Practical Points of Diagnosis and Treatment in Medicine.

ALOPECIA AND ITS TREATMENT.

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ALOPECIA is a general term designating loss of hair, either local or general, of the head or other regions of the body.

In young subjects the commonest cause of a diffuse alopecia is the condition known as seborrhœa, and it is the treatment of this which is usually the most successful form of cure.

In middle life, various circulatory changes due to advancing years are usually the essential causes of premature baldness.

It must always be remembered that the life of a hair is limited, and every hair is shed from time to time as a natural process and a new hair normally grows from the same follicle to replace the old one. In cases of progressive baldness the new hairs do not replace all the fallen ones. The duration of life of the hairs of the head is generally given as from two to five years, those of the eyelashes about one hundred and fifty days, and it is when the hairs fall before they are fully developed that there is an early sign of progressive baldness. For instance, it may be considered that 30 in. is the average length of the hair of a female in this country; if therefore many hairs are found in the combings under 30 in. in length, the hair is coming out prematurely, and progressive baldness is imminent. For rough calculation the combings should be collected for three successive days, and then separate the hairs of more from those of less than 6 in. in length, and if the shorter hairs come to more than one-third of the total the fall is abnormal.

With regard to treatment, this depends entirely upon the cause of the alopecia which must be definitely diagnosed before there can be any hope of success.

The general thinning of the hair following specific fevers will recover with the convalescence of the patient; a mild stimulating lotion may hasten the regrowth of new hair, but will have little or no effect in preventing the old ones falling out on account of nutritional changes in the follicles. Such lotion as lysol 1 to 10 per cent. gradually increased is useful. The odour which is often objectionable may be disguised by one or two drops of oil of lemon to the ounce.

Lotio resorcin 2 per cent. is often useful, but should not be prescribed for blonde or white hair because of its staining properties. Stimulating lotions containing cantharides and ammonia have long been recommended, such as :—

R.	Tr. cantharidis			
	Liq. ammon.			
	Glycerine	...	...	āā m xxx
	Aq. ad	...	...	3 i

Lotio carbonis detergens (1 to 5 per cent.) is sometimes desirable for a change, a useful prescription being :—

R	Liq. carbonis detergens	...	℥ xx
	Ac. hydrocyan. dil.	...	℥ v
	Glycerine	...	℥ x
	Aq. ad	...	℥ i

With regard to the treatment of local causes of alopecia, by far the commonest is due to seborrhœa in some form or other, and which is a very common disease, especially about the adolescent period, and continuing unless checked for many years. This condition is usually accompanied by a certain amount of irritation of the scalp, sometimes it is considerable and leads to a good deal of scratching, which may produce excoriation. There is usually some visible dandruff which varies considerably, from a dry fine powder (pityriasis) in a blonde to greasy scaly patches in a brunette.

The treatment in these forms resolves itself into the treatment of seborrhœa, a disease very difficult to cure, but which can always be kept under control by constant attention. In most cases watery lotions are the most agreeable, and sulphur is the specific. Collosol sulphur (Crookes), from 1 to 5 per cent. in distilled water, will soon relieve the irritation and lessen the dandruff.

In severe cases, especially if there is a scaly seborrhœic dermatitis, lotio collosol chrysarobin (Crookes), rubbed into the scalp with a little cotton wool, either pure or diluted, will relieve when other remedies have failed. With the improvement in the seborrhœa, the hair will cease to fall, and the new hair will commence to grow and replace that which has been shed, but it is useless to expect to be able to stop hairs which are already diseased from falling out, and treatment rather aims at stimulating the new ones to grow.

Numerous electrical treatments are now used for cases of alopecia, such as :—

Ultra-violet rays, which are very useful in cases where the scalp is more or less denuded of hair, but of course is useless in those where the hair is still fairly abundant, as in these cases little or no rays reach the scalp, being all absorbed by the hair.

High-frequency currents applied either by the vacuum electrode or by the hand, producing a form of so-called electrical massage, will penetrate to the scalp, even when still covered by thick hair.

Ionization with zinc salts is a good means of directly stimulating hair growth in obstinate cases, when there is not too much hair left to prevent the electric current from penetrating to the scalp.

Galvanism.—There is also no doubt that galvanism, using the positive electrode to the scalp, is a good stimulant to hair growth.

X-rays.—The question as to whether small repeated applications of X-rays to the scalp is beneficial or not is still much discussed; personally, I consider if the doses are small and carefully regulated they are of use in troublesome cases.

Cases in which the hairy scalp is much bound down to the bony cranium will be improved, in time, by a form of massage manipulation which raises the scalp from the bone, and so releases and relieves the circulation. The circulation of the blood in these scalp-bound people is much impeded and interfered with by compression of the vessels owing to the replacement of the natural soft fatty subcutaneous tissues by firm fibrous connective tissue.

ALOPECIA AREATA.

