ing is that which has been commonly chosen, as it is generally free from other engagements. The dinner need not be an elaborate or expensive one; the others referred to are furnished at two dollars for each one joining in the same. It is earnestly hoped that the Section may take such action during this session as shall lead the officers and executive committee to arrange for such a dinner the coming year.

Thanking the Section for the honor conferred on me in calling me for the fifth time to preside over its deliberations, and for your kind attention at the present time, and hoping that there may be full and free discussion of the subjects presented on the interesting program, which I take pleasure in setting before you, I declare the session of the Section opened for the business on hand.

SOME SUCCESSFUL METHODS OF TREATING ALOPECIA AND ALOPECIA AREATA.

Read in the Section of Dermatology and Syphilology at the Forty-third annual meeting of the American Medical Association, held at Detroit, Mich., June 7, 1892.

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Alopecia and alopecia areata are diseases of the scalp which have always interested dermatologists, and the problems connected with these conditions have acquired a new impetus of late years, by reason of the extensive studies which have been directed towards them. The questions which have been considered mostly are those regarding the etiology and the treatment of these conditions. These questions are inter-dependent to a great degree and for that reason it may not be regarded as inopportune to devote a few words to the consideration of the etiology of these diseases before devoting the major portion of this paper to the subject matter pure. As the etiology and consideration of the causes leading to the diseases of whose successful treatment I purpose speaking, have a considerable influence upon the adoption of successful therapeutic measures, I will offer no further apology for a brief résumé of these questions, more especially as they have been the topics of many long and unsatisfactory discussions and we still regard them as being, in a great measure, *sub judice*.

In regard to the etiology there exists quite some difference of opinion and the advocates of the different theories advanced may be roughly divided into three groups, viz.: Those contending that all cases of these diseases are of parasitic origin; those who contend that the origin of these troubles is of a neurotic character, and those who are inclined to favor the one or the other according to the particular indications presented in each individual case. The upholders of the parasitic theory have made a strong case apparently, but their arguments possess certain inherent defects which are of such a nature as to considerably invalidate their claims. The evidence is far from convincing in a large number of instances, and we have added to this the suppression of the negative cases or of such experiments as do not tend to support the view which is advanced. The fact that strong antiseptics, locally applied, will tend to promote a growth of hair is no proof that the result is due to the destruction of parasites or of microorganisms of a pathogenic character. The further fact that these applications must be of con-

siderable strength serves to invalidate the position still more. For it can be justly argued that the growth is due, not to the parasitocidal properties of the remedy, but rather to its stimulating qualities. Again, we have exhibited to us cultivations of organisms obtained from such cases. Unfortunately for the cause advocated these cultivations have but too often proved to consist simply of saprophytes and the same could be obtained from organisms found in perfectly healthy scalps. Such evidence falls very short of proof and this is the result found in a large number of the cases which present themselves for treatment and who are affected with the troubles under consideration. I do not intend to deal exhaustively with these defects in the matter of proving the opinion advanced, but merely desire to point out some possible sources of error to which investigators have become blinded by their enthusiasm.

Those who contend that alopecia and alopecia areata have a constant neurotic basis, have a certain amount of objections to contend with which they have not yet successfully overcome. They have very plainly demonstrated that parasites are not the cause in a certain number of instances. They have also proven experimentally that lesions to certain nerves were followed by alopecia. But, in some cases, all the neurotic phenomena discoverable and undiscoverable have been treated with no beneficial results, even when aided by external stimulating measures. No results could be obtained until strong parasitocides were employed; and, while claiming merely stimulating properties for these agents, the obvious conclusion could not but force itself upon an impartial observer that the disease was, in fact, of parasitic origin. I do not desire to dilate further on this point but will pass on to that class of observers whose conclusions appear to me to be not only more rational, but correct and in consonance with clinical and pathological observation, besides being confirmed by the therapeutic results obtained.

