Tinea sycosis / by John Knott.

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JOHN KNOTT, M.A., M.D.DUBL., M.R.I.A.

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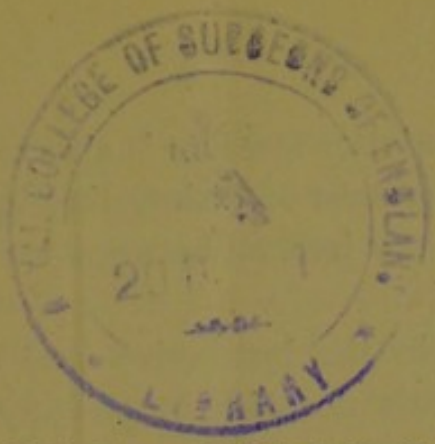

TINEA SYCOSIS.

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 gave rise to an unbearable feeling of tension and burning pain. In the state of desperation thus 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 potas-

sium 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 parasiticides. I place this in parenthesis as it can hardly be called a "conclusion.)

4. The *all-sufficiency of thorough epilation.*

Dublin.

LIST OF

CONTRIBUTIONS TO MEDICAL LITERATURE

BY

JOHN KNOTT, M.A., M.D. (Dubl.); M.R.I.A.

"AN ESSAY ON THE PATHOLOGY OF THE ŒSOPHAGUS" (the pathological prize essay).

"This interesting work has lain longer than it ought to have done on our table unnoticed. It is in itself a most creditable and instructive pathological essay; but that which makes it peculiarly creditable to its author is, that it is the work of a student preparing for his first examination, and 'haunted' as he playfully says, 'by the grisly shadows of the dreaded examiners rising ever and anon before his mind's eye.' A work written under such circumstances might fairly appeal, as our author's modesty does in fact cause him to appeal, to the reader's indulgence, to pass over many defects both of matter and manner; but, in truth, there is no need for any such indulgence. As far as the scope of the work extends, the author's success is much greater than that of many experienced surgeons.

"When MR. KNOTT'S interviews with the examiners have terminated, as we have no doubt they will, to their mutual satisfaction, we are confident that, as a practitioner, he will display the same vigour in searching for truth, and the same talent in its exposition, to which this book so honourably testifies in his student days; and we augur for him a bright future as a teacher of scientific pathology."—*British Medical Journal.*

"ON THE LIGAMENTUM TRANSVERSALE OCCIPITIS" (*Proceedings of the Royal Irish Academy*, 1879).

"ON MUSCULAR ANOMALIES" (*Journal of Anatomy and Physiology*, October, 1880).

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"As a Physiological text-book for Students preparing for Examination it will bear favourable comparison with any other work of similar size and price."—*Students' Journal*, May 27, 1882.

"Equally useful and suitable to the Student and to the working Practitioner. We most cordially recommend it."—*Medical Press.*

"As a storehouse of information, superior to any manual of its size we are acquainted with."—*Dublin Journal of Medical Science.*

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