ON NEUROPATHIC PLICA.

Read in the Section of Pathology.

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In the Dermatological Department of the Museum of the Royal College of Surgeons of England may be seen a specimen bearing the designation "neuropathic plica." It was presented by me to the Museum through, and at the kind suggestion of, Sir Erasmus Wilson; and I believe I am correct in saying that it is the only one in existence, at least, so far as I have been able to ascertain. At a time when the list of diseases of the nervous system is greatly increasing—pathological research having traced to that system as the fountain many not only so-called functional, but even organic diseases—to add a new name to the list appears to require some apology. The apology I offer is that, inasmuch as it would be highly inconvenient to designate a newly recognised disease by an old name, no choice is left but the adoption of a term not contained in our nomenclature. That the disease is neuropathic, I shall endeavour to make clear. That it is new, I shall not attempt to prove. Probably, the novelty is wholly comprised in the recognition of a condition of things which, considering the prevalence of the disease with which it was associated, has many times occurred, but which has hitherto illuded the vigilance of observers.

The only plica of our nomenclature is plica polonica. In this the scalp is inflamed and excessively tender, and the hair-follicles secrete in abundance a reddish viscous fluid, "which agglutinates the hairs, and by desiccation unites them into a solid mass." The whole length of the hairs is surcharged with the fluid; and, if, a single hair be cut, it may be seen oozing from the divided portion. In neuropathic plica the scalp is structurally healthy, and neither the follicle nor the hair itself presents any structural evidence of disease. The plication is not the result of agglutination, but is wholly effected by structural changes produced by a force within. The arrangement of the hair is not characterised by disorder and confusion, but by a certain symmetry which is remarkable and most extraordinary.

The case is briefly recorded in the following notes.

J. H., aged 17, consulted me on September 30th, 1882. She stated that for six or seven days she had felt ill, complaining of more or less general numbness; and that, on September 29th, she suffered the whole day from severe headache, which affected chiefly the brow, together with the sensation of "pins and needles" over the scalp. In the hope of obtaining relief, she, in the evening, washed her head in warm, but not hot, water. After partially drying her hair, which measured three feet one inch in length, with a towel, she commenced combing it out on the left side, in the presence of her parents, who are intelligent and reliable people, and, whilst so engaged, she felt a tearing sensation on the right side of her head, as though the hair were being pulled out, and, on placing her hand to her head, found that it was being drawn up. In one or two minutes nearly the whole of this long hair on the right side of the head was drawn into a hard lump. The parents, who witnessed the extraordinary phenomenon, spent a great portion of the night in a fruitless attempt to untangle the mass. The few hairs combed out were spread on her pillow whilst she slept; but afterwards most of them were found to be drawn up as before, although not tangled as was the larger mass.

On examination, I found the hair on the left side of her head quite smooth, very slightly waved, and not in the least tangled nor drawn up. On the right side, extending to nearly the median line behind and to within an inch of the forehead, the whole mass was contracted to a hard tangled lump, which it appeared impossible to unravel. My patient's parents refused for some days to allow me to cut off the hair, as they, to use their own words, considered it "a visitation from God." On closer examination, I found that, under the superficial portion, the arrangement was strikingly peculiar, the hair being looped and festooned in a way which I might even describe as beautiful. Under the microscope, individual hairs appeared quite natural, but a very significant fact is brought to light; all the hairs which are contracted, closely curled, and intertwined, are, more or less, flat hairs, whilst those which are looped and festooned are round. Viewed without the microscope, it is at once evident that no dexterity could have produced the most remarkable condition, a condition which art could not produce. Menstruation commenced when she was sixteen, and was irregular until six months before she consulted me. Since that time she had not menstruated. Her appetite was fairly good; her habits were sedentary.

Like every unexplained phenomenon in a hysterical female, I regarded the case at first with suspicion; but after the most careful,

the most suspicious scrutiny, the question of deception was inevitably entirely excluded. We observe here the ordinary evidences of so-called hysteria—a disease, of the existence of which we are cognisant solely by its multifarious, its heterogeneous and its marvellously capricious manifestations, the mimetic effects of which produce imaginary diseases *ad infinitum*, characterised by hyperæsthesia or anæsthesia, and frequently by perversion of the intellect and exaltation of the emotions. Centric hyperæsthesia gives rise to false impulses and incoherent reflexes, and the local hyperæsthesia and hyperæmia furnish evidence of centric excitement. A limited area in a condition of exalted nervous and vascular tension is often contiguous to a surface under opposite neurotic influences, evidenced by anæmia and anæsthesia. This is often well marked in the scalp. Irregular, and then suspended menstruation, frontal headache, pricking of the scalp, and other neuropathic symptoms, well marked the case as one of hysteria. We notice the areas under different conditions of nervous and vascular tension. The sensation of "pins and needles" is referred to the hair-bulbs; and the sensation described as that of tearing the hair out, is recognised as the effect of spasms of the little muscles of the hair-follicles. The evidence of local hyperæsthesia is complete. Can we, then, find no connection between this condition of very high nervous tension in the scalp, and even in the hair-bulbs, with the condition produced in the hair itself, which has no connection but that with the hair-bulb? I think we can. Although not attempting to explain the nature of the change effected in the medullary portion, which caused such a diminution in its calibre, as to allow of the tight curling of the flat hairs, I believe that it is nevertheless evident that a very high nervous tension found vent in the hair itself, and, moreover, that this is by no means an uncommon event under like conditions. The coincidence of the otherwise altogether inexplicable change in the hair with the known nervous congestion of the hair-bulbs furnishes evidence, perhaps insufficient, for the professedly sceptic, which to my mind is, if not complete, yet sufficient, that the change produced was effected by the presence in the hair of that form of force which we name nerve-force.

