

Portraits of the diseases of the scalp, with the safest and most efficient modes of treatment / by Walter Cooper Dendy.

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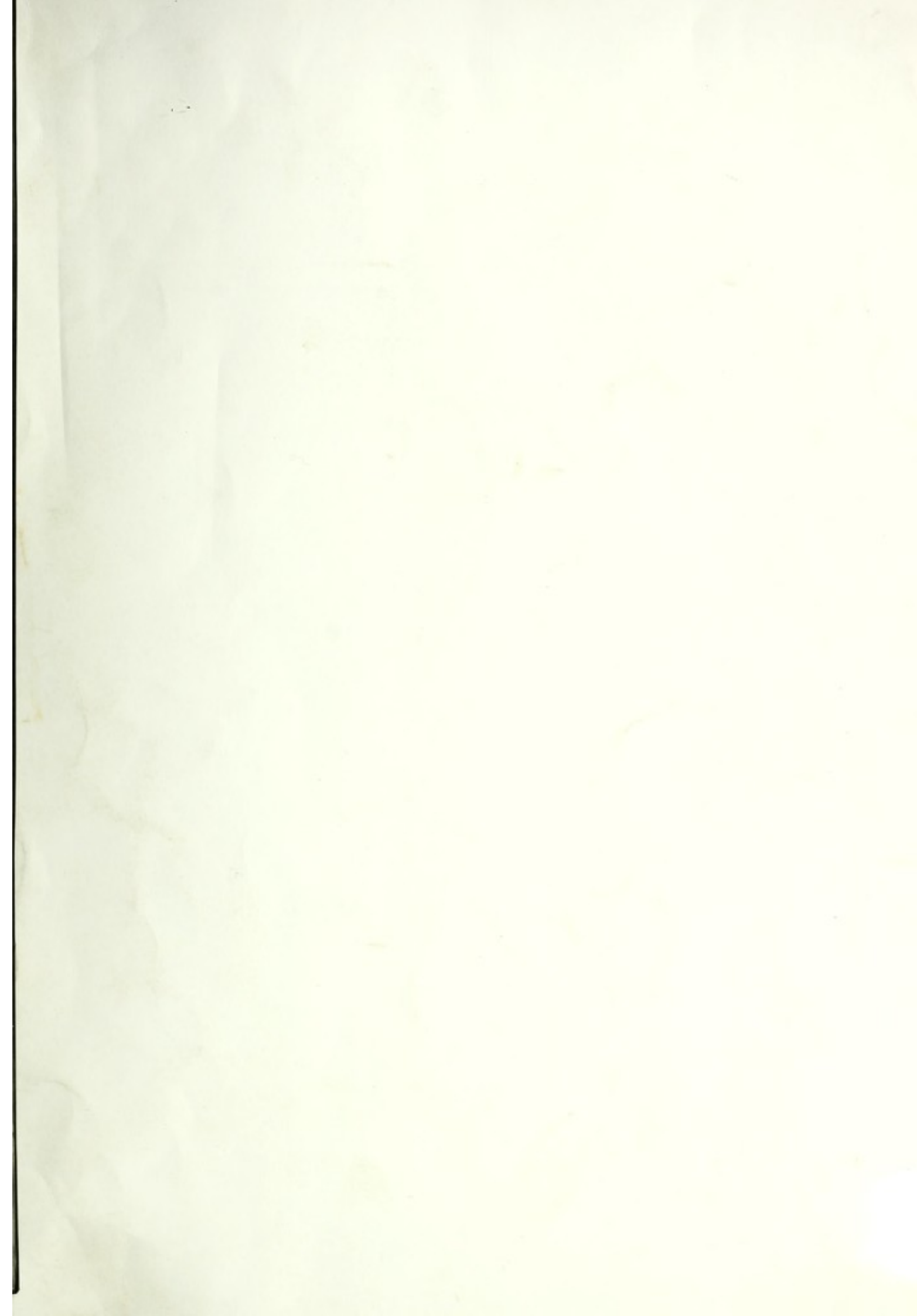
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PORTRAITS
OF THE
DISEASES OF THE SCALP,

WITH THE
SAFEST AND MOST EFFICIENT MODES OF TREATMENT.

BY
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&c. &c.

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DISEASES OF THE SCALP.

THE pathology of the SCALP, in consequence of its vascularity, its anatomical complexity, and its contiguity to the Encephalon, is a subject replete with interest, requiring very peculiar care in its study, and often especial modifications of remedy.

In these pages I have regarded the merely *practical* view of the maladies ; avoiding any minute microscopic delineations and all formal disquisitions on their pathology.