I refer to those whose contention it is that alopecia and alopecia areata may be due to either parasitic or to nervous trouble, or to both combined. The negative results obtained by the rigid adherents to either of the first two theories have found that in cases of failure a resort to the other method or the adoption of both has resulted in success. Those who persisted in one plan have been mortified by observing nothing but failure follow their best efforts. Some clinical considerations are not dealt with in a manner which the importance of the subject demands. For there are certain objective symptoms which can be observed in some cases which will serve to distinguish between an alopecia of neurotic and one of parasitic origin. Of course, when I refer to alopecia in this paper I do not desire to include the senile form nor that in which the follicles of the hair have been destroyed, atrophied, or lost beyond redemption, but rather to presenile alopecia, *defluvium capillarum*, and alopecia areata. In the last affection, we find the neurotic and parasitic types rather plainly differentiated by their respective histories and objective characteristics.

In the parasitic form a history of infection may or may not be made out. The disease may be traced to the barber's brush, to infection from caps, hats, etc., worn by other individuals suffering from the same trouble; or nothing definite may be learned in this respect. Itching, of a more or less marked

character, will be found present. The history of the attack will show that the falling out of the hair was gradual and peripheral. On inspection the involved area does not present a smooth surface. It is roughened to a certain degree, and the hairs at its border are lacking in lustre as well as easily broken upon attempting extraction. Those portions of the scalp most often scratched are involved, and include the temporal and occipital portions of the scalp, with occasionally the vertex. Auto inoculation can be very clearly made out in many cases, and the entire evolution of the trouble traced upon the scalp of an individual. Scrapings from an affected area, if carefully rubbed into the skin of a dog, will produce an analogous condition, thus verifying in a satisfactory manner the parasitic character of the cause of the alopecia. It must always be remembered, however, that these conditions only apply to cases which have not been tampered with.

In the neurotic variety of alopecia areata, which in my experience occurs more frequently than the parasitic, we may or may not have a history of neuralgia, traumatism, or nervous or mental shock. The subjective sensations, if any exist, are not sufficiently well marked to attract much attention. The history of the onset is generally that it has been sudden, one or several areas becoming suddenly denuded of hair. These may be roundish or ovalish, or of irregular contour. The sizes of these areas also vary considerably, and while progressive to a certain extent, we have a stationary period establishing itself and an effort at spontaneous recovery. Objectively the denuded spots have a white, almost glistening appearance, the comparison to ivory being a very apt one. A peculiarity which is present in this disease is that it is not limited to the scalp alone, but may attack, as it often does, the eyebrows, axillæ, breast and pudenda. The few symptoms enumerated are sufficiently well marked to distinguish the condition from one of parasitic origin. But we are sometimes called upon to treat cases of alopecia areata in which both a parasitic and neurotic cause is at work. In these the mixed effects due to the different causes may frequently be observed quite readily; whereas in others the problem presents such complications as to require fine discriminative powers as well as close observation and examination.

It is hardly necessary to allude to any considerable degree to the other forms of alopecia which I have mentioned. The same general conditions and appearances will hold as in alopecia areata *mutatis mutandis*. Concomitant phenomena are always found in connection with each individual case, of such a nature as to lead to tolerably accurate conclusions in regard to its etiology. This being done, the rational method to pursue readily suggests itself, and the success of the therapeutic measures employed will wholly depend upon a proper selection of remedies and the method of their application.

Having made these few preliminary remarks I now desire to speak of some of the successful methods which I have employed in the treatment of some cases of alopecia and alopecia areata. I have alluded briefly to the etiology of these affections in order to avoid useless repetition later on, and will premise by saying that I desire to speak of methods without entering into a detailed recital of cases, as those of the same type would be merely repetitions of each other, and on that account pos-

sibly wearisome to the reader. I will further state that I only purpose speaking of alopecia areata and of presenile alopecia, these being by far the greatest number of cases of falling out of the hair which I have had occasion to treat, and for that reason, the successful treatment of such possesses more value than it would in cases less frequently observed and subjected to therapeutic measures.

