lessened so as to protect the new skin. Whenever there was any sign of dermatitis around the edges lead and opium lotion was applied. By the middle of July the ulcer was about $\frac{3}{4}$ in. in diameter. There was no pain, and he was able to lie on his left side. After the above date no rays were applied. (See Fig. II.—A and B.)

On returning from my holidays a month later I went to arrange for further application, but to my great surprise the ulcer had healed up, thus showing that the diseased tissue had been destroyed, and also showing that there is no need to apply the rays until all vestige of such an ulcer has disappeared. The number of sittings was thirty-four.

Fig. II.—A.

CASE III.—Miss P., aged 48.

History and State on Examination.—A little over two years ago a small spot appeared on her forehead. By the time she came to me (April 22nd, 1901) it had gradually increased to $\frac{3}{4}$ in. $\times$ $\frac{3}{4}$ in. and projected considerably beyond the surface. The proliferations were large and the veins showed very much on the surface. There was no ulceration or discharge, but she had darting pains radiating from the growth.

Treatment and Progress.—The rays were applied to the growth for the first time on April 22nd, 1901, the rest of the face was protected by tea lead. A ten minutes sitting was given every day. After the tenth sitting its appearance gradually changed, the veins disappeared, and a scab formed on the surface. The scab came off showing a raw surface with some bleeding, but each time the place was smaller. The sitting was then

reduced in duration to 5 min. and the distance of the tube increased to 6 in. The last application (the 28th) was given on May 24th, and a fortnight later the wound had entirely healed, and on December 14th, 1901, there remained a slight flat scar as if from an old burn.

The growth in this case had a year previously been regarded as a keloid. There was no ulceration until the use of the x rays, but the growth presented the appearance of soft reddish nodules, projecting from the skin. It was probably rodent ulcer prior to the stage of ulceration.

CASE IV.—Mrs. M., aged 70.

History and State on Examination.—This was a very old case of rodent

Fig. II.—B.

ulcer of the nose. Owing to the ravages of the disease, and the use of knife and caustics, a considerable amount of the nose had disappeared. The rodent ulcer recurred in the scar on the nose and a spot of an apple jelly appearance showed on the cheek about $\frac{1}{4}$ in. beyond the scar.

Treatment and Progress.—After a few applications the ulcer on the nose soon began to heal. The spot on the cheek at first broke down into an open ulcer, and then healed up in the usual way. The number of sittings altogether were twelve. The parts were quite healthy, nearly three months after the last application of the rays.

In all these cases I have never used full power of the coil, only sufficient to produce fair penetration as shown by the screen, and as the tube became weaker the sparkage was increased.

FIVE CASES OF MONILIFORM HAIR ASSOCIATED WITH ALOPECIA AREATA.

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THE interesting congenital condition of beaded hair known as monilethrix is one of great rarity. It may be of interest, therefore, to publish a note of some cases in which hairs were found of moniliform type, although differing from the sharply-defined condition of monilethrix. The latter is congenital, and runs in families, while those affected have the hair of the head short and scanty, so that they are more or less bald. Lastly, the eyebrows and any part of the hairy body may be affected. That description differs widely from the following cases, in which the hair, although alopecia patches were present, was not short and scanty. The peculiarity was found only in hairs that had turned or were turning white. It did not involve hairs on other parts of the body. Lastly, the nodes were of irregular length, except in a few hairs of

the first case, which showed a fairly uniform beading, and the pigment had no distinct relation to the internodes—unlike monilethrix, in which the pigment is found gathered in the internodes.

CASE I.—A.B., female, aged 42, came to the Western Skin Hospital complaining of hair falling out in patches. There were several rounded spots on the crown and occiput covered with fine downy hairs, evidently a lanugo growth on areata spots. The surface layer of hairs of the head were white, while the hairs beneath retained their original dark colour. Attention was drawn to the refraction of some of the grey hairs, some of which were examined under the microscope, and found to be of moniliform shape with irregularly distributed pigment. The coarse white hairs were all more or less moniliform, but the change was not found in the eyelashes or eyebrows, nor, after repeated examination, in any of the original dark hairs. The pigment had no uniform distribution in relation to the nodes. In that way it differed from monilethrix, in which the pigment is collected at the internodes, and is general on the hairs of the head and other parts of the body. A hair shown at the Dermatological Society of Great Britain and Ireland is figured in illustration (No. 1.) In some of the hairs the pigment was carried right through the nodes and internodes, while in others it was broken up irregularly.

CASE II.—The patient volunteered the statement that her sister had bald patches and similar hairs. Some of the hairs sent for examination showed irregular refraction, as in the foregoing case. In a few of the grey hairs there were some long, slender, moniliform narrowings.

CASE III.—M. S., aged 40, domestic servant, came to the hospital on February 14th, 1901, with an alopecia areata patch over the right ear. The surface hair contained a surface layer of white hairs spread over the original black hair beneath. This appearance, together with the bald patch, resembled the first case so nearly that some of the hairs were examined under the microscope. The latter showed moniliform structure with pigment broken up and distributed in nodes as well as internodes. (See No. 2 in Fig.)

CASE IV.—H. D., female, aged 51, came to the hospital on March 7th, 1901, complaining of a chronic skin trouble. On one knee was a circumscribed patch of seborrhoeic eczema, the size of a hand, that had been there for fourteen years. The scalp was scaly; there were several "nits" in the hair, a few papules on the margin of the hairy scalp; two or three scattered bald patches of areata, and signs of old eczema in the ears. Some of the grey hairs and brown hairs turning grey showed a characteristic moniliform arrangement. (No. 3 in Fig.)

