

less, and nauseated; tongue covered with thick, yellow fur; bowels torpid. Parotid swelling much less, but not gone. Ordered aperients and febrifuge mixture. In the evening was again sent for. No action of bowels; vomiting; very restless and excited; head hot; severe pain behind left side of frontal bone; pulse frequent, not hard. Ordered to push the aperient freely.

April 21st.—9.30 A.M.: Passed a most restless night, very little sleep; much delirium. Pulse 130; temperature 106°. No action of bowels. The delirium is not absolute and continuous, but consists rather of very rapid and incessant speaking; coherent when he is spoken to, but at once falling into incoherence when left alone. (I have frequently observed a precisely similar condition in this respect in cases of rheumatic fever, where the cerebral membranes have been attacked on retrocession of the disease from the joints, and generally with fatal result.) The headache is on the left side, and he complains of it aching very excruciatingly in one spot above the left eyebrow. Continue aperients; ice to head; bromide of potassium every four hours; sinapism to nape of neck.—3 P.M.: Sent for in haste. I was told he was suddenly, to all appearance, dying. Skin cold and clammy; countenance livid. When I arrived there was some reaction, and he gradually rallied.—7 P.M.: There is no improvement. Ordered an enema, which remained.—10.30 P.M.: My colleague, Dr. Crompton, saw the patient with me. Agreed in the diagnosis. Whilst we were in the house slight involuntary action of the bowels occurred, and for a short time he seemed more rational. Decided to continue the purgatives and bromide. Complained of loss of power and sensation in his extremities, especially the lower.

22nd.—9.30 A.M.: A night marked by much the same symptoms, though not quite so restless as the previous; still headache on left side, and mental confusion. Bowels have acted more freely. Pulse 100; temp. 103°.—2 P.M.: All the severe symptoms much ameliorated. The change was so marked and sudden that I was at a loss to account for it, except on the supposition that the free action of the bowels had worked almost a miracle. Seeing that he wished to speak privately to me, I asked the attendants to leave the room, when he told me that his left testicle was very painful and swollen. On examination I found it about the size of a hen's egg. On each of the previous days I had asked him if he had pain in the testicles, and he had said "No," and for this reason I had not thought it requisite to examine them. One of the attendants, in doing something about him this morning, noticed the swelling for the first time. The sudden engorgement of the testicle seemed the key to the sudden relief of the urgent head symptoms.

23rd.—9.30 A.M.: Apparently well, but weak. Pulse 92; temp. 99.4°. Testicle still enlarged. No local treatment; continue bromide.

The patient rapidly recovered general strength, and the swelling of testicle subsided in a few days, and in about a week he left for Scotland. In some five or six weeks, however, he suffered from vertigo and impaired memory, and so evident were these symptoms that medical men whom he consulted advised him that his brain would be long before it fully recovered from the shock received.

A brother of the above, aged sixteen, showed slight symptoms of mumps at the same time, which seemed to yield in the usual way without treatment. A fortnight after I was called to see him at home, with the disease well developed, and in his case the testicle swelled, and was painful; but he had neither head nor constitutional symptoms of moment.

In reviewing the history of the first of these cases, it seems to me more natural to conclude that there was primarily a retrocession of the engorgement from the capillaries of the parotid to those of the brain or its membranes rather than to coincide with Trousseau in his adoption of Morton's theory of a febris testicularis.

I am, Sir, your obedient servant,  
FRANCIS H. WALMSLEY,  
Surgeon to Salford Royal Hospital.

Manchester, August 6th, 1878.

### PIEDRA.

To the Editor of THE LANCET.

SIR,—The disease of the hair of the beard, described by Dr. Malley in THE LANCET of last week, does not appear to me certainly identical with the "piedra" described by M.

Desenne. From Dr. Malley's account it corresponds much more closely with an affection which I have met with, and observed with much interest, during the past year. But I differ from Dr. Malley as to the nature of the morbid condition. In the specimens I have examined the existence of a vegetable parasite, and its influence in producing the special appearances observed, seem as distinct and unmistakable as in tinea tonsens. I have been on the point of publishing an account of this curious affection for some time, but await the completion of woodcuts representing the naked-eye and microscopical appearances presented by the diseased hairs. I reserve any detailed account therefore at the moment, and merely state briefly the salient features of this parasitic invasion.

1. It is limited to the hair of the face, the scalp being free.

2. The part affected is the free extremity of the hair; the root and follicle are normal.

3. The knots are not hard like stone, nor are they multiple, as in the case of the piedra of Columbia, but enlargements formed by the splitting of the ends of the hairs in their broken extremities, the curling back of the opened fibres, and the adhesion to them of roe-like masses of sporules, round and refracting like those of ringworm, but smaller.

4. These sporules adhere to the cortex of the hair, encasing it completely where intact; but where the hairs are split up at the extremities the sporules may be seen in the interstices between the fibrils.

5. In the case under my care the disease was cured by the simple process of clipping off the affected hairs.

Your obedient servant,

London, August 27.

W. B. CHEADLE, M.D., F.R.C.P.

### To the Editor of THE LANCET.

SIR,—As it is of importance to collect as much clinical evidence as possible concerning a new disease—more particularly a parasitic disease of the skin—before it is accepted as a fact, I would venture to occupy a portion of your valuable space to describe two varieties of hair that have lately come under my observation.

Some months ago Dr. Guterrez, of Columbia, showed me a few hairs taken from the head of a native, and sent to him by post. At the extremity of each hair and at irregular intervals there were situated small hard nodules, looking like ova pediculi. They were quite fixed—that is to say, would not slip up and down; but their chief characteristic was intense hardness, making a noise on glass like sand or minute stones. Dr. Guterrez said in his country the disease was called "stones," which seemed an appropriate name. I asked for permission to examine the hairs microscopically, but could not do so, as they had been promised to another medical man for the same purpose.

Shortly after this Dr. Cheadle, of St. Mary's Hospital, sent me some hairs that had been removed from a gentleman's beard. These hairs showed nodules visible to the naked eye, situated at irregular intervals, perhaps three or four on each hair, but none near the roots. The hairs were short-broken off, leaving a brush-like extremity, very similar to the condition seen in ringworm. The nodules had all the appearance of those in the first case, but lacked the intense hardness.

The hairs were macerated in liquor potassæ for twenty-four hours, well washed in ether, and mounted in glycerine. At each nodule, as seen with Hartnack No. 8, the hair was split up into a dense network composed of intercellular substance, in the midst of which were mycelium and spores. The first idea was that the disease was ringworm, but as no fungus could be found at the root of the hair and none on the skin, and also the spores themselves were much smaller than those found in that disease, the theory seemed improbable.

I do not know if this is the same disease described by Prof. Kaposi, and mentioned by Dr. Malley in your last issue. If it is not, there are two diseases alike in all particulars except their causation; at all events, I do not think they are the same as piedra.

I am, Sir, truly yours,

MALCOLM A. MORRIS.

Montague-square, August 27th, 1878.