The portraits represent a prominent and impressive form of each disease in progressive stages, and of its natural size ; a *generic* likeness, the varieties of which are yet multiform in shape, hue, degree, and extent.

The series, therefore, constitutes a *natural* group, or order ; the films or crusts of the maladies forming, with one exception, baldness, the essential or prominent character.

The precepts on each page are in the form of propositions ; but they are the result of long and careful observation in public and private practice, and may with safety be adopted, as they comprehend those internal modes of treatment which strike at the root of remote causes and sympathies, of which the cutaneous malady is so often the outward indication.

The *primary* papula, vesicle, or pustule, may be often synchronous with the second stage ; that is, a fresh crop may appear, not only when the crust or scale is at its height, or about to become detached, but even when a healthy cicatrix has completely skinned over the abrasion from which a crust has fallen.

In tainted or cachectic systems, the second stage of a disease may resist all our efforts for its remedy, proceeding to an excess of structural change—complete disorganization of tissue, inveterate scale or crust, corroding ulcer, cellular-membranous abscess or sloughing—the *essential* or *specific* character of the disease being thus lost.

The usual character of cutaneous affections is hyperæmial, congestive, or inflammatory, in varied degrees. Our incipient aim, therefore, should ever be to *reduce* the

common inflammation—so constant a bar to the efficacy of our so-called specifics—by depletion, according to degree of vascular action, and to restore the systemic health; ever regarding as of high importance, in a practical view, the peculiar idiosyncrasy, constitution, or diathesis of the patient.

Pruritus is a very prominent attendant on the incipient forms, especially of the vesicle. It will be essential to alleviate or subdue this in limine, to arrest the evil of constitutional irritation, and check the propensity to scratching, by which the primary disease is often complicated and obscured, and in the end rendered *inveterate* and sometimes irremediable.

In local treatment it should ever be our endeavour to preserve the surface free from dirt, and the *matting* of down or hair. After the infriktion of *greasy* applications especially, the former ointment should be invariably *dabbed* off with a warm, wet, clean, soft sponge, ere the application be repeated, else shall we be constantly thwarted.

It must be remembered that the treatment of crusts is for their *removal*: the subjacent tissue is the subject of our *specific* or *remedial* application.

The elementary or outward form is of course far more essential, with regard to *topical* than to constitutional treatment; for idiosyncrasy of skin will induce a special form of eruption in one subject very dissimilar in its linear characters to that in another, although the nature of the remote causes may very closely assimilate.

During alterative courses, especially when mineral preparations and those possessing accumulative property are employed, as mercury and arsenic, it will be often right to suspend their administration for a certain period, and then renew it; that we may avoid excess of specific influence, as the *ptyalism* of mercury, or the severe *crethysm*, marked by thirst, headache, and injection of the conjunctiva, so often induced by arsenic.

It must be remembered, also, that even those oozings, termed *non-contagious*, may inoculate spots on the same cutaneous surface, and may, by close contact, sometimes induce a sore spot on another skin; as we often observe on the mamma of the suckling mother, when her nursing is affected by the moist crusts resulting from vesicles or pustules.



Drawn from Life and on Stone by W.C. Dendy

Crustula IMPETIGO. *Granulosa*

CRUSTULA GRANULOSA.

IMPETIGO asthenica. Impetigo granulata. Tinea granulata. Porrigo granulata. Teigne granulée. Dartre crustacée. Ulcus melicenza. Granular-crusted tetter. Asthenic or subacute impetigo. Porrigo.

Period of attack—Childhood and youth.

Non-contagious.

I. The incipient form is a pale, tawny, opaque pustule (psudracia), with a *very faint* pink areola; often inclosing a weak brittle hair, and sometimes scattered profusely over the scalp. The eruption is usually preceded by languor and slight erethism, and attended by tingling and heat.

II. In two or three days the pustule bursts; its contents exude and concrete into a dirty, sulphur-coloured, irregular crust; either adherent to the scalp, and slightly matting the hair, or, more frequently, being lifted up by the growing hair, remaining like beads or granular masses strung thereon: these are composed of pus and epithelial scales commingled.

This form occurs chiefly in ill-fed children, especially those of strumous diathesis, which is marked by glandular swellings, enlarged ends of the cylindrical bones; by downy hair, growing low on the forehead, sometimes along the arms and back; in delicate youth, or young women about the period of puberty. It is a decided mark either of cachectic or of languid constitution.

On its first appearance, the pustule may be checked by a point of nitrate of silver.

Mild mercurial alteratives, as hydrargyrus cum cretâ, guarded by pulv. cretæ comp. or creta ppt., or pulvis aromat., if there be tendency to diarrhoea. This may be continued every evening for four days; then suspending it for the same period, and repeating it. The cod-liver oil should then be given, from one small teaspoonful to a tablespoonful, twice in a day.

