

On the smooth surface of the body the disease produced is of a mild character, and one easily removed. When, however, it occurs on the scalp, it runs a different and much more obstinate course. In this situation the parasite grows downward into the hair follicles, destroying to a greater or less extent the nutrition of the hair. The latter is on this account short and brittle over the diseased patches. Often, the parts affected become quite devoid of hair. In somewhat rare cases the parasite produces by its presence even greater alterations than those mentioned. In scrofulous children and those in whom suppuration readily supervenes on inflammatory action, a condition of the scalp is produced which is termed *Tinea Kerion*. Kerion was first described by Celsus, but it was only about the middle of the present century that it was found to be connected with the parasite of ring-worm. I present to you to-day a boy about seven years of age, of a delicate constitution, in whom this condition is shown in a very typical form. Both he and his younger brother were affected with ring-worm of the scalp. In the latter, a healthy boy, you see the disease has pursued its ordinary course. You see round and oval patches partly devoid of hair. That which remains is short and brittle. In the elder, the more delicate boy, the *tinea kerion* is at once recognized. The scalp presents several nodular elevations, on the surface of which are seen small pores. On pressure, a clear transparent fluid exudes through some, and pure pus through others. You see that the patches vary in size and shape, and are exceedingly tender to the touch. Now in nodules, where supuration does not exist, you could easily, by means of the microscope, find the parasite at the roots of the hairs. The latter come out very readily. The disease has been for some months in existence, but now, after two weeks' treatment, shows evident signs of improvement. The treatment adopted has been (1) removal of scabs and scales, by olive oil and occasional poultices, (2) epilation, (3) the application of sulphurous acid and the ointment of the iodide of sulphur. (The affected parts are first bathed, then sulphurous acid applied by means of a sponge,

and afterwards the ointment well rubbed in.) Other parasiticide remedies may be used, viz., citrine ointment, solution of the hyposulphite of sodium, or a weak solution of hydrarg per-chlor. The latter must be applied very carefully.

*Aortic Valvular Disease.*—In my last clinical lecture I brought before you a well-marked case of mitral disease, in which a systolic bruit at the apex could be easily and distinctly heard. To-day I present to you a case in which a systolic and a diastolic bruit can be heard at the base, the former extending along the course of the great vessels, and the latter down the sternum. The history is as follows:—

W. J.—, æt. 53. A pensioner. He has been a soldier and sailor, having lived in various parts of the world. He has never had any severe attack of illness. Once had gonorrhœa, but no other venereal disease. In 1861 he had a mild attack of rheumatism, and in 1870 he had a recurrence of the same disease. He was not obliged to remain in bed during either attack. Since 1870 he has been examined by the army surgeon and pronounced healthy, and six months ago he underwent a very careful examination for life insurance. He was passed as a first-class risk. About five weeks ago he was exposed to wet and cold, since which time he has not felt quite well, being troubled with want of appetite, sleeplessness, and rheumatic pains, especially in the left shoulder. About three weeks ago he noticed shortness of breath and a feeling of distress in the cardiac region. These were much aggravated on even slight exertion. He came to me two weeks ago. I was at once struck by the peculiarity of the pulse, which presented the ball-like character in a very marked degree. This led to an examination of the heart, when an obstructive and a regurgitant aortic murmur were heard. He was ordered to keep quiet, and a mixture containing spts. æth. sulph. co. and small doses of aconite, was prescribed. The aconite was given because, in my opinion, the systole of the heart was too strong, so to speak, for the requirements of the system. He has since very much improved. He sleeps well, and does not experience distress on slight exertion. There are three or four points I would like you to notice:—