

The principal remedies used in the form of vapor are preparations of mercury, evaporated over a spirit-lamp, the fumes from which are drawn by inspiratory effort through the nostrils. The fumes of muriate of ammonia from the heated salt itself, or in a nascent state from commingling of the vapors of muriatic acid and strong aqua ammoniæ, are also used a great deal in the scrofulous cases, both for local and constitutional effects.

With all these resources at command, we are able to improve the condition of patients affected with fetid coryza, and place them under the most favorable conditions for the cure of whatever affection has given origin to this loathsome catarrh.—*Philadelphia Medical Times*.

#### CLINICAL LECTURE.

##### ON SEBORRHOEA CAPITIS.

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The patient, whose case forms the subject of our study to-day, complains of an affection, not indeed severe, and certainly not dangerous, but yet one of such character as to claim close study of its features and careful treatment, if we would succeed in its cure.

He is, you observe, a man of middle age, pale, and evidently out of health. A weaver by occupation, he is confined much of the time to a dark, unwholesome apartment; his hygienic surroundings in fact, are bad.

The disease for which he seeks relief we find to be localized in the scalp, showing itself on the surface in the form of a copious accumulation of small, pearly-white, greasy-looking scales.

The production of these scales is attended with considerable itching, and is so rapid that, although the scalp may be thoroughly cleansed in the evening, yet by the next morning, they are present again as abundantly as ever.

The duration of the affection is about three months, or rather about that length of time has elapsed since the itching and scaliness first became so annoying as to attract the patient's attention. It is probable that its origin may be referred to much earlier date.

These facts in the history of the case having been ascertained, let us examine the appearances presented, and determine, so far as we may, its exact nature.

Have we any extraneous causes of irritation, such as might produce a condition like the present?

As to stimulant applications, our patient informs us that none have been made; but as to pediculi, the only other likely source of external irritation, some examination will be necessary.

The diagnosis of phtheiriæsis is not difficult, since either the unmistakable pediculus is present in propria persona, or its representative ova, known by the following characteristics, may be discovered.

The ovum of the *P. capitis* is a small, pear-shaped,

grayish-white body, about the size of a grain of sand, and is found attached quite firmly by its smaller end, to the hair, at a considerable distance from its insertion into the skin. Examination of our patient's scalp shows the absence of living pediculi; but are these grayish particles sticking to the hairs, at various points, ova? At first glance, they certainly appear to be such; but on closer inspection they are seen to have an irregular shape, to be easily brushed off from the hair, and in fact, to be in all respects identical with the scales on the surface of the scalp.

Phtheiriæsis, then, the only remaining source of irritation, being excluded, let us proceed to an examination of the eruption itself, with the object of ascertaining which, among several affections likely to be found in this locality, we have in the present case.

There are only three diseases occurring on the scalp in a form resembling the one before us: they are *psoriasis*, *eczema*, and *seborrhœa*. It would be impossible to give such a verbal description of these affections as would enable you always, and under all circumstances, to recognize and distinguish them; experience alone will enable you to do that. Their leading characteristics, however, you should certainly be acquainted with. They are as follows:

*Psoriasis capitis* manifests itself in the form of dry, white scales, scattered thorough the scalp. It usually extends a little beyond the space covered by long hair, so as frequently to form over the forehead, ears, and neck, a whitish or reddish border encircling the scalp. It is not apt, as a rule, to itch so intensely as the other two affections under consideration, and when occurring in the head is almost invariably found in other parts of the body, especially around the elbow and knee-joints.

*Eczema capitis* may occur either in the vesicular or squamous form. If it occurs in the former, the peculiar structure of the scalp modifies, to some extent, the appearance of the disease.

In mild cases, this variety presents itself in the form of yellowish, friable crusts, consisting of epithelial scales mingled with dried serum. On raising these crusts, the surface beneath is found to be red, shining, and moist. In severe or neglected cases the secretion of the sebaceous glands mingles with that of the vesicles, and the product of disease, becoming decomposed, give rise to a peculiar and disgusting odor. The hairs, also, become matted together, and the most severe form of the affection is called in some countries "*plica polonica*," a mixture, in fact, of *eczema*, *seborrhœa*, and filth.

In the squamous form of *eczema*, the scalp is red, and covered with fine, dry, white scales.

*Seborrhœa capitis* is characterized by the abundant production of scales in the same manner as the two diseases just spoken of, but these scales are seen, on careful inspection, to possess quite a different character from those of *psoriasis* or *eczema*. They are numerous, pearly-white, and have a decidedly greasy lustre and feel. They have also a certain cohesiveness, which causes them to accumulate in masses, but they have no tendency to produce matting of the hair.