

**Note on the inoculability of tinea favosa, (porrigo favosa of Bateman) / by John Hughes Bennett.**

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NOTE  
ON THE  
INOCULABILITY OF *TINEA FAVOSA*,  
(*PORRIGO FAVOSA* OF BATEMAN.)

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It is well known that the numerous experiments made by Alibert,\* Gruby,† and myself,‡ to determine whether the *tinea favosa* be communicable by inoculation, had all failed. In 1842, Dr Remak of Berlin favoured me with a number of the *Medicinische Zeitung* for August 3d of that year, in which he announced the successful inoculation of favus on his own arm. He fastened portions of the crust upon the unbroken skin, by means of plaster. In 14 days, a red spot covered with epidermis appeared, and in a few days more, a dry yellow favus scab formed itself upon the spot, which, examined microscopically, presented the mycodermatous vegetations characteristic of true favus. This experiment I have lately repeated with success; and that the disease is really inoculable, there can be no longer any doubt.

John Bangh, æt. 8, applied to the Royal Dispensary last June, labouring under the usual symptoms of *tinea favosa* of the scalp, in its most advanced stage. The disease was of three years' dura-

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\* *Traité des Maladies de la Peau*, fol. p. 443.

† *Comptes Rendus*, t. xiii. p. 72 et 309.

‡ On Parasitic Vegetable Structures found growing in Living Animals. Edin. Phil. Trans., vol. xv. p. 227.



tion, and the crusts, when examined microscopically, exhibited the usual cryptogamous branches and sporules. After explaining the present state of our knowledge of this disease to the Poly-Clinical Class, one of the gentlemen in attendance, Mr M—, volunteered to permit his arm to be inoculated. I accordingly first rubbed a portion of the crust removed from Bangh's head upon his arm, so as to produce erythematous redness, and to raise the epidermis. Portions of the crust were then fastened on the part by strips of adhesive plaster. The results were regularly examined at the meetings of the class every Tuesday and Friday. The friction produced considerable soreness, and, in a few places, superficial suppuration. Three weeks, however, elapsed, and there was no appearance of *tinea favosa*. At this time, there still remained on the arm a superficial open sore about the size of a pea, and Mr M. suggested that a portion of the crust should be fastened directly on the sore. This was done, and the whole covered by a circular piece of adhesive plaster about the size of a crown piece. In a few days, the skin surrounding the inoculated part appeared red, indurated, and covered with epidermic scales. In ten days, there were first perceived upon it minute bright yellow-coloured spots, which, on examination with a lens, were at once recognized to be spots of favus. On examination with the microscope, they were found to be composed of a minute granular matter, in which a few of the mycodermatous jointed tubes could be perceived. In three days more, the yellow spots assumed a distinct cupped shape, perforated by a hair; and in addition to tubes, numerous sporules could be detected. The arm was shown to Dr Alison; and all who witnessed the experiment being satisfied of its success, I advised Mr M. to destroy each favus spot with nitrate of silver. With a view of making some further observations, however, he retained them for some time. The capsules were then squeezed out, and have not since returned.

Mr M. has light hair, blue eyes, a white and very delicate skin. There is every reason to believe that the strips of plaster employed in the first attempt shifted their position, and that the crust was only properly retained by the circular piece of plaster employed in the second experiment.







