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# THE MEDICAL ECLECTIC.

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# THE MEDICAL ECLECTIC,

DEVOTED TO

## Reformed Medicine, GENERAL SCIENCE AND LITERATURE.

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### ORIGINAL COMMUNICATIONS.

#### ALOPECIA.

By ROBERT S. NEWTON, JR., M. D., L. R. C. S.,

*Late Assistant to the Hospital for Diseases of the Skin, London.*

Loss of hair, or baldness, occurs under a variety of circumstances, and unless treated according to the demands of its special pathology, proves intractable and annoying to the physician. Occurring, as it often does, among the young of both sexes, it produces a defect which seriously compromises personal beauty. While its presence is often wished for, especially among young professionals, by the majority of people a cure is demanded; and it is only by studying carefully its special varieties that such a result can be obtained. *Senile baldness* is one of the changes brought about by age, and is often the precursor of the fibrosis which announces that the end is near. The hair loses its natural color, becomes gray, especially on the vertex and about the temples. Soon the lustre of the hair is lost, and some scaliness of the scalp is noticed.

Gradually the old hairs are shed from their follicles, and no new ones take their place. This thinning continues until all the hairs within a certain area are lost, the follicles atrophy, the pityriasis disappears, and the shiny bald spot announces permanent baldness. This atrophy of the hair may occur slowly, only attacking certain parts of the scalp, or it may become general. The hair about the back of the neck and head is usually retained the longest. The cause of this change is disputed. Sutton ascribes it to a fibroid change in the capillaries of the hair follicles, thus diminishing the blood supply until abolition of function occurs, or complete atrophy. Weber thinks there is only an atrophy or shrinking of the follicle from impaired nerve supply, while Neumann demonstrated at his clinics the presence of a cell growth in the outer root sheath, which produced atrophy of the hair bulb.

*Premature Baldness.*—Is usually hereditary, and may occur at the first dentition—for loss of hair often occurs with loss of teeth. Generally the hair commences to thin quite early, and when manhood is reached the baldness is complete, or the alopecia may occur only on the vertex or temples. This loss of hair occurs gradually, without any change of color or much scaliness of the scalp. A deficient nerve supply, or capillaries of less than normal calibre, would account for this change, and this appears to be the condition transmitted.

*Loss of Hair from Nerve Disease.*—This form of baldness is seen very commonly among business men, for it is well known that prolonged mental anxiety and exertion produces fatigue of the vaso motor centres, and among the phenomena of that inhibition comes atrophy of the hair. Direct section of the nerve supply to the scalp produces loss of hair. Romberg relates a case where facial paralysis occurring was followed at once by baldness in the region of that nerve supply.

*Loss of Hair from Internal Diseases.*—This loss is caused by the presence of a poison circulating in the blood, and is especially noticed in the acute exanthemata or dyscrasia, as struma or syphilis. That impaired nutrition is the factor, we have abundant evidence clinically, while experimental physiology has shown that a dog fed on cheese alone will maintain its health; but such a diet will not supply the necessary nutriment to the hair, and baldness

occurs (Magendie). Other experiments, conducted upon single articles of diet, have proved the correctness of Magendie's theory.

*Syphilitic Baldness.*—This is always a secondary symptom, and usually occurs early with the fever, but occasionally it appears later, when the full effects of the virus are manifested. It is due to a change in the blood, and is rarely ever permanent. The hair becomes quite brittle, breaks easily, loses its lustre, but its color remains unchanged. There is always excessive seborrhœa, which imparts a greasy look to the scalp. The hair comes out readily, but is soon replaced by a growth of young hairs, which are very fine and glossy. Most of these are lost, but the next growth becomes stronger, and so on, until the original integrity of the hair is reproduced.

*Loss of Hair from Debility.*—Scrofula and the wasting diseases produce many examples. The hair is lost from a fatty change occurring in the follicle, which prevents a new growth. An acid perspiration causes atrophy in the hair by a warty dilatation in the epithelial layer.

*Loss of Hair from Local Causes.*—The presence of vegetable parasites, such as those causing favus and tinea tonsurans, produce loss of hair, which is often permanent; for an inflammation is set up in the hair follicle which leads to obliteration. Acne, syccosis, seborrhœa, lupus and carcinoma, all produce diseases of the follicle, which too often terminate in permanent baldness.

*Alopecia Areata.*—The ever fruitful source of discussion among dermatologists, appears as circular patch or patches of baldness, with scaliness of the scalp. The hairs around the borders of the baldness appear dry, very brittle, and are deficient in pigment. Often the baldness is discovered by accident, the person having no knowledge of its presence. Its most common seat is near the vertex, occurring especially among young people. There may be many patches, but usually only one is seen. The English and German dermatologists regard it as a true atrophy, while the French vigorously maintain its parasitic origin. It seems strange that such diversity of opinion should exist. Yet neither school will allow itself to be vanquished or convinced. In Paris, at Hôpital Saint Louis, I have repeatedly been shown the parasite. Personally, I believe in its parasitic origin, and believe that obstinacy has much