I believe it has fallen to me to be the first to place on record a case of neuropathic plica.

THE MALOJA SANATORIUM AND SPA.

By A. TUCKER WISE, M.D.

SINCE the development of Davos Platz into an Alpine winter-resort, and a rapid growth in size and population, other places have sprung up having strong claims to be considered equal to that well-known, but rather well-filled, little town. St. Moritz revives an ancient effort to attract people in winter—this time with much success; the Kulm Hotel has, at this moment, nearly one hundred and fifty guests. Wiesen, the picturesque, with its ponderous flanks and million pine trees, is on a fair way to offer health to a limited number who desire quietude and the charms of country life.

It is indispensable for the reputation of the high valleys in Switzerland, that more places spring up for the "winter cure," as it is notorious that, although these places increase in size, population, and independence, energy is needed to keep pace with overcrowding, and to preserve the clean air of the Alpine heights free from contamination. As but few hours can be spent out of the house in winter, it is imperative that hotels, which harbour a number of delicate individuals in search of health, should be rendered perfect in a sanitary point of view, both as regards drainage and ventilation.

Of how much therapeutic value must that air be, which, in five or six hours, can not only neutralise the ill-effects of a contaminated atmosphere for the remainder of the day and night, but can, in numerous instances, favour an almost miraculous recovery! Here, therefore, the curative properties of these climates have only been developed to a fraction of their full power; and, whilst the restorative agent has lain at the closed doors and double windows of overloaded hotels, patients have been sent home cured, in spite of what would seem to be, to on-lookers, either medical ignorance of the true antidote or want of common sense.

It is particularly opportune at this epoch of the "Alpine cure," that a large Kursaal is being constructed on the Maloja plateau fitted with arrangements for the propulsion and extraction of air throughout the building. The external air, after passing through wire gauze, is heated to about 50° Cent. (122° Fahr.) in iron compartments, where it is moistened to a proper degree of humidity, and medicated if necessary. Each chamber is supplied with a special tube for entry of this warmed air, and also with two aper-

tures of exit connected with an extraction-shaft. The chief feature, however, of this Belgian enterprise, is the introduction of ozone within the house, for purifying the internal air. A fall of the Inn supplies sufficient motor force for this purpose, and for electric lighting. Those who passed this end of the Upper Engadine fourteen or fifteen months ago would now be surprised to see the change brought about in this deserted but picturesque corner of the valley: ornamental chalets are springing up, a park is being laid out, gardens prepared, and hundreds of workmen engaged in the completion of the Kursaal.

An accidental discovery has been made of a chalybeate water having a large amount of free carbonic acid. It would appear, from the analysis of Professor Reichardt of Jena, that the Paracelsus spring of St. Moritz, has been tapped in the Maloja, which latter place is eleven miles distant, and at a higher level. As the land all belongs to one proprietor, the danger—common in Switzerland—of irregular building and a loose regard to sanitary matters will be avoided.

From observations of the Maloja, I am inclined to think the temperature is a little higher than at Davos; but, up to the present, winter has been too irregular to permit a decided opinion on this point.

SHOT-SILK RETINA.

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IN the BRITISH MEDICAL JOURNAL of January 12th, 1884, appeared a paper on the above subject, read by Mr. Spencer Watson before the Section of Ophthalmology of the British Medical Association. In it, Mr. Watson accurately, and, as he seems to think, for the first time, describes the well known appearances of opalescent or "shot-silk" retina. "In these notes," he says, "I shall endeavour to give a definiteness to a vague and (as I believe) hitherto undescribed appearance." He then quotes five cases in detail, and thinks that, in all, he has seen perhaps a dozen such!

Had Mr. Watson consulted Nettleship's *Student's Guide to Diseases of the Eye*, 1879, pp. 168-9, he could have read that "in children, especially those of dark complexion, a peculiar and striking whitish shifting refraction, or shimmer, is often seen at the yellow-spot region and along the course of the principal vessels. It changes with every movement of the mirror, and reminds one of the shifting refraction from 'watered' and 'shot' silk. Around the yellow spot, it takes the form of a ring or zone, and is known as the 'halo round the macula.'"

In 1881, I was for some time engaged examining, for statistical purposes, the eyes of deaf-mutes in some of the asylums about Dublin, and was struck by the frequency of this appearance, often occurring in perfectly healthy eyes, with normal vision and emmetropic refraction.