In alopecia areata the hair falls in definite patches, generally more or less circular, and the places become perfectly bare and completely denuded of hair. There may be one or several patches, or two or more may coalesce and form one larger area, and this process may continue till all the hair on the scalp is lost, a condition of alopecia totalis, and again this condition may extend to other regions of the body, especially the beard region in men, also to the eyebrows and eyelashes, and occasionally to all the hairy regions, such as the axillæ and pubic regions, eventually becoming a case of alopecia universalis.

The causes of alopecia areata are various and often difficult to determine, probably most of them are due to sepsis in some part of the body—teeth, tonsils, gastro-intestinal tract, or in women uterine or other allied disorders. On the other hand, some authorities believe there is often a nerve element in many cases, a tropho-neurosis, and certainly a number of these patients are of the neurotic type.

General treatment must be directed to the cause; if any local source of sepsis can be found, this must be actively dealt with. Teeth condemned by a skiagram must be removed, and any septic condition of the nose or throat treated, also any gastro-intestinal or uterine condition attended to.

The local treatments are much as those described for general alopecia, the areas being circumscribed and completely bald, it is much easier to treat these with the various electrical methods. Ionization with zinc solution on a circular, metallic electrode can be applied and concentrated to the area affected and not given to the whole scalp. Hyperæmia by Bier's suction cups, which can be easily and conveniently applied to the bald area, is also a very useful method. Various stimulating lotions are also indicated, and it is often a good thing to apply pure carbolic acid or pure lysol to the area, if not too extensive, or if large the periphery only can be painted with the application, and this may prevent a further spreading of the patch.

Some of the rarer forms of alopecia, such as that known as folliculitis decalvans, where as the result of a long standing inflammatory infection of the hair follicles they are destroyed and the bald areas become cicatricial and usually more or less fixed to the bony cranium.

Another disease generally giving rise to permanent bald areas is lupus erythematosus; when it affects the scalp, leaving a very superficial fine scar, is generally pinkish in colour, a *papier-mâché* condition.

With regard to the prognosis in alopecia, if there is general thinning of the hair, especially as the result of seborrhœa in some form or other, as the seborrhœa improves under treatment so will the hair cease to fall out prematurely; moreover new hair will grow in time. It can generally be stated that in all of these cases complete baldness will never occur, there may be partial baldness of the frontal and tonsure regions, but hair will always remain on the parietal and occipital regions. On the other hand, in the case of alopecia areata it is impossible to say if the bald areas may not continue to increase both in number and size, until the whole scalp may become completely bald, and the process may extend to the face and other regions. If, however, this should occur, under appropriate treatment the hair should eventually regrow even if the baldness has been of long duration. The new hair is always very fine and much lighter in colour than the old, and the more abundant the fine down the better the prognosis. A few

strong isolated grey or white hairs appearing is a bad sign ; as a rule the last areas to become bald are the first to show a regrowth of hair. Sometimes the new hair when grown to a certain length will again be shed and this on more than one occasion, but yet the ultimate result may be quite good.

Those cases of alopecia, the result of which is complete destruction of the hair follicles, giving rise to a superficial or deep scar, are of course more or less hopeless, as regards the regrowth of hair on the diseased areas. Much may, however, often be done to prevent the affection spreading and the areas of baldness becoming larger. This applies not only to folliculitis decalvans, but also to lupus erythematosus when it affects the scalp, as in these cases the alopecia is generally permanent. I have, however, a case in a woman of about 40, who has been under me for some twelve years, with considerable areas of lupus erythematosus on the face and scalp, in whom recently hair has regrown on several of the bald areas.

INTESTINAL INDIGESTION OF CHILDREN.

BY T. PEARSE WILLIAMS, M.D., M.R.C.P.

THE present day in medicine is distinguished by the increasing number of clinics, both public and charitable, which proffer medical advice to mothers about their infants and older children. Whilst, no doubt, benefits have arisen from the development of this system, there has been a consequent decrease in the opportunities afforded to the general practitioner of increasing his knowledge and gaining experience in the diagnosis and treatment of many of the common ailments of children.

One of these ailments, often not recognized, and if so recognized inadequately understood and treated, is the case of intestinal indigestion.

Medical teaching in the schools and in many textbooks tends to lead our thoughts in such a direction that the stomach is considered to be the main, and almost the only, focus of digestion, and therefore the only site of indigestion.

The large amount of work done on ulceration of the stomach and duodenum and its treatment in the last few years is largely responsible for this attitude. We must recognize, however, that it is often that which has left the stomach which is the cause of dyspepsia in the intestine.

The intestine in the child, smaller in circumference, much less in length and more vigorously active in peristalsis, plays a large part in nutrition when performing its functions normally. The digestion and absorption of fats, the final determining of proteins into their absorbable constituents, the hydrolysis of sugars and starches, often in bulk and ill-prepared for digestion, is a big task to be carried out. Mixed with the usable food materials is a varying amount of indigestible matter which must at the same time be separated or passed on for excretion.

The indigestible food materials which pass through the bowel consist chiefly of :—

- (1) Cellulose pulp from vegetables and fruits, coarse vegetables.
- (2) The skins of many fruits and vegetables, such as plums, apples, currants, sultanas, peas and beans.