

pose whatever. The same explanation should also be given to the husband ; let him fully understand if he refused his consent he would be held accountable for his wife's death. There is no necessity for asking the opinion of any others. If these explanations did not convince them of their folly, then propose the Cæsarian Section, telling the woman the great danger to herself, and that there is no certainty of saving the child, though the chances may be in its favour. Our first and chief duty is to the mother. The life of the child should not have a feather's weight compared with her safety. Granted this, will any one say the Cæsarian section is the proper operation. ? In craniotomy we destroy the child but, as a rule, we save the mother. Even before chloroform we rarely lost a case, and now, with antiseptic precautions, our chances are much better. In Cæsarian section do we not lose as many as we save ? It must be remembered the majority of these cases occur in poor houses, deficient in ventilation, drainage and general comfort—no trained nurses—frequently a long way from the doctor's house. I suppose the great objection to craniotomy on the mother's side is that the child not getting the rights of the church will, as the lovely Athanasian creed says, perish everlastingly (whatever that may mean). Now, as it seems that baptism is a safe passport to everlasting happiness, why not do (as I have done) have the child baptised in utero. I think the church would recognize it, and the poor little soul would pass into heaven without undergoing the troubles the writer has had.

Yours truly,

F. C. MEWBURN, M.D.

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### Selected Articles.

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#### BALDNESS : WHAT CAN WE DO FOR IT ?

BY GEORGE THOMAS JACKSON, M.D.

There is probably no one subject in medicine of which the average practitioner is less informed than that of the hair. And yet the subject is important, and everyone should have a clear idea of the resources and limitations of our art in the care of the hair and the treatment of baldness. It is the aim of this paper to point out the varieties of baldness, to throw as much light as possible upon its causation, and to show what and how much may be done in the treatment of it.

The four main varieties of alopecia are: 1, Alopecia adnata; 2, alopecia senilis; 3, alopecia prematura or presenilis; and 4, alopecia areata. The last variety will not be considered at this time, as I have recently contributed a paper upon the subject to the *New York Medical Journal*—in February, 1886.

*Alopecia adnata* is that form of baldness which is congenital, as its name would indicate. It is comparatively infrequent. An infant is born either with a good crop of long, colored hair which early falls out, to be replaced with light-colored permanent hair, which soon grows darker; or it is born with colorless hair in greater or less abundance, which gradually becomes darker; or it is born with a perfectly bald head. In the majority of cases this last condition is transient, and in a few days or weeks the scalp will be covered with hair. All these states of hair-growth are dependent upon the time when the change of type between the foetal and permanent hair takes place. As a rule the change is complete at birth, when we find the colorless hair; if it is delayed until after birth, we have the long, dark hair; if at the time of birth the foetal hair has been shed, but there has not been time for the permanent hair to grow, we have the bald head.

Now all these are normal conditions, and even the last, or bald head, is only to be considered as transient alopecia adnata. But in some cases the hair-growth is delayed for months, and in some of these there is a condition of lichen pilaris present, the scalp being rough and covered with pointed papules. The hair will usually grow in time, though a few cases have been reported in which the hair never grew. Delayed dentition, or even a deficiency of teeth, has been observed in these cases.

The cause of this form of baldness is an arrest of the development of the hair. Upon what condition such an arrest depends we do not know. Microscopical examinations of sections of the scalp in cases of inveterate alopecia adnata show either an absolute absence of hair-follicles or an aborted development of them. In some families the disease is hereditary.

As to *treatment*, the most we can do is to attend to the general nutrition of the child and the hygiene of the scalp. Happily in most cases the disease remedies itself. The scalp should be kept free of sebaceous accumulations, and thoroughly washed with soap and water. Should the parents and friends become restive under this expectant plan of treatment, some stimulating hair-wash may be prescribed, such as will be given when we come to the discussion of alopecia presenilis. If lichen pilaris is present, the free use of soap frictions, with the tincture of green soap every day, followed by inunctions with oil, will remove the accumulation of epidermis which clogs the