

glands and lymphatics; and finally the strychnin toning up the vasomotors and the whole cutaneous nervous system. I do not claim that my remedy will kill the pathogenic microbes in every instance, but it *does* limit their morbid energies, and by so doing gains time for the conservative remedial agencies of the organism to perform their normal function. Some pathogenic bacteria, which elaborate toxins, or ptomaines in septic or putrefactive conditions, are otherwise entirely innocuous. We can unquestionably lessen their virulent activities by altering the environments of the pathogenic organisms. The stomach must be in proper condition, suitable diet enjoined, otherwise, no matter how specific the remedy may be, if the sympathetic nerve-centers, governing metabolic processes, standing for assimilation, are held in check from ptomain intoxication, no good effects can follow. Obstipation of bowels must in every case be combated, and as uric acid accumulates in the blood, as proved by Horbaczewski and Weintraud—that it is formed wherever living matter exists by the dissimulation of albuminoids—and as Kossel demonstrated, passing through the intermediate stages, nuclein, xanthin to uric acid. I generally follow my tablets by giving sulphate of magnesium, carbonate of lithium, and phosphate of soda in an effervescent form, the next morning.

It is only recently that the term *eczema parasiticum* has been tentatively admitted to the nomenclature, but not yet added to the classification of dermatology—*causa latet: vis est notissima*.

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#### DISCUSSION.

DR. W. S. GOTTHEIL, New York City—I am sorry that I did not have a chance to hear the first part of Dr. Dalton's paper. There is a marked tendency now on the part of dermatologists to pay more attention than formerly to the influence of general systemic conditions on their etiology, and it is a tendency in the right direction. The paramount influence of the Vienna school led to the very general acceptance of their ideas of the exclusively local nature and origin of most dermatoses; but that influence seems to be declining, and we are turning more and more to the opinions which have always maintained their ground among the French dermatologists, and are paying more attention to the general systemic condition or diatheses which, in some instances, at least, are the basic facts of their etiologies.

DR. S. SHERWELL, Brooklyn, N. Y.—I am in perfect accord with the general sentiment of the paper, while perhaps not entirely so with the theory of the Doctor, as to the way it is involved. I do most thoroughly believe, however, that the hyperacidity of the blood, caused in my mind by defective assimilation and equally defective metabolism, is at the root, and acts as *fons et origo* of many cutaneous diseases, as notably in eczema and psoriasis, etc. I am glad that there seems to be—the Doctor's paper being one evidence—a reaction against the dogma of a certain school that everything pertaining to skin diseases should be almost entirely regarded as local manifestations and be so treated. I am glad to see that there is more common sense and a larger degree of attention paid to systematic alterations and visceral complications today in general dermatology, diagnostic as well as therapeutic.

DR. L. DUNCAN BULKLEY, New York City—I have long maintained that we are wrong in looking so wholly, as has been done in time past by many, for purely local causes for skin diseases. Perhaps some will remember that in my paper yesterday I quoted Dr. George Elliot, who, five or ten years ago, was almost a pure localist, very full of foreign views, and very strong in his advocacy of purely local causes, and last year he expressed the opinion that the causes of pustular lesions were more sympathetic than local. The Doctor is getting nearer the truth when he calls attention to hyperacidity—another name for the "gouty state," etc.—and we will have greater success if we take into consideration internal conditions. Each one of these remedies named by Dr. Dalton has certain qualities, which combined will accomplish what he claims. The prescription offered is a valuable suggestion.

DR. W. R. INGE DALTON, New York City—Each and every

article in that prescription has been thought out from what has been said by eminent dermatologists. I have been giving that remedy for the last three years, and in 162 tabulated cases of eczema, acne, pruritus and pemphigus, taking together all the cases I have had in my own practice, and in my service in the Metropolitan Hospital and Dispensary, in all these cases I have not had one single failure. Dr. Sherwell has asked me if I employ topical applications. I use them in every case, such as zinc stearates, with carbolic acid or salicylic acid or menthol, to allay itching, in eczemas, with appropriate dressings; also in all forms of dermatitis, but I do not rely upon them as formerly, only as a palliative to relieve distressing symptoms.

### ACUTE SUPPURATIVE FOLLICULITIS OF THE SCALP.\*

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The inflammatory affections of the hair follicles are still, it must be admitted, an unsatisfactory chapter in our dermatologic text-books. Some hardly mention them at all; and those who do practically admit, with James Nevins Hyde, that "there exists a whole series of interesting and important inflammatory affections of the hairy parts which have not as yet been distinctly differentiated from each other, or the whole series from all others."

