

donee or acne vulgaris is also to be found on other parts of the face or between the shoulders.

A second form of sycosis is that disease of the hairy parts of the face in adult males due to the lodgment and development in that particular situation of *trichophyton tonsurans*. It appears upon the upper lip, chin, temples and cheeks. When the parasite proceeds slowly the hairs, follicles and skin are but little affected, but when the hair is abundant and the microphytic organism active it makes sad havoc of the beard and leaves nothing but a bushy stubble. The patch extends at its periphery, and other and similar patches may appear, and if these coalesce the typical circumscribed form of the disease may be modified. In fact ringworm of the beard resembles ringworm of the scalp, and proceeds as it would in any other part of the body where the hair is unusually abundant. When the disease lasts for any great length of time the presence of the parasite sets up folliculitis and even cellulitis, which are productive of the tubercles and small abscesses so characteristic of sycosis. These local lesions so closely resemble those present in pustular eczema that the detection of the trichophyton by the microscope is the only sure method of diagnosis.

Gruby, in 1842, discovered this fungus which, according to Zeigler, belongs to the achlorophyllous thallophytes, group hyphomycetes. When it attacks the beard the fungus is found not only in the hair but in the follicle, and probably develops from the mycelium, whose favorite seat is the sheath of the hair. The spores of the plant are exceedingly small, about the $\frac{1}{1000}$ in, in diameter, and they are the active agent in transmitting the disease from one individual to another. After it has gained a lodgment in the follicle it invades the root of the hair, separating its fine fibres by mechanical pressure until it is rendered brittle and finally breaks off, leaving a ragged stump which protrudes from the inflamed and dilated follicle. If examined by the microscope, the minute spores may be detected either in groups or strung together into a kind of chaplet. *Trichophytosis barbæ* is the only contagious form of sycosis, and is commonly contracted in the barber's shop, hence the term "barber's itch" indiscriminately applied by the laity to all forms of sycosis. The popular idea is that it arises from the use of an unclean razor, but Fox thinks it is most likely conveyed to the exposed hair follicle by a damp, soiled towel

which furnishes a capital nidus for the growth of such a vegetable parasite. The disease is rare in this country but is said to be common in France. The case which I present to you to-night is probably parasitic in its nature. Owing to prompt treatment by epilation and parasiticides but very slight traces of the trichophyton have been discovered. It began in one or two round patches which shortly developed into painless lumpy masses discharging a thin seropus. From these as a centre the disease gradually extended over the cheek. Under treatment the patch has greatly improved until it now presents a reddened scaly surface through which new hairs are growing up. There has never been any pain, burning, or itching nor any moist patches about the face. I was consulted last year by an elderly man for a skin disease of the right temple and cheek, which were covered by a reddened shiny cicatrix shedded here and there with a few unhealthy hairs. From the history of the trouble, which he told me originated many years before, I have no doubt I had to deal with an old and neglected trichophytosis barbæ. That it is of great moment to discover the precise cause of the sycosis in a given case goes without saying. It simply means that we must decide whether we have to treat a ringworm, an acne, or a tubercular eczema. I am convinced that as far as sycosis parasitica is concerned that the failure to improve it at once and to cure it eventually is due to neglect in carrying out thorough and persistent epilation. Not only should every diseased hair be extracted but every new one should be treated in like manner. In practising extraction in old cases I would advise the operator to use a magnifying glass and small epilatory forceps and to grasp the hair as close to the skin as possible. The trichophytic parasite extends its ravages a sixteenth to an eighth of an inch above the level of the skin. If now the hair shaft be grasped very low down the root will be more likely to come away than if it be seized high up, as in the latter case it is almost certain to break off at the diseased point. In the early stages this does not so much matter since, unlike the course of the fungus in other hairy situations, the root sheath and the intra follicular contents are usually the first to suffer in parasitic sycosis. In these short notes I have said little or nothing about the prognosis and treatment of the different affections loosely called sycosis for the simple reason that I having nothing new to offer. Of