and of approaching all blood problems with an unbiassed mind.

As the journal in which the above-mentioned article appears is not likely to be seen by the majority of those interested I thought it well to direct attention to it in your columns, especially as I have been able to confirm the findings and as my first paper on the subject appeared in THE LANCET.

Khartoum.

ULTRA-VIOLET LIGHT IN THE TREATMENT OF ALOPECIA.

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The ultra-violet light made use of in the following cases was obtained from iron electrodes between which sparks were discharging from an oil condenser attached to a 10-inch coil actuated by 24-volt accumulator batteries giving 5 to 7 ampères in the coil primary.

The plan of treatment was practically that recommended by Dr. Kromayer, but as the current available for this treatment was so small the sittings were much prolonged and each place was subjected to half an hour's exposure. The skin was separated from the quartz compressor by solid ice cut in squares of convenient size, about three-quarters of an inch thick. It was renewed as often as it melted, and the metallic oxide on the inner surface of the quartz wiped away at the same time. Good reaction with peeling of the skin followed, the hyperæmia lasting a week as a rule, but occasionally longer. A second administration was not given until most of the hyperæmia had disappeared. In the totalis cases tracts were chosen for treatment that could again be found easily, such as the frontal, parietal, or occipital tract corresponding to the bones of those names. When the tract became painfully hyperæmic it was given rest, whilst another was similarly treated. When the hair began to grow the treatment was still continued until it became about half an inch long. In the areata cases it was noticed that the hair usually spread in from the periphery towards the centre, so that the space became gradually smaller.

Many of the cases were long and tedious ones which had undergone topical treatment with all the usual remedies before coming to the electrical department. It was considered advisable to continue a mercurial lotion and an acetic acid lotion unless they caused irritation. These lotions were regarded in the nature of a placebo for the portions of the scalp which could not be treated by means of the ultra-violet light rays. The cases treated were nine in number, as follows :—

No. of case.	Sex.	Age.	Complaint.	Duration of treatment.	Result.
1	F.	12	Alopecia areata.	13 months.	Cured.
2	M.	24	„ totalis.	4 „	No result.
3	F.	19	„ „	13 „	„
4	M.	4	„ areata.	5 „	Cured.
5	M.	15	„ „	4 „	„
6	F.	22	„ „	3 weeks.	Hair growing.
7	M.	25	„ „	3 „	Cured.
8	F.	19	„ „	3 months.	„
9	F.	15	„ totalis capitis only.	11 „	„

Case 6 should be regarded as cured, for the hair, which had been quite at a standstill, began to grow almost directly this treatment was commenced. She was anxious to go home. Case 7 was one of those in which alopecia seems to follow ringworm. On commencing the treatment the hair began to grow, to the great relief of the parents, who feared permanent patchy baldness. No X rays had been used. Case 9 was the most striking of all, being total to the scalp only. The eyebrows and lashes were never completely lost, nor the armpit or pubic hair at all, yet her scalp became clothed with thick and long hair. After remaining well for

quite six months she has just now returned with one or two areata patches.

It would seem from the report of Dr. Kromayer and the above that this form of treatment is quite worthy of an extended trial.

Exeter.

AN UNUSUAL CASE OF PROLONGED FEVER PRESENTING ACUTE HEPATIC CHANGES.

By H. GWYNNE LAWRENCE, M.B. LOND.

THE subject of the following notes was under observation for ten months. For the first six months he presented very little in the way of physical signs, although throughout this period he was the subject of marked fever, at first intermittent with definite periods of apyrexia, but latterly remittent, and finally continuous.

The patient, aged 62 years, 15 years ago resided in India for five years without any detriment. Two years ago he had an attack of tachycardia which passed off in a short period, and for three years he had suffered from an annual febrile attack believed to be influenza. No evidence was obtainable of alcoholic or dietetic excesses. The only other important detail upon which he laid much stress was the fact that all his life any form of aperient upset him profoundly, as did also enemata. For the first six months symptoms other than could be attributed to the fever were completely absent. During the last four months clinical signs of cirrhosis of the liver appeared. In the earliest days a bad night would be followed by a tongue thickly coated with a brown moist fur, the breath would be "heavy," the skin dry and hot, the face slightly yellow-tinted, and occasionally some flatulent distension of the colon could be recognised. The temperature rose at 6 P.M. daily to 102° F., or rather higher, and was at the normal line again at 6 A.M. This continued for a period of from 10 to 14 days, when a similar period of apyrexia occurred, and the patient became comfortable, and the tongue cleaned to a great extent, but not absolutely. Conspicuous features at the height of the fever were the facts that the pulse was little disturbed and rarely exceeded 62 in frequency, and that the respirations remained at 20 to 24. The skin was hot and dry, the bowels acted well or only required gentle stimulation, and no after-symptoms—e.g., headache, &c.—were experienced.

Blood examinations showed a marked leucopenia. The red cells were practically normal in amount, with some deterioration in hæmoglobin; white cells 2300 per c.mm. Agglutination tests to enteric and Mediterranean fever were negative, as was also Wassermann's reaction. Blood cultures proved negative on all occasions. Treatment was directed against pyorrhœa alveolaris which was present, but only temporary improvement of this condition occurred, and the course of the main disease was absolutely uninfluenced. This state continued for six months. The liver became gradually more and more displaced upwards by the abdominal distension, the upper margin eventually reaching the fifth rib in the vertical nipple line. During this period occasionally a slimy mucous stool, offensive in character, was passed, and an occasional attack of short duration of tachycardia occurred. In the apyrexial period the appetite was good, the general nutrition improved, and there was a complete absence of symptoms.

At the sixth month ascites began to develop and the abdominal distension was a continuous feature. The base of the right lung showed signs of compression; the skin became yellowish in tint and showed loss of elasticity. The evidence at this period, from a clinical point of view, suggested the cardinal signs of cirrhosis of the liver—jaundice, ascites, and a liver apparently (by X ray examination) of normal contour, but rather smaller than normal. With this the spleen could be felt at the rib margin, and some discomfort was experienced over the splenic area. At this stage the blood cultures again proved negative and the leucocyte count amounted to 1716 per c.mm. The differential count was: polymorphonuclear, 41 per cent.; mononuclear, 25 per cent.; lymphocytes, 32.62 per cent.; eosinophiles, 1.38 per cent. For a short interval acute pain was experienced at the point of the left shoulder, in the region supplied by the fourth cervical nerve.

For the last two months the temperature remained