the sweat-glands were also greatly distended, and filled with blood-corpuses. The rete Malpighii, fibrillary tissue of the corium, and sweat-glands were perfectly healthy. The disease was firmly established in a part of the skin where there were no sebaceous glands, and in which the sweat-glands still presented a normal appearance. But, although none of the changes that had been described by the observers previously mentioned as occurring in the sebaceous and sweat-glands and fibrillary tissue were present, there was a morbid condition of the capillary blood-vessels, which, if it had been persistent, was certain, in the course of time, to have produced all of them. An atrophied condition of the capillary layer of the cutis—what Cazenave has described as thinning of the skin—must be the inevitable consequence of a blood-stasis by which the circulation is virtually destroyed. Dr. Thin concludes that as yet we know, in this disease, no changes antecedent to the congestion of the capillaries, and can associate with it no special constituent organs of the skin. It is suggested, therefore, that the affections of the sebaceous and sweat-glands should be considered, not as being necessarily the causes of the congestion, but as following it. Dr. Thin's observations cannot fail to have attracted the best attention of all dermatologists.

ON THE TREATMENT OF LUPUS BY LINEAR SCARIFICATION.*

By BALMANNO SQUIRE, M.B.Lond.,
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THE treatment of lupus by scarification is not new. Scarification, in the form of so-called "multiple punctiform scarification", has been employed for many years in the treatment of lupus, and with considerable success in many countries. The first observer who reduced it to a demonstrable success was the now venerable Dr. Dubini of Milan; and it subsequently derived a considerable impetus from the warm advocacy of Dr. Volkmann of Halle, in Prussia.

Multiple linear scarification was first proposed by myself, now a few years since, as an improvement on the Dubini-Volkmann method. Its effect is similar, only that it is more thorough, and that the results obtainable by means of it are more prompt, and at the same time it provides more effectually against relapses. But the principal claim that the operation may possess on the attention of the profession as a serviceable resource in this, one of the gravest of the diseases of the skin, rests on the strong support which it has recently won for itself. Dr. Walter Smith of Dublin, Mr. Malcolm Morris of London, and Dr. Vidal of the Hôpital St. Louis in Paris, have tested it, and have spoken of it with approval in the writings which they have published.

Like punctiform scarification, it effects, by section of the capillaries, a prompt decrease of the hyperæmia of a lupus-patch, and coincidently, by the traumatic inflammation it excites, it causes the disappearance of the new formation special to lupus. The careful microscopical researches of Dr. Vidal have shown that the lupus-cells, under this process of treatment, undergo conversion into fibrous tissue. By observation of preparations of sections of the lupus-patches, obtained at different times during treatment by scarification, he has ascertained that the lupus-cells gradually alter their configuration and assume the shape of fibres of connective tissue.

This observation is of some practical importance, as serving to explain an advantage which both Dr. Vidal and I have frequently remarked as special to this plan of treatment; namely, that no loss of substance results after the cure of the disease by this method. Now, this is a matter of prime moment in a disease which is especially apt to invade the face, but more particularly when it affects the nose—a feature often attacked by lupus.

Under any other method of treating lupus with which I am acquainted, the nose, in the condition in which it commonly comes under observation, is in great part necessarily lost, even when treatment happily achieves the complete cure of the disease; but, when the treatment is by linear scarification, the nose may often be actually *rebuilt*; so that the organ, already in part virtually destroyed, may at length be regained in its original form. In other words, the lupus-tissue, which has come to replace the substance of the true skin, instead of undergoing actual destruction—as, for example, it does under treatment by cauterisation—or, again, instead of undergoing molecular ulceration by the application of semicaustics, such as the red iodide of mercury, advocated by Dr. Hardy of Paris,—becomes actually the material out of which repairs are constructed. The practitioner, no longer glad to be content with arresting the lupus in its present state of progress, finds himself able to cause the disease to retrace its steps, and to restore out

of its own means that fibrous tissue which it has slowly, and yet apparently surely, destroyed. It is to the microscopical researches of Dr. Vidal that I am indebted for the *rationale* of the result. By means of linear scarification, I have succeeded in reconstructing a nose which externally as well as internally—that is to say, both as regards skin and mucous membrane—was converted into fungous granulations, consisting wholly of rotten lupus-deposit, and supported by cartilage which a little later must surely slough away; and so I have seen a nose, which apparently could only end in a withered stump, regain its original form with scarcely any alteration of its original condition.