If the glandular enlargement should continue, the iodide of potassium, from one grain to five, should be added each night.

If the bowels are confined, castor oil should be administered each second or third morning.

CRUSTULA GRANULOSA.

If the debility be extreme, with tendency to flabbiness of the gums, &c., the syrup of the iodide of iron should be freely given—one teaspoonful thrice in a day—or the balsam of Peru, with compound tincture of bark and the acids, the quantities regulated by circumstances; or the solution of arsenic, carefully watching its influence. In chlorotic girls the steel may be more decidedly given; mist. ferri c. $\bar{5}$ ss. to $\bar{5}$ j. twice or thrice in a day.

The beverage should consist of *healthy* breast-milk for the infant; in older children and adults, of the vegetable acids, in toast-water, or barley-water. The diet, of the pure gravy of meat, bitter ale, port wine: these duly regulated, and aided by warm sea-air.

If encrusted, the hair should be cut by thin, sharp, curved scissars, and the crusts removed by emollient poultices of linseed and bread. With these may be combined lotions of the carbonate of soda, or sulphuret of potass, $\bar{5}$ j. ad $\bar{5}$ 12. aq. flor. sambuc. On the removal of the crusts, the head may be washed with a weak solution of carbonate of soda in marsh-mallow and poppy decoction, $\bar{5}$ ss. ad lbj.; the head being occasionally dusted with starch powder.

In very stubborn or protracted cases, the citrine, tar, or white precipitate ointments, in various combinations and proportions.



Drawn from life and on Stone by W.C. Dendy

IMPETIGO.

Crustacea

Scabrosa

CRUSTULA SCABROSA.

IMPETIGO acuta. Impetigo figurata. Impetigo sparsa. Impetigo eczematodes. Phlyzacia capillitii. Dartre croûteuse. Crustacée flavescence. Herpes pustulosus. Humid crusted, or running tetter. Figured or herpetic scall. Scattered running scall. Impetigo larvalis. Herpes tonsurans. *Masked* impetigo. Pustular ringworm. Ringworm of the scalp.

Period of attack—from youth to middle age.

Slightly contagious, occasionally, from one part to another of the same body.

I. **INCIPIENT FORM.**—A light vermillion red blotch or spot, often suddenly arising, and in ten or twelve hours attended by itching and throbbing. The spot soon becomes a psudracious pustule of deep gamboge colour, surrounded by a florid red areola; at first flat, afterwards semi-globular, and appearing like a golden speck or stud on a deep red base. The pustules assume either an isolated, or scattered, or confluent form, often spread extensively over the scalp: sometimes of an annular or crescentic shape (hence ringworm): sometimes attended by acute inflammatory symptoms.

II. In three or four days, the pustule, if it does not shrivel or desiccate, bursts; its contents forming a drab, yellow, or greenish, or deep sienna crust, resembling crystallized marmalade or honey, or sometimes a mass of tree gum. This is surrounded by a bright lake or vermillion margin, from which the crusts project in relief.

The hair is often extensively matted by the viscid pus becoming pendant crusts.

The crusts are formed of firm agglomerated masses of epithelial scale and true pus, the former predominating. On the detachment of the crust, the subjacent surface is bright red and moist, epithelial desquamation ensuing. Small abscesses often form at this period about the nuchæ or behind the ears, the result of inflammatory action in the deeper tissues. On convalescence, the areola pales and the crusts are detached, displaying a surface of a purplish colour, with a greyish epithelial border, new cutaneous tissue, or young skin.

The disease is not essentially depilatory, although if protracted the hair is extremely weakened. The naked scalp in the drawing is the effect of close cutting by the razor-scissars.

CRUSTULA SCABROSA.

This disease is almost invariably an indication of internal disorder, and often marked by hyperæmia and high vascular action. It may often, however, as it is a safety-valve to the system, or vicarious of suppressed discharges, occur during apparent health.

The occurrence even of the incipient pustules should be met by depletion and abstinence.

The bitter purgatives should be freely administered, if there be no objection to their use, or the acidulous tartrate of potass $\mathfrak{z}\text{ij}$. ad $\mathfrak{z}\text{iv}$. daily. Cataplasms of linseed and bread, made with poppy decoction, should be constantly applied, ensuring a permanent moist warmth. If the inflammatory symptoms are in excess, (especially when the eruption is a blending with vesicles [impetigo eczematodes], or in predisposed systems with erysipelatous vesications,) bleeding from the arm, or free application of leeches around the margin of the pustules or crusts should be adopted.

On the subsidence of the acute action, the alkaline lotions should be applied.

