had been aware of this

* Read in the Section on Dermatology of the American Medical Association, at the Sixtieth Annual Session, held at Atlantic City, June, 1903.

condition for fifteen years. His son, now 13, began to show similar symptoms a year ago. The sweat reflex, in himself and in the other instances in this family, cited above, is established through the use of pungent or peppery foods, as well as acids and condiments. The sweating occurs about the eyes, forehead and upper lip. One of us observed the patient, during the ingestion of lobster salad. At the end of one minute profuse perspiration occurred about the eyes, forehead and upper lip, lasting about five minutes and accompanied by a slight erythema. In this case, as in the second one recorded, the sweating was preceded by a sensation of coolness in the skin areas affected.

CONCLUSIONS

1. Heredity is a decided factor in all these cases; in one, the condition was traced through four generations.
2. The condition is not congenital, since it has not appeared in any of the cases before puberty.
3. Localization of the sweating is identical in all members of the same family.
4. The same stimuli produce the condition in all members of the family.

Clinical Notes

A DIVIDED SHEET FOR GYNECOLOGIC EXAMINATION *

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I present a new modification of the ordinary sheet used in gynecologic examination and treatment. This sheet has proved so satisfactory in my hands that I have discarded the older sheet and now use the new device altogether. It is simple and can be easily made in a few moments by any woman with needle and thread or machine.

Diagram to show method of making a sheet for gynecologic examination.

To make the sheet take any ordinary sheet of sufficient size (7 by 5½ feet) such as is used in ordinary gynecologic examinations and spread it on the floor; at one of the long ends (CD) mark a dot to show the cen-

ter. From this central point on the edge measure toward the center of the sheet 3 feet (F); from the dot in the center of the end, measure 2 inches on each side; then cut out the triangle (EFG). The edges of this triangle should be hemmed or bound with tape. Take a piece of cotton 5¼ feet square (IJKL) and spread it on the floor. Mark the center of one edge and a point 2¼ feet distant from the first point, on a line perpendicular to the edge. Take the scissors and cut the sheet at this point, hemming or binding the edges. This second sheet (IJKL) is sewed to the large sheet (ABCD) 8 inches above the bifurcation on the large sheet at F. It is an excellent plan to bind securely with silk or thread the edges of the bifurcations at F and M. It will thus be seen that this is a double bifurcated sheet in which a smaller sheet is superimposed on a larger one.

In use the nurse places the patient in the ordinary dorsal gynecologic position, wrapping the left leg with the flap (FGD) of the large sheet and the right limb with the flap (FEC), thus perfectly protecting the lower limbs. The two flaps (KNM and LOM) of the smaller sheet, hanging down in front, are tucked neatly under the buttocks.

It will be readily seen by those who have had any gynecologic experience that examinations, both digital and instrumental, can be made with the slightest possible exposure—very much less than with the ordinary sheet. I have found it especially nice when using specula, as it enables the physician to introduce them, tuck the sheet snugly around and thus secure absolute protection. From the time when I first began to use the sheet, a number of months ago, patients at once commented on the facts herein noted.

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MOTOR APHASIA AS A SEQUELA TO SCARLET FEVER

REPORT OF A CASE

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A child, aged 6, well nourished, had a chronic discharge from the ears, and an attack of measles three months previous to present illness. The scarlet fever started with nausea, headache, vomiting and high fever (105 F.). Cerebral symptoms, as restlessness, delirium and mental apathy, were predominant. The patient could be aroused for medicine and nourishment, but soon sank again into a mental stupor. On the fifth day of the disease his ears began to discharge, the temperature remaining high with remissions, till the seventh day, when improvement began and amelioration of all the symptoms. By the middle of the second week paraplegia of the left side was noticed with motor aphasia. The patient seemed to understand words, and retained full power of hearing, but the power of articulate speech and of producing complicated movements in the region of speech muscles was wanting. The tongue could not be protruded well and deviated to the left. The paralysis lasted a few weeks, and the patient is gradually regaining his power of speech three months after illness.

283 South Second Street.

Autografting.—Marion S. Souchon, M.D., House Surgeon Hôtel Dieu, New Orleans, La.: The following method, though not evolving a new principle, is original in the application of the Reverdin and Thiersch methods of grafting. At the skin edges of a granulating surface are found the proliferating new cells which are particularly active. This new tender membrane is easily removable and may be used as a neograft. One may either make pin grafts, or detach a strip at one end only, and spread it in the shape of a peninsula. The method is so simple and the results so unfailing as to make further description unnecessary.

* Exhibited before the Louisville Society of Medicine.