the very natural solicitude of her friends, she was removed from my charge and placed in a charitable institution elsewhere. I do not doubt that she was treated with the utmost skill and care, but the disease appears to have become aggravated until it was quite beyond control, and now both corneæ have sloughed, she is hopelessly blind, and there is not the slightest chance of benefiting her by any treatment whatever. A very similar case of Basedow's disease occurring in the person of a middle-aged woman was treated by myself some years ago. When I first saw her the right cornea had sloughed, and the contents of the eyeball had escaped, while the left was so extensively ulcerated from exposure that I had at first very little hope of saving the eye. By establishing, however, an artificial ankyloblepharon—that is, by paring the edges of the lids (well within the lashes, which should always be respected) and stitching them together so as to procure permanent adhesion, I was able to prevent further protrusion and retain the contents of the globe. This treatment with constitutional remedies sufficed to arrest the progress of the disease and heal the ulcerated surface in the space of five weeks, at the end of which time I divided the adhesions, only, to my chagrin, to find the cornea almost entirely opaque. There was, however, one small lancet of clear tissue at its upper margin, opposite which I succeeded in making an artificial pupil, and as it was not safe to maintain the lids apart, I re-established the ankyloblepharon, leaving only a small hiatus between their margins just opposite the slit in the iris (artificial pupil), through which she has ever since had excellent sight, being able to read the newspaper and attend to all her household duties. The photograph shows her present condition, which has existed for some years, and with which she is quite content. Bandaging for a few hours during the day or night will usually suffice to prevent damage in slight cases of exposure from loss of sensibility, but the more exaggerated conditions of protrusion will need the operation and treatment which I have described.

Nottingham.

TINEA SYCOSIS.

By JOHN KNOTT, M.A., M.D. DUB., M.R.I.A.

I HAVE recently had specially favourable opportunities for studying the well-known cutaneous disorder known as "tinea sycosis," or "barber's itch." The case to which I owe the most reliable part of my information quite deserved the latter name, as it possessed the very common history of having been contracted at a barber's workshop. The infection of this case was conveyed to a child by kissing, on whose skin it appeared as ringworm. Experts in microscopic pathology have, as we know, described no less than five kinds of tinea, each with its characteristic parasitic fungus, and have given to each of the latter the most painfully long name that could be manufactured for the purpose. As observations multiplied, the relationships were found to be so close that some asserted that the five varieties were really due to various stages of development of one and the same parasite. My own experience entirely confirms this latter view. I cannot speak so confidently with regard to tinea decalvans, or tinea versicolor, but I feel positive as to the identity of the fungus in the cases of tinea tonsurans, tinea sycosis, and tinea favosa. The transplantation of the sycosis fungus, to appear in new soil as ordinary ringworm, has been observed by me from the beginning to the end of the process. I incline to think that the inoculation under the hands of the barber is more likely by far to be due to the lathering brush than to the razor, as the latter medium is always pretty thoroughly subjected to the best of disinfecting agencies—heat and cleanliness—in the interval between each pair of consecutive operations.

The disease, in the instructive case referred to, began, as it so frequently does, in the chin, by the formation of nodules of congestion, with, as it progressed, a considerable amount of induration around the roots of the affected hair-follicles. The surface of these indurated spots became scaly, and the desquamative process proceeded excentrically therefrom. Causing very little uneasiness at first, the tension increased with the advance of the disease. The fungus spread to the

cheeks, and all over the bearded part of the face, and its growth was apparently little, if at all, checked by various antiseptic washes that were used.

In this state of things, with red patchy congestion and inflammation, accompanied by a moderate amount of tension and induration—the latter features confined to the region of the chin—the affected face accompanied its owner to Switzerland in the month of September. The summer temperature was then, of course, declining, but the mid-portion of the day was still decidedly hot for the first fortnight or so. A very wide diurnal range then began to prevail, especially with the exposure to the varying altitudes of mountain and valley. At the same time, with the excitement and distractions of travelling, much less attention had been paid to the disease and its treatment. On the summit of the Rigi, where the thermometer sometimes falls as much as 50° or 60° F. during the course of an afternoon, meteorological influences commenced to produce their full effect. The indurated nodules on the chin ran together to form a continuous mass, spotted with oozing pustules corresponding to the hairs, so that the typical "fig-like" scab was soon developed, while the affected part was the seat of continuous burning pain, and acutely susceptible to heat and cold. Another very marked peculiarity was the effect of alcohol. The smallest quantity imbibed, even in the most diluted form, seemed to fly straight to the chin, and give rise to an unbearable feeling of tension and burning pain. In the state of desperation it induced, emollients were applied, but they aggravated the condition in every way. They obviously promoted the growth of the fungus, and exercised no ameliorating effect whatever on the symptoms. In a few days now the appearance of the chin was little better than that of an open cancer, and both the cheeks were œdematous all over, spotted with follicular pustules and scabs, but not so painfully tense and hot as the chin. At this stage the sufferer possessed himself of a neat pair of tweezers at the shop of a surgical instrument maker in Lucerne, and commenced the arduous process of epilation. The pain inflicted was terrible, for notwithstanding the suppuration and scabbing which had progressed so rapidly, the hairs—naturally very thick and stiff—were still firmly set. However, after removing the hairs from a very small patch, the tension—after a period of ten minutes or so had allowed the soreness to subside—fell, as if by magic, so far as the spot operated on was concerned. Such a result encouraged repeated efforts, and with each repetition of the ordeal the torture of epilation became less, so that in about eight or ten days the whole chin was deprived of its hirsute appendages. The cheeks then underwent the same process—more gradually. The tension never recurred, and the cure was probably as rapid as any that has hitherto been observed. A corrosive sublimate wash (two grains to the ounce) was used during the time, but no tangible effect appeared to be traceable to it. As the parts improved they were dusted with powdered potassium chlorate. Boracic acid was also used for the same purpose.

Very definite conclusions may, I think, be deduced from the case above described, and they do not appear to be by any means so familiar as they ought to be, even to the majority of cutaneous specialists:—1. The unity of the tinea fungus. 2. The pernicious effects of emollient applications. (3. The questionable utility of so-called parasitocides. I place this in parenthesis as it can hardly be called a "conclusion.") 4. The *all-sufficiency of thorough epilation*.

Dublin.

MANCHESTER MEDICO-ETHICAL ASSOCIATION. — The annual meeting was held at the Queen's Hotel on Friday, Jan. 31st. The reports of the committee and treasurer show that the Association is in a most flourishing condition. There is an increase in membership and funds. The following gentlemen were elected office-bearers for the year 1890:—President: A. Wahlruch, M.D. Vice-Presidents: W. Walter, M.D.; A. M. Edge, M.D.; J. F. Tatham, M.D.; and A. Hodgkinson, M.B. Treasurer: D. Lloyd Roberts, M.D., F.R.S. Edin. Secretaries: F. H. Collins, M.D., and F. M. Pierce, M.D. Committee: H. W. Boddy, M.D.; J. Broadbent, Esq.; H. A. G. Brooke, M.B.; J. S. Bury, M.D.; J. T. Faulkner, M.D.; J. Ferguson, Esq.; J. Foster, Esq.; A. H. Griffith, M.D.; A. Godson, M.D.; G. W. Mould, Esq.; J. A. Palanque, Esq.; and J. W. Watkin, M.D.