- R. Potass. subcarb. $\mathfrak{z}\text{j}$.
Decoct. papav. lbj .
- or, Potass. sulphuret. $\mathfrak{z}\text{iss}$.
Aq. distillat. $\mathfrak{z}\text{12}$.
- or, Zinc. sulphat. $\mathfrak{z}\text{ss}$.
Mucil. amyli. $\mathfrak{z}\text{j}$.
Aq. hos. $\mathfrak{z}\text{iiij}$.
- or, Acid. hydrocyan. $\mathfrak{z}\text{iiiss}$.
Spt. rectificat. $\mathfrak{z}\text{iiijss}$.
Decoct. althææ, vel aq. flor. sambuc. $\mathfrak{z}\text{vss}$.
- or, Zinc. iodid. $\mathfrak{z}\text{j}$.
Ungt. cetacei $\mathfrak{z}\text{ij}$.

The depletory plan should be modified, combined with sarsaparilla; lemonade, or sulphuric, or nitric acid sherbets with barley-water as beverage.

If children are the subjects, light milk diet, with sago or barley-gruel, should be given: and if sucklings, the mother or nurse should subsist chiefly on farinaceous diet, and take aperients of tartrate of potass, or fluid magnesia with ginger.

If the crusts threaten a chronic form, the nitrate of silver or dilute hydrochloric acid should be applied, or the alkaline lotion may be doubled in its strength: or a combination of zinc, citrine, and tar ointment may be used. In very old or inveterate cases, the sulphuret of antimony, or the solution of arsenic, may be cautiously administered.

On convalescence, tepid sea-bathing, or the vapour-bath, will be salutary, combined with mild pure air and gentle regular exercise.



Drawn from Life and on Stone by W.C. Dendy

Crustula CRUSTA LACTEA. *Viscosa*

CRUSTULA VISCOSA.

CRUSTA lactea. Eczema infantilis. Eczema impetiginodes. Impetigo larvalis. Porrigo larvalis. Tinea larvalis. Tinea mucosa. Tinea muciflua. Lactumen. Impetigo infantilis. Impetigo lactantium. Impetigo des enfans. Teigne muqueuse. Croûte laiteuse. Masked impetigo. Milk crust. Running scall of the head. Teething scall. Teigne furfuracée. Pityriasis scabida.

Period of attack—infancy and early childhood ; especially about the first and second dentition.

Not *specifically* infectious ; but inoculating, although rarely, by *close* contact.

I. *INCIPIENT FORM*.—A minute vesicle, soon becoming opaque or semi-purulent ; surrounded by a pink areola, and often arranged in circular or defined patches ; attended by erythysm, heat, and pruritus. When instantly observed and treated, sometimes desquamating in a filmy epithelium.

II. More frequently in two or three days the sero-pustules burst ; the viscous, straw-coloured fluid that escapes concreting in thin, greenish, yellow, or brown crusts, often laminated early, and intersected by sanious fissures, the surrounding scalp being swollen and hyperæmiated in various degrees. On the margin of the crusts successive crops of pearly vesicles may continue to arise : from these, as well as from the fissures, a sero-purulent fluid, sometimes of a pink hue, and often heated and steaming, flows copiously, frequently continuing to ooze from the fissures long after the vesicular eruption has subsided. By this viscous serosity the cap will be often glued to the scalp, if not guarded. On the removal of the recent crusts in strumous or cachectic diatheses, the subjacent surface will often be pulpy or caseous. At this stage, especially if the surface be heated by stimulant poultices or oil silk, or if there be fresh excitement contiguous or remote in the system—unhealthy ingesta, ascarides, dentition, &c. &c.—the inspissated fluid will assume a more purulent form, and stream down the forehead and cheeks in large globules or lines, copious *wreaths* of vapour ascending from the surface. This rapid effusion for a time *prevents* incrustation.

The disease often extends to the mucous membranes of the eyes, nose, mouth, and

CRUSTULA VISCOSA.

ears; producing epiphora, crusts in the nares, and on the lips, erosion of the gums, and muco-purulent otorrhœa.

In very severe cases the crop of vesicles will become confluent or coalescing; their sero-purulent oozing forming a wide, soft, spongy surface, studded with fresh vesicles, elevated above the surface of the surrounding scalp, and having a defined margin. Beneath this the surface is red, at first coated with viscous fluid, and after a while with pearl-coloured viscous films.

In the cachectic child these masses easily bleed, even on slight pressure. This is the form so constantly combined with gastro-enterite. Although occasionally the eruption is complicated with bronchitis or diarrhœa, yet it is very constantly coincident with apparent health.