Latterly, I have been testing the refraction, etc., of numbers of school-children. This day I examined ophthalmoscopically forty-two boys belonging to Artane Industrial School. They were taken by divisions, and in no way selected. The following is an analysis bearing on the point in question. Of the forty-two boys, ranging in age from nine to eighteen years, twenty-nine (or 69 per cent.) exhibited the shot-silk retina to a greater or less degree; fourteen were very well marked cases. Of the twenty-nine, twenty-one had vision of $\frac{1}{2}$, and eighteen were emmetropic, ten of these showing the appearance well marked. Hypermetropia occurred in six cases, hypermetropic astigmatism in three, mixed astigmatism in one, and myopic astigmatism in one. In this latter case, the "shot-silk" appearance was especially marked.

Dr. Keane, who was examining simultaneously other classes of the same school, noted shot-silk retina in about the same proportion.

From the above analysis, it appears that what Mr. Watson deemed rare is, in fact, most common; that what he thought only occurred in hypermetropia, occurs in emmetropia and myopia; that what he thought was an indication of defective sight, is commonly found associated with normal vision; and, finally, that what he thought to be an "undescribed condition," turns out to be one fully described in Nettleship's treatise.

It seems unnecessary to discuss further Mr. Watson's paper; "shot-silk" retina is a condition well known to all ophthalmologists, and so common that one has only to examine half a dozen healthy children to find a case or two. That it is observed most frequently in hypermetropia, one need not doubt; and that, in a majority of cases of convergent strabismus, due to hypermetropia, it is present, is also beyond doubt; but that it has anything to do

with the diminished acuity of vision is a matter of much doubt. As well might the halo round the macula be accused of a pathological significance.

Few oculists examine normal eyes, or, if they do, it is by the inverted method, and with some definite object. Such appearances as "shot-silk" retina would then be unobserved. In strabismus and other refractive cases, the appearance, if found, is likely to be in some way held responsible for the error. The kind of mirror and the amount of illumination used in the examination make a difference. A short focus mirror, a dull light, and a small pupil, are the most favourable conditions for observing the appearances.

A CASE OF CONGENITAL HYDROCELE, TREATED BY LIGATURE OF THE NECK OF THE SAC.

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CHARLES K., aged 18, presented himself as an out-patient in January 1882, with a swelling of the right side of the scrotum, which had been present as long as he could remember. The swelling, which was somewhat pyriform in shape and about the size of a small orange, presented all the characters of a congenital hydrocele of the tunica vaginalis; it was soft, translucent, and fluctuating, surrounding the body of the testis. When the patient coughed, a slight impulse could be perceived. On pressing gently on the swelling or on raising the scrotum as the patient lay on his back, it gradually disappeared, slowly reappearing when he stood up. The testis on the same side was extremely soft, and somewhat smaller than the other. The patient was ordered to wear a truss day and night, in the hope that the constant pressure of the pad upon the neck of the sac might procure obliteration of the canal of communication between the peritoneal cavity and the tunica vaginalis. This treatment was continued for three months, but without any appreciable result, the canal still remaining patent.

It was then determined to perform a radical cure by ligaturing the neck of the sac, as in the plan often adopted in the radical cure of hernia. The patient was accordingly admitted into the hospital; and on April 18th, under anaesthesia, an incision an inch and a half in length was made in the direction of the cord, commencing above directly over the external ring. The cord having been exposed for the same distance, the neck of the sac, which was about the size of a goose-quill, was carefully dissected from it, and then ligatured with strong catgut in two places, namely, just below the external ring and at another point about one inch lower down, care being taken not to include the cord in the ligatures. The neck of the sac was then divided between these two points, and the external wound closed, a small drainage-tube being left in the lower part of the incision. The operation was performed under the carbolic spray, and the wound dressed according to the Listerian method. The wound was completely healed on the seventh day, and the patient left the hospital on April 29th, there still being slight swelling of the scrotum, owing to the presence of a little fluid in the tunica vaginalis; but in the course of a few weeks this gradually disappeared, on painting the skin with tincture of iodine, and keeping the parts well raised in a suspensory bandage. When the patient was last seen, about six months after the operation, all trace of the hydrocele had quite disappeared.

REMARKS.—Congenital hydrocele, though not uncommon in infants and young children, usually disappears as the child grows older, especially if a truss be constantly worn, the irritation produced by the pad setting up slight inflammation in the neck of the sac, which, as a consequence, becomes obliterated. The fluid present in the tunica vaginalis, if absorption do not take place naturally, can then be readily removed by tapping, or it gradually disappears on the application of some slight irritant over the scrotum; and, as a rule, no further re-accumulation takes place. The affection is consequently of somewhat rare occurrence in adults; and the treatment by the method of radical cure employed in this instance should, as a rule, be reserved for the cases where obliteration of the canal of communication cannot be obtained by simpler means. So long as the neck of the sac is patent, an open canal is present, along which a hernia may at any time descend—a result which it is, of course, very desirable, if possible, to avoid. The operation was, therefore, undertaken in the present case, not only with the object of curing the hydrocele, but also with a view to prevent the formation of a hernia taking place.