Remarks on the early history of Bell's palsy
Van De Graaf, Robert C.; IJpma, Frank F.A.

Published in:
European Archives of Oto-Rhino-Laryngology

DOI:
10.1007/s00405-008-0788-4

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2008

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment.

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 15-09-2023
Sir,

In his review article entitled ‘Management of peripheral facial nerve palsy’ [1], Dr. Finsterer makes the incorrect statement that Bell’s palsy was first described by Friedreich in 1797. The clinical entity, which we currently call Bell’s palsy, was already clearly observed more than a century earlier, in 1683, by the Dutch physician Cornelis Stalpart van der Wiel (1620–1702) (Fig. 1a) [2, 3].

Nevertheless, in 1797, Nicolaus Anton Friedreich (1761–1836) (Fig. 1b) was the first in history to write a thesis about Bell’s palsy, which he called ‘rheumatic paralysis of the facial muscles’, because he believed it was caused by exposure to cold air [4]. He wrote: ‘A man of forty-six years, subject to frequent catarrhs and rheumatisms, was confined some weeks to bed, on account of a surgical operation. The first time that he left his room, he exposed his left side to a stream of cold air from a window. [...] On visiting the patient on the morning of the fifth day, I found the muscles of the left side of the face paralysed, and the mouth and nose drawn towards the right side. My fears were, however, soon dissipated, as, on considering the preceding occasional causes, the previous swelling and pain in the region of the mastoid process, and the integrity of all the senses, and of all the other muscles of the body, I could not view the evil as apoplectic, but as being local, and proceeding from the rheumatism affecting the place’ [4].

Also, Sir Charles Bell (1774–1842) (Fig. 1c), the discoverer of the true function of the facial nerve, and whose name is attached to the clinical entity, considered Bell’s palsy to be caused by exposure to cold air. He stated: ‘A physician paid me a visit who had come up from the country in the mail, and had fallen asleep in the night-time, with his cheek exposed at the open window to the east wind. On the morning of his arrival, when preparing to go abroad, he found, upon looking into his glass, that his face was all twisted. His alarm gave more expression to one side of his face, and produced more horrible distortion. Both laughing and crying, you know, depend on the function of the portio dura, but when he came to me he considered it no laughing matter: I never saw distortion more complete. It was difficult to comfort him; but I am happy to add, that the paralysis gradually left him, as I told him it would.’ [5].

The oldest hypothesis on the etiology of Bell’s palsy considers ‘rheumatism’ or exposure to cold to be the cause of the affection. Ever since, a multitude of other etiological explanations (e.g. vascular ischemia, autoimmune disease and viral infection) has been proposed. But despite all this scientific effort, the true cause of Bell’s palsy has still not been found. It is fascinating to read that even today the old ‘cold-hypothesis’ still seems to be alive, as Dr. Finsterer remarks: ‘some patients report exposure to an air-condition outlet, or an open window before the attack’ [1]. Is this an expression of the difficulties we still experience with understanding the pathomechanism of Bell’s palsy? Or should we really consider exposure to cold as a possible etiological factor in some patients affected by Bell’s palsy? What exactly happens with the facial nerve of these patients after it has been exposed to cold air?
Fig. 1 Early observers of Bell’s palsy and advocates of the ‘cold-hypothesis’: A. Cornelis Stalpart van der Wiel (1620–1702), the first known observer of Bell’s palsy; B. Nicolaus Anton Friedreich (1761–1836), who introduced the term ‘rheumatic facial paralysis’; C. Sir Charles Bell (1774–1842), the discoverer of the true function of the facial nerve, and whose name is attached to the eponym Bell’s palsy.

References