In children it may, therefore, be considered as a *safety-valve* of the system—a relief of internal disorder. Our first duty will be to palliate or remove this remote source of irritation by the substitution of healthy breast-milk, incision of the gums, and aperients, according to the cause. In the milder cases the fresh milk of the nurse may be sprinkled over the affected surface, or clear decoction of marsh-mallow and poppies; adding to the exhibition of castor oil or manna minute doses of hydr. cum cretâ, with or without aromatic powder.

If the oozing be copious, a mucilage of white starch may be used, or the scalp may be *dusted* with starch powder. If the mouth be hot and dry, the gums should be freely incised, and more active aperients employed. If there be much restlessness—especially if sleep be often broken—red poppy syrup may be administered; and if the *pruritus* be very distressing, a lotion of hydrocyanic acid should be applied: but if there be with this, fever, tossing of the head, or *twitching* of the fingers, it will be a question if we should interfere with the eruption, or apply one or two small leeches behind an ear. These modes will be adopted according to our belief that the remote irritation, or that of the eruption itself, may be the cause of symptoms. In some cases, collodion may be applied on a brush, as a defence against external irritation. In older children, milk diet will be the most appropriate, with aperients—as tartrate of potass, with or without powdered rhubarb—slight anodynes, and emollient applications. If the hair be matted by the discharge, this must be closely clipped with the razor-scissors.

If, after these palliative remedies have been employed, the crusts should be persistent, or a morbid change of structure exists, a mild solution of sulphuret of potass, in elder-flower water, should be applied on soft lint, or a double singed rag; and, if this is still resisted, equal parts of citrine and spermaceti ointments, with one-fourth of their weight of iodide of lead, may be often useful.

If the health should seem to suffer, especially if chronic pruritus should exist, dilute sulphuric acid in barley-water should be freely given; the mild nitro-muriatic-acid bath or lotion being adopted once or twice in the week, and purer air enjoyed.



Drawn from Life and on Stone by W.C. Dendy.

FAVUS.
Crustula *Favosa*

CRUSTULA FAVOSA.

FAVUS. Tinea favosa. Tinea capitis. Porrigo favosa. Favus dispersus, porrigo lupinosa. Favus confertus, porrigo scutulata. Achorion. Ceria. Trichiasis favosa. Trichiasis lupinosa. Scald head. Honey-comb scall. Tinea annularis. Acute impetigo. Ringworm. Ringworm of the scalp.

Period of attack—childhood and puberty.

Contagious.

I. **INCIPIENT FORM.**—A minute tawny spot, slightly imbedded, gradually increasing, and forming rough, yellow, scurfy papillary patches, often arranged in a circular or oval form, sometimes on a very pale pink ground, attended by slight itching. These soon become crusts of a dirty yellow or dull lemon colour (composed chiefly of phosphate of lime). The hair is often growing through the centre, which is a nucleus of a firmer texture, adhering closely to the hair, plugging up the orifice of the follicle. Around the margin of this crust common pustules are often arising, as a casualty.

II. The favi are increased by aggregation, and these, coalescing, often form a group marked by furrows or chinks, and in the cachectic or strumous diathesis assuming the shape of large tabular crusts, the margins of which are raised above the centres, so as to form cavities or cups of varied depth. If broken up, these crusts resemble a dirty mealy farina, or fine crushed mortar.

When the crusts are detached, they often drag up the cuticle, and are then stained with blood. After a time, the hair-bulb is usually destroyed, and consequent baldness ensues, which is then irremediable. If the hair be partially renewed, it is invariably tawny and brittle.

As a preventive of infection, the subject of favus should be isolated as far as this is convenient.

The state of the chylopoietic process should be carefully regulated, so as to attain effective assimilation and nutrition: combined with aperients, tonics are almost invariably essential, especially in pale, languid children. The syrup of the iodide of iron may be given very freely in barley-water, or the iodide of potassium, the vegetable and mineral acids, and bark. The pure gravy of meat, or chicken jelly, or any other diet easily assimilated, should not be omitted; and sweet wort, or malt tea taken at meals.

CRUSTULA FAVOSA.

For infants, the milk diet is the best. These precepts of course apply chiefly to those cases in which the disease has either been developed, or fostered by languid or depraved conditions of the system.

In all cases, the hair should be carefully and closely cut among the crusts, which are to be softened by cerate or oil, and then detached by linseed poultices assiduously applied for three or four days. The head should then be well cleaned by soap and water or a sponge. Depilation should then be effected with strong alkaline lotions (on very thin, soft flannel or rag) : a solution of carbonate of potass in lime-water, two drachms to six ounces, or solutions of sulphuret of potass, of bichloride or bicianuret of mercury. This should be retained constantly by oil-silk ; the proportion of alkali, modified if irritation be severe. The scalp should be frequently washed with soap and water, and rubbed with coarse sponges, or even light hair gloves, to detach the debris. After the crusts and hair have been removed, the alkaline lotion may be diminished in strength for a day or two. It is now our object to restore the tone of the cutaneous vessels, and substitute a healthy for the diseased action.

