

Selections.

ALOPECIA AREATA.

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Some diseases of the skin which are accurately circumscribed, circular, and spread by peripheral extension, are undoubtedly caused by the nerves presiding over nutrition, the trophic nerves. There is a form of eczema of the face and neck which arises in this way, a reflected neurosis from the stomach. There are other diseases of the skin having these same characteristics of circularity, peripheral extension, and accurate circumscription, which are as certainly parasitic, taking a similar example, ringworm. But in some diseases having these characteristics, the etiology is not so clear as in the examples given, leaving plenty of room for difference of opinion, and consequently for bitter polemical strife. This war has been particularly lively over alopecia areata: German observers almost all believing that the complete loss of hair in patches is due to a trophic nerve disturbance, while the majority of French observers are of the opinion that a considerable number of these cases are parasitic. English and American physicians are, as a rule, inclined to the neuropathic theory, with two notable exceptions, Hutchinson and Crocker.

Crocker, in a very able paper on the subject,* and also in the last edition of his book,† has recently tried to reconcile these two views by admitting that, while some of the cases of alopecia areata are undoubtedly neuropathies, the vast majority of them are due to a parasite: a parasite, furthermore, which he is unable to distinguish from that of ringworm. According to his classification there are three varieties of neuropathic alopecia areata:

"Class I. Alopecia Universalis, comprising those cases in which the alopecia is universal, and in which the hair does not necessarily come out in patches, but there is a general falling off, often very rapid, and accompanied in some cases by changes in, or even falling off, of some or all the nails.

"Class II. Alopecia Localis seu Neuritica, comprising cases of baldness occurring in one or more patches at the site of an injury, or in the course of a recognizable nerve.

"Class III. is the form originally described by Neumann as Alopecia Circumscripta seu Orbicularis. In this the patches are circular and always small, from a lentil to a pea in diameter, much depressed below the surface, with often a marked decrease of the sensibility.

"Class IV. represents what may be called true Alopecia Areata, the previous forms having hitherto been mixed up with it. In opposition to the other groups, it might, with propriety, be called alopecia parasitica, or the old name, tinea decalvans, might be revived. Inasmuch as its pathology is still a moot point, it is better to adhere at present to the generally received title of alopecia areata."

The following is a case illustrative of this last variety:

On March 24th, 1891, S. L.—, aged thirty, came to the San Francisco Polyclinic for treatment for alopecia areata. There were three patches, which presented the classic appearance of the disease, bald, smooth, circular areas of a dead white color, which appeared at first as small spots increasing peripherally. He first noticed the trouble two months before. On questioning him about ringworm, he said that one of the employees of the company for which he worked had ringworm on the side of face and neck, but denied any possibility of coming in contact with him by towels in washing, sleeping with him, etc. My questions, however, caused him to think over possible modes of contact, and, on his next visit, he said that during the preceding January he had acted as temporary conductor on a cable car with this man as gripman. Here then, there was plenty of opportunity for contact, for the conductor must squeeze past the gripman many times a day in the collection of fares from the passengers on the forward

*Alopecia Areata, Its Pathology and Treatment. An address introductory to this subject, delivered at the meeting of the British Medical Association on July 30th, 1890. *The Lancet*, Vol. I., 1891; page 478.

†Diseases of the Skin, by H. Radcliffe Crocker, M.D., London, 2nd edition, 1893.