

appearance, converting, in a dark-complexioned man, the masculine and black appearance of the mouth to the white, bald, and soft character of that of a female—robbing him perhaps of half one black whisker, while it leaves the other entire, and then, after a few months, when some promises of a return of hair on the first affected cheek appear to be made, the opposite whisker vanishing like magic! Bald patches on different parts of the scalp appear, and new hair again covers them, and I have under my eye now cases which have evinced these capricious changes for years.

The diagnosis, as regards this affection and ring-worm, is easy. If the individual have passed the period of puberty, this will itself be almost conclusive proof that *it is not the contagious disease* of which he complains. If the bald spot be carefully examined after this period, and soon after its first appearance, the skin will be found to be of a marble whiteness; no irritation or itching is ever present; nor is any trace of hair, even of the most delicate kind, discovered. If, on the contrary, the spot have been bald for a considerable time, some white, or rather gray hair, of an extremely weak texture, and of more than silky firmness, may be traced. In the first case, if the hair surrounding the spot be removed by the razor, a very striking feature presents itself. The bald spot of cutis is found to be depressed below the level of the surrounding skin, forming a perfect *circular indentation*. Pressing the finger on the healthy adjacent scalp, you feel a thick substance intervening between it and the skull. On the bald spot, however, you have merely the cutis between the bone and the finger. In all such cases there has been a wasting of the adipose structure under the cutis in which the bulbs of the hair grow, and from which they derive their nourishment. The return of healthy hair in such cases is extremely uncertain, but as far as my experience goes, it may generally be expected, with confidence, if the individual be under forty years of age, to grow again spontaneously in a few months. Nostrums are had recourse to, and are advertised extensively; they have also been extensively tried by individuals who have consulted me, but I know of no case in which they have been successful in restoring the lost hair.

To return to the specific disease, ring-worm, and to the pathological explanation of its chief phenomena: It is plain that we have not in this real and most troublesome affection, at any period of its history, any signs of inactivity, or what the professors of a knowledge of medical sci-

ence have agreed to call a “chronic” disease. *It is not a “chronic” disease*, and though a pigmy in stature, it is, as far as regards its influence on the comforts of society, ever active, and evincing gigantic powers in the destruction of those comforts. Nay more; in ninety cases out of every hundred, the education of the child who is its victim, is partially or entirely suspended so long as the disease exists.

That the excessive irritation of the cutis during the formation and spreading of the vesicles of ring-worm explains the destruction of the hair of the spot, I had promised to prove in the present paper; but as my other object of showing how it may have been confounded with other affections of a dissimilar nature has inadvertently occupied part of the space intended to be devoted to this paper, I must defer it.

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CUTANEOUS INCRUSTATIONS.—*To the Editor.*—Sir, Allow me to correct a statement made by Mr. Plumbe (no doubt inadvertently), in his paper on Ring-worm, in No. 602 of your publication. He therein states that Willan “has persisted in the error of considering the form of an incrustation, or a scab, as the characteristic feature of a disease, and that the French writers have also fallen into the same error.” Now none of the three best of recent French writers on Diseases of the Skin, viz., Bielt, Alibert, and Rayer, consider the crusts as a “characteristic feature” of a disease. Rayer, in particular, objects to any classification founded on these secondary forms, as may be seen in the introduction to his work on cutaneous diseases. He certainly observes, very truly, that in *tinea favosa* the crusts assume a peculiar cup-shape; but although he uses this fact (in this one disease) as a means of assisting his diagnosis, he does not allow it to influence his classification. My object in making these remarks, is to correct the impression, which Mr. Plumbe’s assertion has a tendency to produce, that the French writers in general base their classification on the form of a secondary stage of disease, viz., that of incrustation. I am, Sir, your obedient servant,

W. B. DICKINSON.

Cateaton-street, 31st March, 1835.