Hebra advises lotions of the deuto-chloruret of mercury, and ointments of the iodide of lead, or of arsenic, and nitrate of silver. Another very active agent to this end, is the vapour of iodine and sulphur, which Dr. Burgess highly extols.

R. Sulphur. ξ ij.

Iodin. \mathfrak{ss} ad gr. xv.

Div. in chart. vj.

One of these is heated and conveyed to the diseased surface through a flexible tube. In about a quarter of an hour the surface will become red and *perspire*. This should be repeated twice or thrice in a day, according to the degree or duration of the disease.

In some cases, lotions of the dilute mineral acids will be efficacious in restoring the tone of the skin, and in very inveterate or neglected conditions, the solution of arsenic, iodine, and mercury may be given in decided doses, the most eligible period being after a meal, with full draughts of compound decoction of sarsa., twice or thrice in a day : or, in the adult, especially if there be emaciation or cachexia, phosphorus according to this formula :—

R. Phosphorus gr. x.

Bals. Peruv. ξ ss.

Mucil. tragacanth. \mathfrak{ss} ij.

Aq. cinnamon.

Aq. fontan. aā ξ ij.

M. F. mist. cuj. Cap. coch. ij. magn. bis in die sumend.

At the same time, cinchona in camphor mixture, with highly nutritious diet, should be administered, with sea-air, and gentle exercise, &c., to restore the systemic energy.

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Drawn from Life and on Stone by W.C. Dandy.

CALVITIES.

Area

Calvosa

AREA CALVOSA.

ALOPÆCIA circumscripta. Ophiasis. Area. Depilatio. Athrica. Calvities. Porrigo decalvans. Trichiasis decalvans. Teigne tondante. Defluum capillorum. Baldness. Bald spot.

Period of invasion—childhood—youth.

Non-contagious.

The malady consists of bare or denuded patches of the scalp, which retains its natural or healthy hue; usually circular or abruptly defined, often coalescing and depilating the whole surface of the hairy scalp.

By irritation, papule and vesicles may be excited: they are, however, merely adventitious; the crop of hair may be sometimes renewed, but even then it is invariably silky or downy.

The scalp is usually bare and shining: in some cases, however, the skin is dry, and slightly *granular*; in others filmy epithelial flakes may be detached; a condition which may be at first mistaken for ringworm. Some of the heads thus affected, have been of too high a temperature from birth.

As this condition indicates systemic debility, tonics should invariably be administered, selected according to circumstances.

Of those external remedies which are excitant or nutrient of the hair-bulb, the following are the most efficacious:—

Melted beef marrow 10 drachms.

Almond oil 3 drachms.

Red bark, 1 drachm, mixed first with the oil, and then with the marrow.

R. Balsam. Peruvian. $\bar{5}$ ij.

Ol. roris marin. gtt. xx.

Ungt. cetacei $\bar{5}$ iss.

Cer. alb. $\bar{5}$ ss.

These to be mingled over a fire.

Creosote $\bar{5}$ ij.

Ungt. cetacei $\bar{5}$ ij. M.

Iodide of sulphur.

It will be remembered that unctuous substances are generally nutrient to the hair-bulb.

In these delineations I have endeavoured to illustrate the *special* diseases of the scalp.

Crustula granulosa.

Crustula scabrosa.

Crustula viscosa.

Crustula laminosa.

Crustula furfurosa.

Crustula favosa.

Annulus papillosus.

Area calvosa.

The following are the maladies which (still retaining their common character) sometimes *extend to* the hairy scalp, or (though very rarely) commence there.

Ecthyma—Crustula circumclusa: the varieties of Lepriasis—Crustula squamosa—the annular herpes—crustula membranosa: to which may be added the sanious crusts among the hair especially of the nuchæ, resulting from the common boil or abscess—crustula saniosa; and the degenerate or inveterate conditions occurring in cachectic or depraved habits, or consequent to neglect.

I may repeat that I have selected for delineation some of the most prominently marked cases, with their peculiar physiognomical expression, and even deformity of feature, that I might more impressively illustrate the character of disease.



Drawn from life and on Stone by W. C. Dendy

RINGWORM.

Annulus

Papulosus

ANNULUS PAPILLOSUS.

PORRIGO scutulata. Favus confertus. Tinea annularis. Herpes tonsurans. True ring-worm. Bald scall.

Period of invasion—childhood and youth, usually from 3 to 12.

