Of the three pyogenic dermatoses, the best results were secured in furunculosis.

The action of bacterins in the treatment of sycosis was very erratic; in one case of twenty years' duration where external treatment had been faithfully used for five years and where stock bacterins had been administered, autogenous bacterins were used with remarkable success. On the other hand two cases were very much aggravated by this form of treatment.

The average number of doses administered in successful cases was, eight in acne, four in furunculosis, and four in sycosis.

In nearly all cases the initial dose was two hundred million, and the final, one to two billion, killed organisms.

The most favorable interval between doses was found to be five days in acne, four days in furunculosis and seven days in sycosis.

Pure cultures of the staphylococcus albus were found in all the cases of indurated and comedo type of acne and in seven of the fourteen cases of folliculitis. Mixed cultures of the staphylococcus albus and aureus were found in six of the seven cases of furuncular acne and in three of the twenty-one cases of furunculosis, and in two of the seven cases of folliculitis. Pure cultures of the staphylococcus aureus were found in eighteen of the twenty-one cases of furunculosis. One case of folliculitis showed a mixture of staphylococcus albus and streptococcus pyogenes. Mixed cultures were grown from the lesions of sixteen per cent. of the patients in this series. This clearly demonstrates the fact that the offending organisms should be determined by culture before a patient is given stock bacterins. It would be better to say that because of this fact autogenous bacterins should always be given when possible.

In furunculosis and in the successful cases of folliculitis staphylogenes, bacterins are in all probability directly responsible for the cure of the patient; but this assertion cannot be proven to be true in the treatment of acne. It is not the purport of this paper to establish that claim. The main object in all bacterin therapy is an attempt to raise the resistance of the individual to the specific organism which is responsible for the pyogenic formation. When pus is no longer present in the acne lesions the result of bacterin treatment has been secured; but this treatment cannot correct those faults which underlie the formation of these lesions, and for that reason the general treatment, as already described, was instituted, and to this due credit is given for the part it played in the treatment of acne.

In conclusion we wish to thank Drs. C. J. White, Harvey and Towle for the privilege of studying these cases and for their valuable suggestions in the preparation of the manuscript.

ALOPECIA SYPHILITICA.*

By DOUGLASS W. MONTGOMERY, M.D.,
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THE baldness of syphilis is not always a definitely characteristic symptom, but it is a very important one when typical, and may be the only one to attract attention. This is particularly true as regards observation by the patient, with whom anything relating to a fall of hair is usually a matter for anxiety, and with whom also the other slight symptoms of a mild syphilis in the secondary stage may escape notice, for the alopecia of syphilis occurs only in the secondary stage of the disease. On the part of the physician also a knowledge of the peculiarities of this form of alopecia may lead to a search for other luetic symptoms, and so clear up an otherwise puzzling condition.

As before remarked, luetic baldness is not always definitely characteristic. It may be a simple defluvium such as occurs in all the fevers, or it may be almost complete of a very considerable area of the scalp, simulating alopecia areata. Syphilis, however, does sometimes cause a baldness that is so typical as to be almost pathognomonic of the disease. It consists of thinned out, irregular, indefinitely bordered places about the size of the end of a lead pencil or less, making the hair look as if it had been cut by running the point of a scissors up into it. If the hand is swept up the back of the head, bending back the hairs, a vast number of little bald spots will be brought into view. The French call these patches *clairières*, which is delightfully descriptive when one reflects that a *clairière* signifies an open or cleared space in a forest, where all the trees are not necessarily gone, but are thinned out. These cleared areas are most numerous over the sides and back of the head, exactly in the situations where in a man they are most observable, so that even if they escape the patient's own observation they rarely do that of his neighbors, who may be relied upon with neighborly friendliness to call them to his attention.

When the ordinary baldness of advancing years is beginning and the scalp can be seen faintly at the back of the head in the neighborhood of the whorl, it is said that "the moonshine is breaking through"; carrying out the same comparison in the present affection, instead of one, fairly large, centrally located area, there are numerous thinned out, light patches, comparable to the "starlight" appearing through the clouds.

