

affections—the best argument that could be adduced for dropping the term altogether, viz., pustular eczema, trichophytosis barbae, acne indurata and, it may be, sycosis proper. None of these diseases is common about the bearded face, and I can speak very diffidently about them from practical experience. Of the first, which is the commonest, and probably most important, viz., eczema pustulosum faciei, I had a chance ten years ago to study a well-marked case. E. M., aged 35, was accustomed to be shaved regularly every second day, but was interrupted in the operation by observing on the left side of his chin a reddened nodule, that was not painful, but which discharged a thin fluid. From this point the disease spread over his chin, and gradually involved the most of one side and part of the other side of the face that had been covered with hair. When I saw him the chin and part of face were covered by dark crusts of half-dried discharge over-spreading nodular pustules. There was a good deal of itching and burning and to relieve this he was tempted to rub and otherwise irritate the disease patches. He had eczema of one eye-brow and a few pustular spots on the upper lip. When I last saw him he had greatly improved under treatment. When eczema involves the region of the mustache and beard in the male adult it extends to the follicular lining, increased secretion at once occurs, pus forms, and the follicle is converted into a small abscess cavity through the mouth of which the hair projects. The hairs in this way become loosened, and when closely examined are found to present an appearance which is almost characteristic of the disease, viz., each hair pierces a collection of pus which is either aggregated as a distinct white pustule or which, as it discharges from the mouth of the follicle, is often discolored by blood. These hairs are extracted without much pain. The diagnosis of the disease rests mainly upon the well-known character of eczema wherever it occurs. It usually extends to other parts of the face, is attended by burning, redness and itching, and the epilated surface is shortly covered by an eruption, scaly it may be, but always moist. In doubt the microscope.

Here, probably, is the proper place to discuss the question as to whether there exists a sycosis which is neither eczema nor acne nor a trichophytosis nor a syphilide nor a lupoid dermatitis, whether, in other words, there is a disease of the bearded face which should in the words of G. H.

Fox "alone be called sycosis, and which is that inflammatory condition of the hair follicles and adjacent tissue which is characterized by pustules perforated by hairs which in time become so loosened that they can be easily and painlessly extracted by the forceps." Liveing also considers sycosis to be synonymous with *acne mentagra*; and gives the differential diagnosis between it and pustular eczema. "We must bear in mind," he says, that pustular eczema is attended with more itching and general inflammation, while the discharge and crusts are more abundant than in sycosis."

In the absence, however, of any agreement as to the precise symptoms of this so-called distinct affection; when one author tells us that it may affect the pubes, axillae and other hairy parts, when another assures us that it may be accompanied by some pain, a good deal of burning and some itching, and a third asserts that it is frequently accompanied by the moist patches of eczema; and that eczema may give rise to sycosis and when, finally, we know that eczema may simulate almost every form and variety of cutaneous disease, the likelihood that most of us will be able to decide between these dermatologists and those that deny the distinct character of sycosis is indeed small. Furthermore, as the treatment of pustular eczema as laid down by the latter class is almost identical with that proposed for sycosis by the former, the question does not appear to me to be of great practical importance.

There can be no doubt but that the pustulo-tubercular form of acne when it affects the bearded face has often been considered as a sycosis. And inasmuch as *acne indurata*, occurring in this situation comes readily within the definition of the term previously given it may legitimately be considered as a true sycosis. It is a non-specific, inflammatory, reflex irritative disease of the sebaceous glands, and in the more aggravated forms presents the fig-like, lumpy pustules, tubercles and crusts of sycosis. As Wilson says, the condition "is the protest of the fifth pair of nerves against ill-treatment received by the gastric portion of the eighth." To distinguish this from the other forms of sycosis it may be sufficient to observe that the skin between the eruption of acne on the hairy face is bright red, tender and dry, that it is nearly always accompanied by and is the result of gastric irritability, and that each nodule or abscess corresponds very closely to the opening of a sebaceous follicle, and that, finally, either come-