Periodical literature, on the other hand, contains the records of many cases of follicular inflammation of the scalp; and the great variety in their terminology is a good index of the confusion that still prevails upon the subject. Quinquaud has described a "Folliculite Destructive"; Brocq a "Folliculite et Perifolliculite Décalvante"; Besnier an "Alopécie Cicatrisante Innominée"; Lailier an "Acne Décalvante"; Leloir an "Conglomerate Pustular Perifolliculitis"; Unna an "Ulerytnema Sycosiforme"; Sack a "Dermatitis Perifollicularis Atrophicans"; Lukasiewicz a "Folliculitis Exulcerans"; and Tommasoli a "Bacillogenous Sycosis." And this by no means exhausts the list. The American cases of follicular inflammation have been recorded by Fox, Holsten, Jackson and others.

There can be no doubt that several distinct affections characterized by follicular or perifollicular inflammation of the glandular structures of the scalp, and leading, with or without suppuration, to loss of hair and atrophic changes, are included in this list. The analysis and classification of these cases is a task that must await a wider experience and more exact records. Certain prominent characteristics are, however, noticeable in almost all of them. They are chronic, with a duration extending over months and years; they affect localized or isolated areas of the hairy skin; and they are rarely frankly suppurative, the inflammatory process being subacute, and the resultant atrophy interstitial in character.

If I now venture to add another to the recorded cases it is because it presents a clinical picture of a folliculitis of extreme acuity, pyogenic in character, universal in distribution, causing complete loss of hair, and not resulting in atrophy of the pilous structures. In the literature accessible to me I find mention in but two instances of a similar affection. R. Sabouraud,<sup>1</sup> under the designation of "Impetigo Pustulosa Peripilaris," describes an affection which he believes to be identical with the "Impetigo Pustulosa" which Boeckhart first recorded in 1887. It occurs usually upon the head, and always in connection with the hair. It begins

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with peripilar abscesses, of which there may be hundreds, which never get bigger than a pea, and never become confluent. They form rapidly, many appearing in a single night. The only premonitory symptom is a painful swelling of the cervical glands. Sabouraud believes the affection to be intimately related to acne suppurativa and necrotica, folliculitis, furunculosis, etc.

At the London Dermatological Society, June 9, 1899, J. J. Pringle showed a case in a 16-year-old boy having an eruption of the scalp beginning as red macules. In six weeks, in spite of treatment, the scalp was covered with crusts and scabs, removal of which showed every follicle to be the seat of an acute suppurative process, and the process resulted in the formation of deep scars. Each hair sat in the center of a yellow pustule. It looked like favus, said Pringle, yet examination revealed only the presence of numerous heaps of staphylococci. Crocker was of the opinion that the affection was a form of the dermatitis papillaris capillitii of Kaposi.

Of the two cases on which this paper is based, one only could be observed with sufficient care and for the requisite length of time. The first one was in a child of 2 years, and was apparently similar in all respects to the case recorded below. But the patient disappeared after a few visits to the clinic, and the history is too incomplete for recitation here. The second case was under observation for nearly a year, until long after all traces of the malady had disappeared and the parts had returned to a normal condition.

Lena G., a Russian, aged 16, came to the clinic on Feb. 18, 1899. She was apparently in good health, and had menstruated regularly for two years, up to three months from this date; after which time, without evident cause, she had been amenorrheic. She was a well-developed brunette with an abundant growth of thick black hair upon her scalp. Her past history was almost negative. So far as the surface of her body, other than the scalp was concerned, the only abnormality was the presence of a scar upon the left loin, the result of a burn received in childhood. This lesion was in perfectly normal condition; but the patient claimed that it was occasionally irritated and made sore by the pressure of the corsets that she wore.

Some three weeks before her appearance at the clinic the first lesion upon the scalp appeared, in the form of a painful little blister in the hair, near the forehead. At first pinhead sized, it gradually got larger and purulent. It finally ruptured and, when the crust that ensued came away, it carried off the hair shafts with it. So entirely painless were the later stages of the process that the patient did not know that the hair had fallen out until she accidentally discovered the red bald spot in the looking-glass. Immediately thereafter a few other small blisters appeared on the back of the scalp. They were hard and painful at first, like the primary one, so that the patient could not lay with the back of her head upon the pillow at night.