Besides the characteristic alopecia of the scalp, there may be a less characteristic one of the eyebrows. In such cases the hairs fall from the outer third of the brows, or there may be a patchy alopecia dividing the brow into two or three parts. This is called "*la signe de l'omni-*

* Read before the Pan-American Medical Congress, San Francisco, Cal., June 18, 1915.

bus," the sign of the omnibus, because if one sits opposite to the person, as in an omnibus, a snap diagnosis may be made. Such "snap" judgments, however, are not to be encouraged, and if such an irregularity of the brows is noticed, it is better to employ it rather as a hint to look for further symptoms than as one on which to base a diagnosis. In the street cars one can easily observe what a vast number of brows there are that depart from the assumed normal graceful curve. There are those that are naturally almost eyebrowless, and there are others that have a bushy black bar passing straight across above the nose, so that if there were many such the term glabella would never have been invented. Between these two extremes there are all sorts of irregularities.

FIG. 1.
Alopecia syphilitica in a young man suffering from early constitutional syphilis. The patches are very small and the baldness is temporary.

As an instance of the importance of this apparently trivial symptom take the case of a young man who called for advice last September for a patchy thinning out of the hair, principally over the back of the head, and a generalized thinning out of the eyebrows. He complained of nothing else whatever, and would not have called excepting for the remarkable appearance his trouble gave him. And there was nothing more remarkable about his alopecia than just that there were thinned out spots scattered quite thickly over the back and sides of his head, with no alteration whatever in the scalp as regards an eruption, or increase of dandruff, or itchiness. And yet the condition was typical, and could not be due to anything else than syphilis.

A search for luetic symptoms revealed a fading roseola, with a generalized adenopathy, with the largest nodule in the left groin, indicating the location of the primary sore in some situation where the lymphatics emptied into the groin glands. On the inner surface of the prepuce there was a hyperemic edematous patch centered by a cicatrix. He then admitted having contracted gonorrhea four months before, and said that there appeared about a month afterwards a "Narbe," or cicatrix in the above-mentioned spot. A month after this, that is, about two months before coming to me, he was confined in a hospital under a physician's care for two weeks on account of a dropsy in the legs. Although he then had the alopecia, neither it nor any of the other luetic symptoms had attracted notice, and the cause of the dropsy in the legs had not been ascertained.

The history of this dropsy rendered a careful examination of the urine necessary as it might have been due to nephritis, an occasional accident in the course of secondary syphilis. Nothing was found indicative of this, however. A treatment with salvarsan and injections of grey oil was promptly instituted, with a consequent rapid disappearance of all the syphilitic symptoms, including the characteristic alopecia.

Another interesting point was that shortly, without any treatment at all, the syphilitic symptoms in this man would have completely vanished, leaving him absolutely unaware of the nature of his infirmity. Even the growth of hair would have undergone restitution, because the alopecia of syphilis never gives rise to permanent baldness.

Another still more interesting point in these cases of mild secondary syphilis is that they are more apt to be followed by grave visceral syphilis and lesions of the nervous system, such as tabes, than the severer ones. The opinion that this is so is gaining ground, and is attributed by some to a difference in strain in the invading spirochete. These grave consequences may be due, not to a difference in the micro-organism, but to the lack of vigorous treatment, or even to the entire absence of treatment, as nearly happened in the instance above mentioned.

In another case the problem was a different one, and shows what an infinite variety there may be in even such a simple symptom. A negro applied for advice on account of falling of hair that he had noticed for the past month. He showed the characteristic, scattered, patchy thinning out, and a search was instituted for other symptoms.