CASE V.—A. C., aged 35, female, came to the hospital on October 4th, 1901, complaining of loss of hair in patches. Two of her children suffered from ringworm, but had been well some five months. An aunt who visited them said she was losing hair in patches, and used patient's hair-brush. Some of the grey hairs showed a moniliform arrangement, chiefly with long and tapering nodes, the pigment being broken up and distributed independently of internodes (No. 4 in Fig.).

These cases suggest that a moniliform condition of the hair may be acquired and associated with alopecia areata. Case IV fits in with Sabouraud's theory of the common origin of seborrhoea of the head and body, and of alopecia areata of the scalp. Possibly some varieties of moniliform hair may be entitled to a place on his list. Assuming a toxic disturbance of the nutrition of the hair shaft due to the invasion of the micro-organisms of seborrhoea, the traction upon the weakened hair in the daily brushing might be a mechanical cause of the beading. In the nails one often meets with a beading of a longitudinal ridge that appears to correspond closely with the moniliform beading of hair.

CASE OF COMPLETE BALDNESS FROM ALOPECIA AREATA.

(IN PROGRESS OF RECOVERY UNDER TREATMENT.)

By BALMANNO SQUIRE, M.B.LOND.

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THOSE who take interest in noting the peculiarities of people they meet, and who live in London or any large city, have opportunity for recognizing again and again a type of person presenting a certain peculiarity which once noticed rivets the attention by its quaintness. These people have a strong family likeness to one another, and their points of resemblance are so striking as in some measure to outweigh their points of difference, so that any one who has once taken to noticing them is apt to think, in this or that case, that he has come across that person before although he may have never previously seen him. To any observer not specially interested in these people it seems that persons of this type are limited to the male sex, but a very slight experience of them soon assures him that they are not limited to any social grade. They are not, for example, like pock-marked people (who in their way have some uniformity of type), to be met with mainly amongst the humbler class. Nor does the appearance of the people I speak of suggest, as in the latter case, pre-existent disease or look at all unhealthy.

Men of the type in question, one and all, present the aspect

of having very faint eyebrows; the edges of their eyelids look puffy, as if slightly swollen. In addition, they are always clean-shaven, and the hair of their head looks odd, does not seem to grow in the same way as that of most people, is not arranged in any customary way, and yet looks pretty much the same in all these persons. As a matter of fact they have no eyebrows; the rounded-off edges of their lids are the consequence of the complete absence of eyelashes. They look clean-shaven because they have no more hair on their face than a woman has, and the odd appearance of their hair is due to their wearing a wig. When, not so very long ago, it was common for middle-aged and old men to wear wigs, one looked out for them more than one does nowadays, and suspected them more readily.

Men of the sort I have described have not a hair on their body anywhere, and yet were once normally hirsute. It may naturally, and indeed correctly, be assumed that efforts made to remedy the condition they present have in their case failed, and a further conclusion may with equal justice be arrived at—namely, that attempts to arrest the progress of their depilation in its earlier stages have also failed.

In every case, or at all events in 99 cases out of 100, the condition of these persons is due to one cause only, and that is that they have been the subjects of alopecia areata. And yet alopecia areata is not so very common a disease. It constitutes about 2 per cent. of the total number of cases presenting themselves at a skin clinic. To compare the frequency of its occurrence with that of another disease which has been very much under discussion of recent years, it is just about as common or as rare as lupus. But the disease seems to be less relatively rare than it really is, owing to the circumstance that the subjects of complete or universal alopecia areata are always on view for the rest of their lives.

Women are as liable as men to this disease, but in them it is far less noticeable. A wig is much less obvious in the case of a woman than of a man, and what with the aid of veils, of the shadow cast by artificial hair brought well down over the forehead, and other devices, the absence of eyebrows is less remarkable. Often enough women, the subjects of complete alopecia, will wear cunningly-constructed eyebrows such as avert notice except at close quarters, and others are clever in the use of burnt cork or the *crayon noir*.

Enough has been said to show that the condition is not extremely uncommon, and that the resources of art often fail to arrest its progress, and *a fortiori* to remedy it when complete.

As a matter of fact, complete alopecia areata is a condition extremely difficult to improve, and it is possibly correct to say, although the assertion may seem bold, that no one has ever succeeded in remedying complete alopecia areata, unless, maybe, in very rare instances indeed. It might perhaps be said that any notable improvement of complete alopecia is of itself an extremely rare event. If this be so, it may be of interest to record an example in which, under somewhat exceptional conditions, very notable improvement has been obtained. These conditions were furnished by the patient himself; they were exceptional hopefulness, endurance, and patience. From a condition of complete baldness he has succeeded in bringing his head to the condition represented with careful accuracy in the illustration, and he still continues to improve, but it has taken him more than a year to attain this result. To be accurate he has had precisely thirteen months and twenty days of almost continuous treatment. It may be interesting to state that, in the patient's view, the whole business up to now is a satisfactory one—that he thinks the game worth the candle.

When first seen by me (on December 8th, 1900) the patient, a man aged 37, had no dark, no coloured hair at all, on his scalp, but only a little, very short, colourless, fluffy down at the top of his head, and a little of the same "down" over a limited region on each side of the head. At the back of the head (occipital region) the scalp was quite polished in appearance. His eyebrows were completely absent, and he had no eyelashes. The hair of his moustache, beard, and whiskers, was patchily affected—very considerably so. I prescribed for him, as an application: Hydrargyri iodidi rubri gr. xxx; yellow vaseline, 1 oz. He has applied this ointment to his head right through the whole of the period from December,