Dr. Vidal has recorded a case in which he treated a portion of a lupus-patch by means of erosion—namely, in the centre, and by linear scarification over the rest of the patch. After the cure of the case, a depressed scar existed only over the part treated by erosion. A model of the case is preserved in the museum of the Hôpital St. Louis. I have recently seen it, and think it illustrates very fairly the *difference* of the two kinds of treatment.

There are various details in conducting the operation, into which there will not now be time to enter.

The operation is painless, if the skin be first frozen by the ether-spray. It may be rendered expeditious by a multiple linear scarifier which I have devised, and which has been constructed for me by Messrs. Weiss of London. It is in every way less irksome to the patient than any other means of local treatment; that is to say, than any other means (of efficacy) of which I am aware. I do not speak of internal remedies, since I have found them to fail.

It remains to compare the effect of linear with that of punctiform scarification. The latter consists of stabbing the affected skin with a fine needle, or with the point of a narrow lancet. This method fails in precision. It is impossible to space the punctures equidistantly; and, in practice, the skin presents always, after the operation, clusters of punctures more or less crowded on one another, with intervals of but scarcely punctured skin; whereas in linear scarification, especially if it be performed with a suitably adjusted multiple scarifier, the incisions are *equally* spaced, so that even at the first operation the effect produced is uniform; whereas by repetition of the operation, veering the direction of the incisions at each repetition, the complete disappearance of the disease may be speedily arrived at.

I have only to add that the little cuts heal completely within a week, so as to permit a repetition of the operation; and that eventually the cuts leave no perceptible trace of their existence. In fact, they disappear *absolutely* after a moderate interval. A satisfactory amelioration of the disease results within a few days after the first performance of the operation, which needs to be repeated, as to some cases, only a very few times in order to ensure a complete and often a lasting cure.

ON A RARE NODOSE CONDITION OF THE HAIR.*

By WALTER G. SMITH, M.D.Dub., F.K.Q.C.P.I.,
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CONSIDERABLE discussion has taken place within the last year upon the nomenclature and nature of certain textural changes in the hair, and some light has been shed on a subject that has hitherto lain in obscurity. I refer especially to two papers of interest: one on the condition known as trichorexis nodosa (or trichoclasia) appeared in the *Dublin Journal of Medical Science*, February 1879, from the pen of Dr. W. Whitla of Belfast; and an excellent summary of what is known as to atrophic and nutritive changes in hair was contributed by Dr. T. Colcott Fox to the *Lancet*, December 7th, 1878.

On this occasion, I propose to exhibit and describe specimens of a remarkable affection of the hair which has lately come under my notice, and which appears to me to differ in several respects from any hitherto described.

CASE.—Mary M., a dressmaker, aged 19, of fair complexion, with dark hair, applied at the Dispensary for Diseases of the Skin, Adelaide Hospital, in June 1879, on account of thinning and loss of her hair. When about three years of age, she had "ringworm", but, with that exception, neither she nor either of her brothers (aged 8 and 14 respectively) ever suffered from any disease of the skin. Some years ago, she had "lumps" in her neck, but was never affected with a sore throat or sore mouth, and presented no sign or trace of syphilis; The nails were healthy, and there was no swelling of the lymphatic glands in the neck or elsewhere. She was subject to "styes" on the eyelids, but her sight was excellent. The catamenia set in between fifteen and sixteen years of age, after the hair had begun to fall, and she had men-

* Read in the Subsection of Dermatology at the Annual Meeting of the British Medical Association in Cork, August 1879.

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