He had had an eruption on the face five or six months previously that had evidently been papular, as he used to cut it on shaving. Later an eruption appeared scattered over the body as scaly papules, which only itched on changing his clothes at night. About two months before coming to me he had feverishness at night with profuse sweating that had lasted for about two

weeks. During the time the eruption was out he was under the care of a man who was accustomed to treat syphilis, but who evidently had not made a diagnosis of lues. Such a slip is, however, not to be too severely criticized, as physicians in this city are, as a rule, unaccustomed to seeing syphilides in negroes, in whom the cutaneous rashes differ decidedly in their appearance from those seen in whites. Furthermore the papulo-squamous eruption that this man probably then had, is one that is notoriously deceptive. However this may be, when he applied to me for treatment there was no eruption present either on the mucous membranes or skin, but he had many darkly pigmented spots, evidently the remains of a previous eruption, on the forehead, shoulders, lower part of the back, arms and legs. Those on the forehead were the most significant, as being possibly the result of a corona veneris, and the popular syphilide had probably extended back across the scalp and was presumably the immediate cause of the areolar fall of hair. This was just the kind of case in which a Wassermann test was desirable as substantiating a diagnosis, and it turned out to be markedly positive.

The alopecia quickly cleared up under neosalvarsan and mercury.

If one assumes, as seems reasonable, that the injury done to the shaft and follicle by a foregoing eruption is responsible for this patchy fall of hair, then the time of the incidence of the alopecia would indicate that the early cases would be due to an early eruption, and the later cases to a later eruption. For instance the alopecia of the first patient mentioned in this paper was coincident with a fading roseola, whereas the alopecia of the second patient, the negro, was coincident with the discoloration left by a papular eruption, which occurs several weeks later than the roseola. The fall of hair in both these cases occurred within the time usually set for it, that is, between the third and the fifteenth month.

The differential diagnosis of these cases of typical syphilitic alopecia is interesting. As has been mentioned, this symptom is almost pathognomonic of syphilis. A spotted alopecia, simulating this may be produced by pyogenic infection of the scalp, but in such cases either the affected area will be reddened in its entirety, or there will be a red spot in the center of the thinned out patch, or even a scar as a symptom of the foregoing pyogenesis. The scalp and the thinned out areas are usually free of pyogenesis when the alopecia is observed. That is to say, the alopecia is a consequence and a later development of a forerunning patchy pyogenesis, just as a syphilitic alopecia is subsequent to a focal disturbance due to spirochetes. It is principally seen in orphan asylums and other institutions for children, following an epidemic of impetigo.

Seborrhea will occasionally cause a fall of hair in one or two large patches. The patches, how-

ever, are large and few, and not scattered and numerous, and the seborrhea is well marked.

In alopecia areata the patches are usually much larger and less numerous than in syphilitic alopecia and they are sharply circumscribed and completely denuded of hair, the bald spot is dead white, and there are broken hairs at its edge if it is extending, and these hairs are "exclamation mark" shaped.

FIG. 2.
Pseudo-alopecia areata in a woman of fifty-three years of age, who has been under my care for five years. The process has been checked, but the bald places will remain irretrievably bald.

There is yet another disease that it is well to remember in a differential diagnosis,—the pseudo-alopecia areata of Brocq. In this there are scattered over the scalp a great number of irregularly shaped bald areas about the size of a finger print or less, separated by strands of sound hair. At first glance and at a distance the condition looks strikingly like that of syphilitic areolar alopecia, but on closely examining the bald spots themselves they will be seen to be slightly hollowed out, perfectly smooth, and with not a sign of a follicular orifice. The surface is cicatricial. Rarely an occasional hair will be left in the midst of such an area, but the patch remains definitely and irretrievably bald, as the hair follicles themselves are destroyed. This alopecia of Brocq comes on slowly, and assumes its spotted character after long years, it is absolutely atrophic, and the patches remain irreparably bald. It, therefore, is essentially different from syphilitic alopecia that comes on suddenly, and lasts only a few weeks, and in which the hair follicles can be seen to be intact.

In the foregoing it will be appreciated that, although typical areolar syphilitic alopecia is as simple as a symptom well can be, it is also almost as pathognomonic as a symptom can be, and that it may occur in a class of cases that may easily escape correct diagnosis, and therefore may remain untreated, with consequent increased danger of grave visceral syphilis supervening in later years.