The cases of presenile alopecia which I have had occasion to treat (exclusive of such as are of syphilitic origin), occurred in males, and the majority of these were light blondes. In all cases the hair was fine and silky and the scalp rather pale. In some seborrhœa existed, and the amount of secretion varied from a very small amount to quite a considerable quantity. In all there was a history of more or less itching and of a gradual loss of hair, chiefly at the angles of the forehead and at the vertex. Combing the hair showed that this loss was considerable, although a certain proportion consisted of bed-hairs, so that the actual loss was by no means equal to the apparent. All were individuals who were otherwise in apparent health and whose functions in general seemed to be in perfect condition, with the exception of one, possibly. The nervous system lacked that stability and repose which should exist in the normal individual and which is so essential to proper assimilation. While this condition was not so apparent in all, those who did not exhibit the grosser phenomena of nervous disturbance exhibited psychical phenomena which plainly pointed to this state of affairs. Irritability upon slight provocation, anxiety concerning trivial affairs, depression of spirits out of proportion to the exciting cause, and similar perturbations showed themselves as evidences of the neurotic condition present in the individual. A prominent feature was the hopelessness of the patient so far as regarded any ultimate result in the treatment of his case. It will be readily seen that such cases are not very promising, yet a little moral suasion has quite an effect in improving such a condition, and success is not the impossibility which it might appear at first blush. The general treatment I have adopted has been various in different cases, but has been directed to the amelioration of the nervous system. In some cases I have ordered the following pill thrice daily:

R. Strychnia sulphat, gr. 1-60.
Ferri redacti, gr. j.
Quiniae bisulphat. gr. j
℞. Ft. caps. No. 1.

Or, if starvation of the nerves seemed to be present, the compound syrup of hypophosphites (Fellows) was ordered taken in drachm doses four times daily with a milligram ($\frac{1}{80}$ grain) of strychnia sulphate with each dose. In some cases I have found it advantageous to supplement this treatment with muriate of pilocarpine taken at bedtime, a powder containing $\frac{1}{4}$ to $\frac{1}{2}$ of a grain of the remedy being taken in water. The effects of this internal medication was not a matter of coincidence, for, by its alternate withdrawal and resumption, most notable differences could be observed. These differences were so marked as to attract the attention of the patients and lead them to the conclusion that the internal medication was of a most beneficial character in the improvement of the local condition. Such results occurred not only in one case but in several, and, although failure might follow the same course in some future

cases, the success which has been accomplished is sufficiently encouraging to justify a continuance of the method until a better one can be suggested that will stand as rigid a test.

Alopecia areata presents difficulties, occasionally, of such a character as to almost make us despair of any successful issue. I have been extremely fortunate in securing good results and can only attribute them to the energetic means which have been used. Before entering into the consideration of the treatment I desire to premise that I have always been careful to distinguish between the parasitic and the neurotic varieties of the affection. Having done this the treatment was adapted to the condition present, and, whilst one method might fail, the general principle was always kept in mind in the application of therapeutic measures.

In the parasitic form of alopecia areata I have used two parasitocidal mixtures. One, the weaker, for the purpose of applying to the entire scalp and thus preventing new infection and a further spread of the trouble; the other, the stronger, to apply directly to the implicated areas for the purpose of destroying the parasite and thus producing an end to the disease. Both preparations were ordered applied twice daily; and as all the cases I observed occurred in males I had the hair clipped close to the scalp, thus facilitating a thorough application of the remedy. For the weaker application I first used a $\frac{1}{50}$ bichloride of mercury solution, afterwards using instead a 3 per cent. creolin solution. Both acted well and the only advantage in the latter is the smaller danger of toxic infection from its use. This wash is to be applied to the entire hairy scalp, the affected areas being attended to after the first operation has been gone through with. For the affected areas I ordered the application of *sapo virides* and this to remain about five minutes. Then a mild scrubbing with warm water and, after thoroughly drying, the following to be rubbed in in small quantity:

R. Hydrag. bichloride, gr. j.
Lanolin, ʒi.

℞. Terebene.

Sig. Apply twice daily.

In a comparatively short time a strong healthy growth of hair could be observed.

