Remarks on localised flushing and sweating of the cheek on eating, also on "Striae patellares" / by F. Parkes Weber.

Contributors

Weber, Frederick Parkes, 1863-1962.
Royal College of Surgeons of England

Publication/Creation

London : Baillère, Tindall and Cox, 1905.

Persistent URL

https://wellcomecollection.org/works/gyhrp5mq

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

c. 1

(3)

REMARKS ON

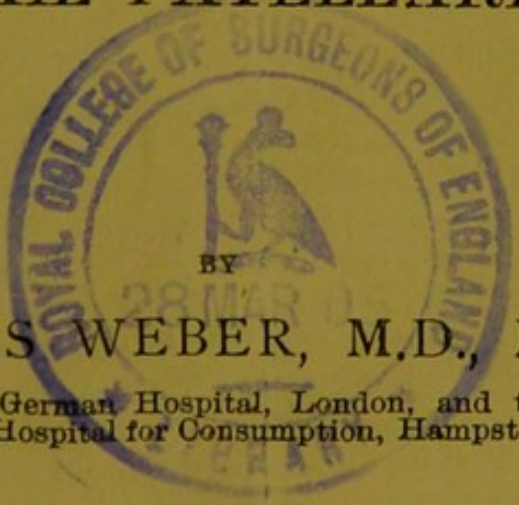
LOCALISED FLUSHING

AND

SWEATING OF THE CHEEK ON EATING,

ALSO ON

"STRIÆ PATELLARES."



BY

F. PARKES WEBER, M.D., F.R.C.P.,

Physician to the German Hospital, London, and to the Mount Vernon Hospital for Consumption, Hampstead.

Reprinted from THE MEDICAL PRESS AND CIRCULAR, MARCH 15TH, 1905.

LONDON:
BAILLIERE, TINDALL AND COX,
8 HENRIETTA STREET, COVENT GARDEN.

1905.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
28 MAR

REMARKS ON LOCALISED FLUSHING AND SWEATING OF THE CHEEK ON EATING, ALSO ON "STRIÆ PATELLARES."

THE patient in question is now aged 26½ years. (*a*) When he eats anything solid (for instance, a piece of sugar or an apple) a patch of redness appears almost immediately on the left side of the face as if he had received a sharp blow on the cheek. The reddened area is very hot, and sweating quickly follows. Occasionally a much smaller area of redness and sweating appears on the right side of the face, in front of the lobe of the ear, when the phenomena on the left side are at their maximum. The swallowing of fluids, such as milk, &c., does not cause the flushing and sweating to appear, but the rolling of a little vinegar and water about in the mouth (without biting or swallowing) calls forth the curious reaction fairly promptly. The reaction commences more quickly when he uses his teeth on the right side for biting his food than when he uses those on the left side. By merely opening and shutting his jaws or chewing a piece of wood (by pretending to eat) a very slight degree of redness is all that can be produced. The flushing and sweating subsides two or three minutes after

(*a*) The case was shown by Dr. Weber at a Clinical Evening of the Clinical Society on October 22nd, 1897, and again on January 27th, 1905.

he leaves off eating, but it takes a longer time for the redness to completely disappear. It was found that the phenomena were somewhat less marked when a cocaine lozenge was taken before his food, but the use of these cocaine lozenges has not been encouraged. A similar diminution in the symptoms followed treatment by bromide and belladonna (10 minims of the tincture three times daily) internally, and belladonna liniment externally. The effect of belladonna in checking unilateral and local sweating has been specially noted by Ringer. After much mental worry a middle-aged man suffered from excessive sweating of both cheeks, coming on while eating (especially hot meat or vinegar), but ceasing immediately after the meal. This sweating was completely stopped by ten drops of tincture of belladonna three times daily. (Ringer and Sainsbury's "Therapeutics," thirteenth edition, 1897, p. 527.)

A case somewhat similar to the present was recorded by W. H. Haynes (*New York Med. Journ.*, December 25th, 1897) in a girl, æt. 19, of neuropathic ancestry. Any sweet or sour substance, when placed in her mouth, caused immediately, together with the flow of saliva, the whole of the right side (which was larger than the left side) of her face to become scarlet and noticeably enlarged, the phenomena subsiding very soon after removal of the determining cause in the mouth.

In the present case there is no neuropathic family history. The patient suffered from appendicitis in December, 1894, and the appendicitis was followed by parotid buboes on both sides of the face, which had to be opened, and the scars of which still remain. About March, 1895, he was operated on for the appendicitis, and it was after that operation that the flushing and sweating of the face were first noticed. I believe the most probable explanation of the phenomenon to be that some sympathetic nerve fibres are involved in scar tissue (on both sides, but chiefly on the

left side) and are stretched or pulled on owing to the physiological swelling of the salivary glands during eating. There is very slight diminution of tactile sensation in the neighbourhood of the scars. Suppuration of the parotid has been known to have been followed by sweating of the face. Mr. R. J. Godlee has kindly given me an instance of this sequence of events in the case of a middle-aged woman. In 1901, whenever she ate any solid or sharp-tasting food a red flush appeared almost immediately, which was very annoying. The history was that a parotid bubo on each side of the face followed an abdominal operation in 1890, These had to be opened and got well. But in 1901 there was recurrence of the swelling, together with ear disease; this was followed by the peculiar flushing on one side. In the present case no localised sweating or flushing occurs when the patient becomes hot by exercise or excitement, and there are no pupillary or other phenomena indicating any involvement of the rest of the cervical sympathetic. The patient's general health is now good. The appendicitis scar is healthy, and there is no sign of present disease of the thoracic and abdominal viscera or of the central nervous system. The diminution of hearing on the left side is due to old middle-ear disease. The knee-jerks are natural.