Contagious.

INCIPIENT FORM.—A circular or oval tawny spot or disc, in gross habits assuming a pink or deep red hue ; covered by very minute films, sometimes attended by itching. These cryptogamic films are often found around each hair, from which, from time to time, they become detached. As the disc extends, it assumes the annular form, and consists of a rough or papillary state of the surface, the effect of the swelling of the follicles. The hair is brittle, breaking easily on being pulled, commonly at the point of its exit from the follicle ; or at the margin of the dry filmy crust which surrounds it. Eventually, the hair-bulb being diseased and destroyed, the hair gradually falls off extensively, and the patch is denuded, the result being often permanent baldness. The surface is not often moist ; but if hyperæsthesia or itching be present, scratching will produce vesicles or pustules which terminate in pale, dirty, or drab crusts, and, speedily desiccating, become friable, the edges being raised, but not *cupped*.

The disease may often decline, and again spread, according to the state of health or that of the alimentary functions ; fresh patches, also, often appearing on distant portions of the surface. Several patches also will coalesce ; still the *annular* form is usually very distinct, the rings regularly intersecting each other.

The disease is not essentially inflammatory : it consists in a degenerate secretion, in a *low vitalized* condition of the bulb, and usually in cachectic or strumous diatheses ; for we often see follicular warts and crusts in the same languid subjects. The principle of cure, indeed, consists in the excitement of a healthy action, one essential point being the induction of more efficient assimilation ; mild aperients should therefore be premised for a few days, and if there be constipation, an aloetic purgative may be given, to cleanse completely the *primæ viæ*. The syrup of the iodide of iron should then be freely given in infusion of cascarilla, calombo or gentian, according to the degree of debility : in the cachectic habit the arsenical remedies may be cautiously administered : the arseniate

ANNULUS PAPILLOSUS.

iodide of mercury being very efficacious in protracted cases. If wasting occur, or if appetite be deficient, the cod liver oil may be given freely, or the iodide of potass in compound tincture of bark. This mode, with nutritious diet, will prepare the subject for the full effect of topical remedy; for we may almost affirm as an axiom, that the robust and well-fed will recover much sooner than the ill-fed or the languid.

The slight papular ring in the incipient stage may often be cured at once by the free application of nitrate of silver. When it is more extensive, or has become incrustated, depilation will often accelerate the cure. The solution of carbonate of potass should be freely applied by day, on folded lint, covered with a cap of oil-silk. At night the application of Ungt. picis and Ungt. Hydrarg. nitr. mit. in equal proportions, the oil-silk cap being still worn. This should be well washed off in the morning, and the lotion re-applied. After about a week the following lotion should be substituted, *dabbed* on with a soft sponge:—

R. Hydr. bicyanuret. gr. vj.
Aq. flor. sambuc. ℥ iv.

or the bichloride of mercury may be applied on lint or singed rag.

If the disease does not yield to this mode, sulphur and iodine should be employed. One ounce of sulphur, and five or six grains of iodine may be mixed with four ounces of lard, or from six to eight ounces of elder-flower water.

A frequent *change* of these remedies will often be more successful than adherence to one form.

If purulent crusts be present, linseed poultices should be adopted for their removal.

In stubborn cases of unhealthy children with a dirty or papular state of skin, removal to purer or more healthy atmosphere will be judicious.

Isolation should be enjoined, as closely as may be convenient.



Drawn from Life and on Stone by W.C. Dendy.

ECZEMA.
Crustula . . . *Laminosa.*

CRUSTULA LAMINOSA.

ECZEMA rubrum. Eczema furfuracée. Eczema amiantacée. Eczema du cuir chevelu. Teigne amiantacée. Teigne furfuracée. Dartre squameuse humide. Dartre erysipélateuse. Tinea asbestina. Acuto-chronic eczema. Humid tetter.

Period of invasion —Childhood to adult age.

Non-contagious.

I. THE INCIPIENT FORM.—Small pearly vesicles attended by slight tingling, usually arranged in clusters or patches, the surface on which they are scattered assuming a pale dirty pinkish hue. Even on the second day they may become opaque, and will sometimes shrivel and desquamate, the cuticle falling off in filmy laminae. Most commonly, however, on the fourth or fifth day the vesicles burst, and the seropurulent oozing concretes in pearly grey filmy flakes or thin moist crusts.

II. Long after the vesicular character is lost, this oozing will continue from the fissures of the diseased skin. Fresh vesicles intermingled with pustules may, however, occasionally arise among the crusts from excess of excitement remote or local. From this surface exhales a sickly animal odour.

By these oozings the hair is often matted, and assumes the appearance of loose greenish cords.

