At the outset of the disease, tumours appear about the size of millet seeds or larger. These develop into pustules, which dry to sharply-defined scabs. The pustules are pierced by a hair, whose root when withdrawn is found enlarged and saturated with pus. The skin around the pustules is often greatly swollen and œdematous. It is not so in this case, however. Later in the disease the whole bearded skin is full of sharply-defined abscesses of the size of a hazel nut.

The parts generally attacked by true sycosis are, as I have already pointed out, the hairy parts of the face, chin and neck, but it may appear on the parts of the nasal mucous membrane which have hairs. The eyelids and eyebrows, and in rare cases the hairs of the forehead and temples (especially after recent eczema) may be attacked, but the rest of the head is never involved. It has occasionally been observed in the hairs of the genitals of both sexes. Sycosis of the face, however, occurs only in bearded men.

Treatment.—We pull out the hairs or epilate as it is called. You would think that this would destroy the growth of hair, but on the contrary it rather favours it by removing the *materia morbi* which ultimately destroys the hair follicle. The hair should not be pulled out, however, till suppuration has taken place in the pustule. If scabs or scales are present, apply sweet oil, followed by poultices. When they are completely removed and the surface of the skin is brought to view, various applications may be made. In this case I used citrine ointment for some time. Occasionally a stronger treatment is resorted to and a solution of hydrarg. bichlor. gr. ij to ℥vj of water is used; but great care must be taken in its application, as it sometimes causes excessive irritation of the skin. This patient was put under the course at one period, and after using it for a few days in his own home in the country, when the effects could not be watched, he came in to us with his face swollen and painful from the irritation produced by the lotion. He is now taking potass. iodid. and liq. arsenicalis internally, and applying the unguent, diachyli, which consists of equal parts of olive oil and empt. plumbi, externally.

The pathology of the disease is obscure. Some think that this inflammation begins in the interior of the hair follicle with a consequent suppuration of the same. I hold in my hand a pamphlet written by Dr. Robinson of New York, a fellow graduate of mine, who has devoted himself to the study of dermatology, where he expresses the opinion that the inflammation commences in the tissues surrounding the hair follicle, and only subsequently attacks the follicle itself and the hair contained therein, pus forming around the root of the hair as a consequence.

We are equally in the dark as to the causes of sycosis. The great German dermatologist, Hebra, thinks it possible that the inflammation may be excited within the follice by the development of a new hair from its base, where the papilla is located before the old hair falls out. Wertheim considers that the disposition to sycosis is explained by the diameter of the hair being too great when compared with that of the hair follicle. Others think that the use of dull razors is the cause. The hair of the beard is stronger and thicker than that of any other part of the body, and when the skin is in an irritable condition, passing a blunt razor over the stiffened hair disturbs their roots and brings on the disease. Hebra, however, has found that sycosis occurs more frequently in those who do not shave. The action of heat and uncleanliness are other causes assigned for it, but it has been repeatedly observed, as in the present case, in those who are cleanly in their habits.

We have to diagnose true sycosis principally from three diseases—sycosis parasitaria, eczema, and lupus erythematodes. In sycosis parasitaria, the microscope shows us the parasite and ring-worm is discoverable in other parts of the body. The papules are not so distinct as in true sycosis. The hairs are first affected, which in the true form they do not alter till afterwards; that is, when the exudation into the follicle has become purulent. It makes rapid progress, while the true form may remain stationary for months or years. It is nearly always preceded by herpes tonsurans. In eczema barbæ, or eczema of the face, the pustules are confluent, not distinct, and moreover are not pierced by a hair as in true sycosis; there is itching and great moisture.

In lupus erythematodes there are no pustules.