to do with its non-acceptance by the English, while its French acceptance is sufficient to condemn it in the eyes of Germany: In 1848, Gruby detected a fungus in this form of alopecia, which he named *Microsporon Audouini*, and described as consisting of spores and filaments, the former very small and not very numerous, the latter in greater abundance. These are found on the skin, mixed with epithelial cells, in the early stage of the disease, and also in the downy hairs in the latter stage. Many evidences exist of alopecia areata being contagious. M. Gillette, of Paris, reports: "Four months ago, a pupil arrived from the country at one of the royal colleges. The day after his arrival a bald spot, about an inch in diameter, was detected on the side of his head in front of the ear. The physician of the establishment examined it, saw nothing suspicious in it, and thought that he could live with the other pupils with impunity. After fifteen days, the pupil who sat next to him was found to have likewise a bald patch of nearly the same size, without any premonitory symptoms. Since then, six pupils in the same room have become affected, and always suddenly, but in no case was the patch of baldness more extensive than that mentioned." The contagiousness of alopecia areata is believed by all French teachers. But Mr. Hutchinson, in a report of cases, says: "That alopecia areata is totally incapable of spreading by contagion." Rindfleisch studied the microscopical condition, attentively, and found that all epilated hairs were wanting in roots. Subsequently he discovered an accumulation of fat cells between the hair shaft and the root sheath, thus accounting for the loss of the hair and explaining why no new hairs are reproduced.

*Treatment* of alopecia has suggested such a host of agents, that nothing short of a compend of materia medica would do justice to its therapeutics. The treatment here given is the result of observation conducted upon many cases, and has the sanction of the most distinguished dermatologists abroad. Constitutional treatment is of inestimable value in these cases, where an altered state of the blood is present, as in struma, syphilis. In fact, the first step toward cure is to place the patient in as robust condition as possible. In those cases where the loss of hair is caused by prolonged sicknesses, as the exanthemata, little is required. Occasional frictions of the scalp with spirit vini gallici hasten the growth of the

new hair. Baldness is often produced by an acid secretion, which causes a dilatation of the epithelial layer of the hair. This condition should be overcome by washing the head frequently in soda, and wearing hats perforated, so as to allow of free ventilation. Pityriasis, or dandruff, is a condition which should always be controlled, for, if allowed to remain, it produces a dryness of the scalp, preventing the proper action of the ducts. Tar acts the soonest. Seborrhoea, or excessive secretion, is as baneful as the opposite condition, and should be treated by nightly frictions of ung. zinci or plumbi (3i ad. ℥i), or frictions of weak brandy. Without any apparent cause, cases are seen where the hair is being lost rapidly. Upon microscopic examination deficiency of pigment is detected. Splendid results are here obtained by daily inunctions of fat or marrow with cod liver oil internally. Where the loss is due to parasitic diseases, their appropriate remedies, by removing the cause, cure the condition. If new hairs refuse to grow, gentle stimulation of the scalp is required. Of remedies, the best is liquor epispasticus (B. P.) applied with a brush to the bald patches, once a fortnight. It blisters the surface, and should not be repeated until all the effects of the previous application have passed off, or, when every means have failed, the scalp may be prod with a broad needle down to the bone; then blister, so as to set up an acute inflammation. Some very remarkable results have been obtained by Dr. Tilbury Fox.

Frequent inunctions of stimulating ointments act well in cases where blistering is impracticable.

℞. Acetum cantharidis, balsam Peru, ʒʒ ʒ iss. Ess. geranium, m. xv. Adipis ℥ iss. to be rubbed into the bald spot occasionally, or balsam Peru, ʒ ij. Cantharidis acetum, ʒ ij. Ammonia carbonate, grs. xl. White wax, q. s. Adipis, q. s., ad. ℥ iv., to be used the same way.

A new growth of hair has been noticed to follow upon the use of pilocarpine. This remedy has never been used in alopecia, but from clinical evidences it certainly has a marked effect upon the reproduction of hair. I am now experimenting with the drug, and so far have been pleased with my results.

OPERATIVE AND CONSERVATIVE SURGERY OF  
BONES.

By S. E. MORTIMORE, M. D.,

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Necrosis and caries are, undoubtedly, the most frequent of the group of diseases to which bones are liable, and, I believe, the most obstinate of all to relieve, when their peculiar pathology is not thoroughly understood:

Comprehensively, necrosis is the death of a whole or part of a bone, *en masse*, when the exfoliation is retained, and which undergoes molecular decomposition after resolution has separated it from the living parts. Caries, or ulceration, takes place on the outside of the bone, in the compact tissue just beneath the periosteum. Such ulceration may be simple or compound; that is, the ulcers may be single or many. If single, it is generally shallow, spreading over a large surface; if many, are generally small and deep, as is often the case where the flat bones are involved. Such ulcers sometimes extend through the entire thickness of a bone, involving both tablets and the diploë, connecting themselves by sinuses, and so producing a honey combed appearance.

If the floor of one of these ulcers were closely examined, it would be found to present a granular condition, the granules mostly being composed of unhealthy molecules undergoing decomposition. In this mass of granules there would not fail to be detected healthy ones which were striving for the ascendancy, but as they are surrounded by this morbid element and morbid action, they gradually assume a diseased condition and, in turn, destroy other granules as they themselves were destroyed. Now, it is plain, that if these healthy granules continue to be destroyed as fast as they present themselves, the ulcer must extend, while, on the other hand, if the healthy granules gain the ascendancy, they will eventually crowd the unhealthy out, and so heal the ulcer. When this is understood, the *principle* of the treatment suggests itself, that is, to aid nature to sustain the healthy granules as they appear, and assist to throw off the diseased ones. For this purpose the present popular treatment is to cut down through the soft parts, and with an instrument scrape away all the unhealthy granules, trusting to a return of health through the inflammation that will follow; that