I desire to state that it is not always necessary to apply this last daily. It will be easily determined by the observer whether this is necessary or not. Not infrequently one application a day or every other day will, in a short time, be all that is necessary. I have had no occasion to change the composition of this application, as in the few cases in which I employed it, it proved satisfactory.

In alopecia areata of neurotic origin which, in my experience occurs much more frequently, I have given internal treatment in some instances and not at all in others. After trying various internal remedies with more or less success I have finally adopted the same preparations as those I have spoken of in the treatment of presenile alopecia. They have seemed to serve the best purpose and gave the best final results. I have also observed that this internal treatment is of positive and undoubted benefit. Discontinuing the remedy is followed by inferior results and the effects of the resumption of the treatment became very quickly apparent. In some cases, however, general treatment appears to be entirely unnecessary, but I have found them to be very few in num-

ber. It would appear that they are such in which a sudden shock was experienced from a traumatism, and the nerve equilibrium was regained in a comparatively short period of time. Even in these, however, if no form of treatment has been essayed for some considerable period of time after the injury internal treatment is found of benefit. Yet cases of the last class must of a necessity be very infrequent. In those experimental cases in which nerves have been excised and the operation was followed by alopecia areata, the regeneration of the hair occurred spontaneously, and local as well as general treatment appeared unnecessary; but they are certainly not cases which could be given as a criterion by which to judge.

To come to the local treatment of alopecia areata: The methods which I have found successful are essentially of the same character, although they differ materially in application. I do not claim any originality for either, as one is rather old and the other was suggested some little time since. They are essentially irritant in nature, but efficient in effect so far as my experience enables me to judge. The first one which I employed is the suggestion of a French author, and consists in applying cantharidal collodion to the affected area. After vesication has been established a dressing of some bland ointment is used. As is well known, cantharidal collodion varies much in its composition. We find that in some instances it acts very promptly, whereas in others its action is quite slow. Again, its effects in the same individual may be comparatively superficial or quite deep, depending upon the degree of the cantharides present or the activity of the fly used in its composition. These circumstances necessarily acted as factors in controlling the frequency of application of the remedy. In some cases I applied the cantharidal preparation twice a week, and in others it could be used but once in the same length of time. The reaction was more or less prompt and, in some cases, I have had the unfortunate experience of seeing no effect of a distinct character beyond some superficial irritation of a rather mild character. However, by obtaining a good article I have been enabled to obtain excellent results in a comparatively short time. While the effects produced were of the best, the various inconveniences attending its use made the method anything but a pleasant one to the patient. The collodion is not a very easy method to manage. It mats the hair, does not look well, is very difficult to remove and is inconvenient to handle. Added to this, the disagreeable necessity of continuously applying an ointment further increased the aversion of patients to the entire curative procedure of a local character. I often experienced much difficulty in persuading patients to continue the treatment, and it was only the good results obtained which led them to submit to it in the hopes of a speedy recovery and a proportionately short submission to the entire process. This difficulty was particularly marked in females, and it was with much trouble that many could be persuaded to continue a routine which was so distasteful in many respects.

When a new method was announced which obviated many of these inconvenient accompaniments, and which was claimed to be much superior in its results, I immediately adopted it, and desire to express here my complete satisfaction with the results attained through its use. I also desire to express

my gratitude, in a personal point of view, to its originator; and I have no doubt every dermatologist who has given the method a fair trial will join me in this expression of thanks. I allude to the applications of pure carbolic acid as advocated by L. Duncan Bulkley. His technique is about as follows: He advises the application of pure carbolic acid once every two weeks to the affected areas. The amount of surface to be thus treated must not exceed two square inches. He furthermore states that two, or at the most three applications will suffice to effect a complete return of the hair. It may be Bulkley's experience to have had tractable cases; or I may have been unfortunate enough to have only stubborn ones. This much, however, is certain: As soon as the method was announced it struck me as a particularly good one to use. I had a patient to whom it was applied as directed, but I had no success. This led me to modify the treatment, which I did as follows: Instead of making an application once every fortnight I made it twice a week; and instead of limiting it to two square inches I applied it to the entire surface which was involved, this amounting to about ten square inches. Moreover, I was not at all satisfied with the ordinary 95 per cent. carbolic acid which I could obtain. It did not seem to be sufficiently strong. I obtained some pure English carbolic acid, and by its means obtained more rapid and marked effects. With this product it is unnecessary to rub forcibly into the skin, and the result obtained appears to me to be much more satisfactory. It is true that my experience thus far has been limited to but a few cases, but they have proven so satisfactory that I will continue until something better is offered. The method of applying the agent consists in freely swabbing the affected area with it, no matter how much of the scalp is involved. Those portions which are affected by the acid turn milky white in a few moments, and if any are not thus affected they are touched again. This is all that is necessary. If the parts which turn white show that inflammatory reaction has been very marked, they are passed over at the next sitting. Generally, however, there is at most but a slight amount of desquamation.