NOTES OF A CONFERENCE ON THE MEDICAL AND SOCIAL ASPECTS OF SYPHILIS OF THE NERVOUS SYSTEM.

HELD AT THE PSYCHOPATHIC HOSPITAL,
MAY 27, 1915.

(Continued from page 873.)

EXAMINATION AND PROPHYLAXIS FOR SYPHILITIC
PATIENTS AND THEIR FAMILIES: METHODS OF
INVESTIGATION AT THE PSYCHOPATHIC HOS-
PITAL, BOSTON, MASSACHUSETTS, 1915.

BY HELEN M. WRIGHT, BOSTON,
Social Worker.

APPENDIX A.

PSYCHOPATHIC HOSPITAL OUT-PATIENT DEPARTMENT

OUTLINE FOR HISTORY OF A PATIENT ADMITTED TO THE OUT-PATIENT DEPARTMENT.

Name of patient
Address
Age
Date and place of birth
Religion
Referred by
Brought by
Reason for bringing to the clinic
History given by

Family History

Father: Address, age, nativity, religion, occupation.
Mother: Same (maiden name).
Brothers and sisters: Ages, occupations, causes of death if dead. (Still-births or miscarriages).
Husband or wife: name and birthplace, religion.
Date of marriage.
Children.

Heredity

Relationship between parents.
Condition of health, and cause of death, if dead, of:
Father
Mother
Paternal grand-parents; maternal grand-parents
Uncles and aunts.
Tbc., insanity, feeble-mindedness, epilepsy or cancer in family.

Social History

Time in U. S., in state.
Wage earners in family, and wages.
Character of home and neighborhood.
Patient sleeps with whom? Windows open?

Past History

Full term? Normal delivery?
Character of pregnancy.
Birth weight.
Feeding: Breast or bottle.

Age of sitting up
" " first tooth.
" " walking.
" " talking.
" " going to school.
Length of time in school.
School record.
Occupations (age, length of employment, wages).
Illness. Age of puberty.

Remarks

(To include as much information as possible about the patient's character, habits and conduct, home training and opportunities for development, his associates and recreations.)

PSYCHOPATHIC HOSPITAL.

BOSTON STATE HOSPITAL.
SOCIAL SERVICE.

SUGGESTION OF AN OUTLINE OF HISTORY TO BE SENT WITH PATIENT TO PSYCHOPATHIC HOSPITAL.

Date.
Name of patient.
Address.
Age.
Date and place of birth.
Religion
Referred by
Brought to hospital by
Reason for bringing
History given by

Family History

Father: Address, age and date of birth, nativity, religion, time in U. S., in state, in city, occupation, character and intelligence.

Mother: Same.

Brothers and sisters (ages, occupations, causes of death, if dead).

Still-births or miscarriages (order of occurrence).
Husband or wife: Name, age and date of birth, nativity, religion, time in U. S., in state, in city, occupation, character and intelligence.

Date and place of marriage.

Children: Ages.

Home and Neighborhood

Character of locality (factory, business, tenement, suburban, etc.)

Character of street	State as far
" " building	as possible in
" " home	specific terms

(1) furnishings

(2) neatness and cleanliness

Income and savings.

Expenses: Rent, insurance, benefit societies, etc.

Attitude of family toward their income.

Attitude of family toward patient.

Attitude of patient toward family.

Heredity

Relationship between parents

Condition of health and cause of death of:

Father

Mother

Paternal grand-parents

Maternal grand-parents

Uncles and aunts

Tbc., insanity, f. m., epilepsy or cancer in the family.

Developmental History

Full term? Normal delivery?

Prenatal history.

Work of mother during pregnancy.

Diseases of " " "

Injuries to " " "

Mental strain of mother during pregnancy.

Birth weight.

Feeding: Breast or bottle—when weaned.