Dr. George Lesser, who referred the patient to me, first saw her at that time. There was then a red, depressed, bean-sized and tender cicatricial area near the frontal margin of the hair, and a number of very tender and indurated lesions on the back of the head, over which the hair was matted together with secretion. Treatment with various applications did not stop the progress of the affection. New nodules appeared, especially upon the vertex, all of which became suppurative, until they numbered several dozen. As it was impossible to treat the scalp effectively in the condition in which it was in, and the patient refused to have her hair cut off, she was sent to a well-known dermatologist for diagnosis and treatment. The diagnosis made was evidently pediculosis, for she was given an application to use for twenty-four hours, with the warning not to go near the fire or a light while employing it; and inquiry elicited the fact that it was the ordinary kerosene, vaselin

and olive-oil application, with a little balsam of Peru, commonly employed in that affection.

This application the patient used for one day, and she claims that it burned her so terribly that she lay awake screaming with pain the whole night. Emollient applications were then ordered by the attending physician, and continued for some days with a certain amount of relief. But few nodules appeared continually upon the scalp; and as the older crusts became detached they carried away the hair entangled in them, without pain. The patient began to feel very badly; she was feverish, her sleep was disturbed, and she lost her appetite. The only way in which she could rest in bed was laying prone upon her face.

On February 21 I carefully examined her. She looked pale, depressed, and anxious. Her head was covered with an abundant growth of long, bushy, coarse black hair. Near the scalp the hair was matted firmly together and attached by dried secretion, ointment, etc. There were no traces of pediculi or

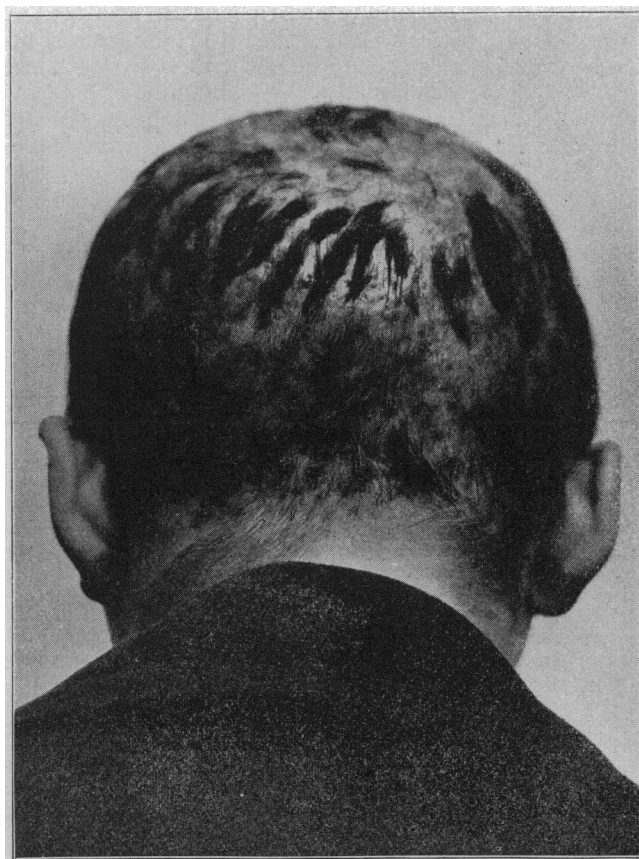


Fig. 1.—Folliculitis of scalp.

their ova. Scattered all over the scalp were numerous pea to quarter-dollar-sized, reddened, slightly depressed bald spots, very tender to the touch. Between these atrophic areas the scalp was mostly hidden by the crusts; but in the few places where it was still visible it was covered with isolated minute red papules, papulo-pustules, and pustules, each of which was pierced in its center by a hair. Removal of the crusts was excessively painful; all the hair of the affected area came away with them when it was done, and a vividly red, moist depression remained behind. The entire scalp was edematous, and excessively tender to the touch. The cervical lymphatic glands were moderately swollen. She was ordered to thoroughly soak the head with a 2 per cent. solution of salicylic acid in olive-oil, and then to attempt, with soap and warm water and careful combing, to remove the crusts.

On February 23 I noted that there was but slight improvement. The patient claimed that it was impossible to remove the crusts on account of the pain. Several of the larger areas from which the crusts had fallen were swollen and edematous,

and in two or three of them fairly large subcutaneous pus accumulations were found and opened.