Such a treatment, while rather painful, is efficacious. I have been in the habit of also employing it in presenile alopecia, in a modified manner. Instead of applying the carbolic acid liberally I have done so sparingly, and at intervals of one or two weeks. The impulse this procedure gave to the growth of hairs was quite noticeable.

I do not wish to take up more time with the subject. My object has been simply to submit an experience I have had and one which, up to the present, has been highly satisfactory to me. It is certainly to be presumed that, in the hands of others, the same results should follow the same line of treatment and be attended by the same success. That the methods I have described are infallible I certainly do not wish to claim; but that they are sufficiently rational to induce a trial I hope has been shown in the foregoing paper.

I do not desire to detail any successful cases, as I have already overstepped my limits in this paper. The methods I have described have been used upon quite a number of cases, and the successes which have been attained have led me to describe what might prove equally successful methods in the hands of others.

ON THE DIAGNOSIS AND TREATMENT OF ECZEMA SEBORRHOICUM.

Read in the Section of Dermatology and Syphilology, at the Forty-third Annual Meeting of the American Medical Association, held at Detroit, Mich., June 7, 1892.

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Eighteen years ago I had the honor of presenting to the American Medical Association, which then met in this same city of Detroit, an article upon "The Management of Eczema," which, as I have since learned, was the first article relating to diseases of the skin which had ever been printed in the Transactions of this Association. It has seemed therefore very fitting to again present here an article upon the subject of eczema, relating to a phase of it which was entirely unknown at the time I read the article alluded to.

In my former paper I attempted briefly to go over the subject of the nature of eczema and its proper treatment, and I dwelt largely upon the constitutional origin of the disease and its management by diet, internal medication and external applications. I endeavored to show that the eruption upon the skin was very commonly but an external manifestation or result of systemic changes, and that its treatment by no means related alone to the administration of arsenic and the application of zinc ointment, but that to properly care for the disease, every element should be taken into consideration which bears upon the life and health of the individual.

The position then taken I believe still to be wholly correct, and the title given to my article at that time, "The Management of Eczema," represents well the care and thought necessary to properly cure the disease.

On the present occasion, however, I wish to call attention, as clearly as possible, to certain features belonging to an eruption, certain cases of which at that time would have been classed as eczema, and would have been treated wholly as such, but which later years, and especially the last two or three, have shown to be a condition of the skin quite different at times from that ordinarily and properly called by the name of eczema. I refer to that form of skin affection which has now entered into dermatological literature under the name of *eczema seborrhoicum*. The credit is wholly due to Unna, of Hamburg, for first having called attention to this condition of the skin, and for having persistently advocated its claims for a number of years, until now I think it is thoroughly accepted by the majority of those who have much to do with dermatology.

Undoubtedly the great disease, eczema, has too often been made a receptacle for many diseased conditions which could not be otherwise named or classed, and as the science of dermatology widens, and more accurate knowledge is obtained, the proportion of affections which are thus classified will become materially lessened. In all large statistics of to-day, eczema is found to represent about one-third of all cases. Hebra first clearly differentiated pityriasis rubra and separated it from eczema, with which it had previously been classed. Certain forms of lichen were then differentiated, and lichen ruber, lichen planus, lichen pilaris, etc., were taken from its grasp. Many cases which are now recognized as dermatitis herpet-