The rather uncommon atrophic transverse scars in front of this patient's knee-caps, and just above them, known as *striæ patellares*, are peculiarly well marked and long. Like lineæ gravidarum and the lineæ due to obvious distension of the skin by ascites, œdema, obesity and local tumours of any kind, striæ patellares and other so-called "idiopathic" striæ sometimes met with about the shoulders, elbows and thighs of young growing persons doubtless originate from gradual rupture of the deeper layers of the cutis. Striæ patellares sometimes occur below as well as in front of and above the patellæ; sometimes they

are better marked on the outer side of the joint, and they are not always symmetrical in the two limbs. In the present case they were first noticed after the attack of appendicitis ten years ago, and therefore were probably a result of the patient lying in bed with his knees flexed, the skin in front of the knees being thus tightly stretched at a time when he was growing rapidly and when his general nutrition was greatly affected by the appendicitis. Striæ patellares have been more frequently noticed after typhoid fever than after other febrile diseases, such as scarlet fever, pneumonia, appendicitis and colitis. My colleague, Dr. Zum Busch, kindly showed me an excellent example of striæ patellares in a young man at the German Hospital, in whom they probably arose when he suffered from osteo-myelitis about ten years previously.

Similar striæ after febrile diseases sometimes occur in other positions, as the arms, loins and outer surfaces of the thighs. Sir Dyce Duckworth (*Brit. Journal of Dermatology*, 1893, vol. v, p. 357) recorded striæ across the outer part of the left thigh after typhoid fever in a boy, æt. 15. There were similar parallel stripes on the outer side of each leg above the malleolus. In that case the excessive hyperæsthesia of the skin in the distribution of the external and middle cutaneous nerves suggests the presence likewise of the condition now generally known as "meralgia paræsthetica" (W. K. Roth, 1895), or "Bernhardt's paræsthesia" of the thigh (*Neurologisches Centralblatt*, 1895, p. 242), of which three years ago I met with a typical example following suppuration connected with vaccination (*Brain*, Summer, 1902, p. 353). The meralgia paræsthetica in my case gradually disappeared completely in the course of eight or nine months.

Excellent papers on the nature and cause of "striæ patellares" have recently been published by G. Fischer (*Münchener med. Woch.*, 1904.

No. 11, p. 482), H. Köbner (*ibid.*, 1904, No. 21, p. 928), and J. L. Bunch (*British Journal of Dermatology*, January, 1905, p. 1). Actual microscopic examination of the striæ shows that they are due to rupture or "cleavage" of the deeper layers of the cutis, but much remains to be worked out in regard to their etiology, and especially their relation to stretching of the skin, growth of long bones and typhoid fever. I would only point out that at the height of the fever in cases of typhoid fever there may be a peculiar nutritional condition of the skin present. It is well known that chronic psoriasis sometimes more or less completely disappears during typhoid fever, to generally reappear sooner or later after recovery from the fever. Small wounds made during the height of the fever (as in opening small abscesses) have a tendency to gape in a most peculiar manner before they ultimately heal up by granulation. Some time since, in a grave typhoid fever case, a boil on the front of the thigh was incised, and I observed that in the course of the next day the skin retracted so much that the small incision came to appear like a big fissure in the skin, the wound afterwards healing by granulation. Possibly in some cases the tendency to skin cleavage during typhoid fever may be partly due to the presence of excessive diarrhœa, which increases the ordinary febrile dryness of the tissues. It is not right to infer that because active growth of long bones continued flexion of joints, and typhoid and other febrile diseases are not usually followed by "striæ patellares" or by similar striæ in other positions, therefore the striæ arise altogether independently of such supposed causes. By a similar line of argument one would arrive at once at the conclusion that tabes dorsalis and general paralysis of the insane had no connection with syphilis.

There are certainly very few cases of these cutaneous striæ remaining in which none of the causes referred to (not even active growth of long

bones) can be ascertained, and which can really be classed as "idiopathic." Doubtless, however, a personal disposition plays a great part in the development of those striæ which are not obviously due to stretching. In 1897 I saw a well-developed muscular clerk, æt. 17, who had typical striæ over his shoulders, somewhat in the direction of the fibres of the deltoid muscle. Owing to their freshness they had a bluish, not a white appearance, and could therefore not as yet be literally termed striæ albicantes. There had been no illness, accumulation of fat, or œdema to account for the skin cleavage in that case, but the boy was growing rapidly.