On February 26 suppuration was progressing actively under the crusts, and a number of new and larger pus collections had to be opened. She was directed to cut off her hair close to the scalp.

On March 1 I noted that thick masses of crusts containing short hair still covered most of the scalp, the entire area of which had been or was then affected. Removal of these was still excessively painful; the surface of the scalp thereafter being as above described. Even in masses that were perfectly soft every hair came out bodily with the crusts; apparently these latter were entirely detached from the papillæ over the scalp, and it was only the removal of the crusts that caused pain. The scalp was now studded with bald areas, some of them quite large from the coalescence of smaller ones. Few new



Fig. 2.—Folliculitis of scalp.

pustules had appeared recently, probably because every hair follicle had been or was affected. At this time the accompanying photograph (Fig. 1) was taken.

Several careful microscopic examinations of the hairs and crusts had been made during the two weeks preceding. The hair shafts were normal, not frayed, and contained no fungus. The crusts and scales consisted of masses of epithelium and fat, with detritus and bacteria, but neither mycelium nor spores. The patient refused the proposition to have the crusts removed and the scalp thoroughly cleansed under anesthesia. She was directed to continue the daily washings with soap and warm water, and to keep cloths thoroughly soaked with carbol-oil continuously on the scalp.

On March 18 I noted that I had seen the patient a number of times since the last preceding record, and her condition had not improved. She looked badly, her appetite was greatly impaired, sleep was disturbed, and she was losing flesh rapidly. New pustules had occasionally appeared, pus infiltrations had to be opened and many of the older crusts had fallen off.

Her scalp was apparently two-thirds denuded of hair; the bald areas were still reddened, swollen and tender, but a little less so than formerly. What hair still remained was matted down in smaller isolated bundles. Removal of crusts was a little easier, and the skin below less reddened and moist. In some of the older denuded areas a few new minute pustules were visible, not demonstrably connected with the hairs. They were beginning to whiten, and minute examination showed that fine lanugo hair was springing up over them. A few abscesses were opened, and a 3 per cent. xeroform oil applied to the scalp.

March 31 a new crop of pustules had developed over the entire occipito-cervical region, where the process had run its course, and lanugo hair was reappearing. Each papule was discrete, and pierced in its center by a hair. This gave me an excellent opportunity to study the process from the beginning. The pustules grew to small, French-pea size, and finally ruptured, extruding the hair. There was no crusting or pus collection on account of the smallness of the pilous structures and the absence of matting. The process in each case lasted about a week.

On April 14 I noted that most of the crusts were gone. No new lesions had appeared, and the older denuded areas were whitening, and covered with pale, fluffy lanugo hair. The patient claims that the xeroform oil had given her more relief than any of the other applications. For the first time in many weeks she was able to sleep in the ordinary position. She rested better, and her appetite was improving.

I saw the patient from time to time for three months thereafter. No new lesions developed. Every single one of her original hairs came out as the crusts were finally removed. The lanugo hair had increased in amount and strength, and was beginning to assume the appearance of ordinary hair.

In December, 1899, this last photograph was taken. As can be seen, there has been complete recovery. The only difference is that the new hair is a little finer and lighter than the old.

I can find no better designation for the affection than that of acute suppurative folliculitis of the scalp. I am not ready to propose an explanation of its cause. It is possible that the kerosene application had some effects upon its spread; but the folliculitis began and was quite extensive before it was employed, and the subsequent recrudescence of the disease upon the back of the head occurred entirely independently. The acuity and generalization of the process, and its superficiality, as shown by the fact that, though all the follicles were affected and all the hair detached, the papillæ were not destroyed, presents a picture differing essentially from the ordinary forms of folliculitis, and resembling only the two cases of which I have made brief mention in the early part of this paper.

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GLASGOW'S SMALLPOX.—*The Lancet* of March 9 editorially considers Glasgow's smallpox predicament, for in no month has she been entirely free from the disease since its introduction there by a sailor about a year ago. Primary vaccination is well attended to, but there is absence of all official supervision and "grave reason to fear that one mark and two mark vaccination is much commoner than it ought to be." Therefore, re-vaccination is being advocated by the corporation and every medical man is being remunerated for all vaccinations performed on behalf of the sanitary authority. Before this was done the people did not realize the dangers and few took precautions to protect themselves. The consequent increase of smallpox was followed by an increase of vaccinations, so that now, in a population of about 700,000, about 300,000 have been recently re-vaccinated.