The surface of the scalp is now more or less vividly inflamed, the lymphatic glands being often tumid and painful; cellular membranous suppurations sometimes occurring about the occipital region. The pinnae of the ears become often swollen, red, and painful.

This acute form after a while subsides, still a chronic morbid action often supervenes, which may prove of long duration, especially in young girls, with remissions about the period of menstruation.

In earlier life, especially from the fifth to the tenth year, broad seropurulent patches or laminae of a greenish yellow colour will often be found adherent to the scalp: or the wet epithelial scales will copiously exfoliate or adhere at their centre, like thin leafy fungi, or raise the hair in the form of folioles. The scalp often assumes a red and yellow fissured surface, or is covered by a chaotic mass of hair crusts and thin films.

CRUSTULA LAMINOSA.

In other cases the laminae, when detached, resemble lumps of powdered meal, and, when neglected, will so degenerate, as to appear like mortar spread with a trowel; or, if the seropurulent exudation continue, they will *mat* the hair in white or dirty masses resembling asbestos or dry flour paste. So we may have at once many of the features of the malady displayed, as the drawing represents.

Even when all this has subsided, we may still see about the eyebrows and ears, dry laminated films, the cause often of very constant irritation. The constitutional sources of acute eczema prove it to be an external indication; its merely topical treatment would therefore be replete with peril. The removal of the crusts, however, and the reduction of inflammation, are essential to induce quietude and repose.

Poultices of poppy-water and French roll, or thin strained rice or starch gruel may be applied, the ears being stopped by cotton wool; the surface being constantly defended from cold air and heat of sun or fire. Saline aperients should be very freely employed, (so as to insure copious action,) with effervescing saline diaphoretics. If there is much thirst or fever, bleeding to the amount of from 6 to 12 ounces may be essential, and especially if attended by menorrhagia in females of plethoric systems, or in males accustomed to high or gross living. This should be combined with diuretics and tartrate of antimony—and abstinence and repose enjoined. We must always remember, that to insure safety, the remote causes must be influenced or removed simultaneously with the malady on the surface.



Drawn from life and on Stone by W.C. Densly.

Crustula PITYRIASIS. *Furfuracea*

CRUSTULA FURFUROSA.

PITYRIASIS furfurans. Pityriasis capitis. Porrigo furfurans. Dartre furfuracée volante. Dartre farineuse. Dandruff. Dry scall. Scurf. Scurf skin.

Period of invasion—childhood and senility.

Non-contagious.

I. INCIPIENT FORM.—Erythematous or papular blotches, combined with slight itching, often designated “Urticaria.”

II. The surface, in a day or two, becomes rough, and very minute foliaceous laminae of epithelium are soon detached, the process being usually increased by scratching; the scales being constantly renewed. The scalp beneath, and the margin of the scales, are usually pink during the recent or early stage, changing to a pearly white if long protracted. This is the *uncombined* form.

Branning, however, is one effect of the vesicular eruptions, and even of the exanthemata—this it is essential to remember.

In some patients, *peculiarly predisposed*, the scales do not so easily exfoliate, but become aggregated, either in patches, or over the whole surface of the scalp, sometimes raised, as it were, on a flat margined surface, the edges of the imbricated scales being marked by a defined pink border.

This affection is not essentially depilatory; but we have seen many cases in which there are bundles or clumps of healthy hair, that around them being weak, brittle, and *downy*; and others in which the whole crop has become discoloured or tawny.

On convalescence, the surface of the scalp will often long remain pink, and the epithelium thin and tender.

As this eruption is often symptomatic of mucous irritation, mild aperients and mucilaginous beverage, if the child be not a suckling, should be given, and fomentations applied, especially if the internal malady should increase *after* the desquamation.

The head should be washed with strained barley water, made with marshmallow, or poppy, or rosemary decoction, with liquor potassæ ℥ss. or ʒj ad ℥ss.; dilute hydrocyanic acid ℥ss. ad ℥ss. may be added if the pruritus be distressing; and this combined with a mild anodyne, if sleeplessness or intense itching occur.

CRUSTULA FURFUROSA.

If there be *high vascular action*, it may be expedient to draw a moderate quantity of blood—once ; continue or increase purgation, and enjoin strict abstinence ; the beverage being acidulated barley water. On subsidence of the acute degree, sulphuret of potass in infusion of roses will be useful ; or calomel, or gentian, with tincture of hop, if there be debility or impaired digestion.

If the scales be thick and persistent, the arseniated iodide of mercury will be useful, combined with the vapour of sulphur and iodine, or the white precipitate ointment. In chlorotic girls, especially, or cachectic children, the syrup of the iodide of iron should be combined ; and more decided tonics if the disease exist in advanced age.

