

suppurative parotitis. This had been followed or accompanied with arthritis, the articular cartilages on the right side having been absorbed, and subsequent osteitis had caused fusion of the bones. On the left side the arthritis had been rather periarticular than inter-articular. The immobility thus produced had led to degeneration of the muscles acting on these parts, this being more extreme on the right side, where the whole process had been more severe. Along with the atrophy of the soft parts the lower jaw had undergone alteration, having become smaller, and the angles had disappeared just as we find in extreme old age.

In eating, the man must have crushed his solid food with his fingers, and packed it inside his lips, the food being then drawn into the buccal cavity by suction, or forced therein by the buccinator muscles, which were specially well developed.

Operation in this case would obviously have been futile, unless, indeed, the condyle, neck, and part of the ascending ramus on the right side had been removed early in the course of the disease, in which case some movement might have been retained in the left articulation.

V.—TWO CASES OF PRIMARY INFLAMMATION OF THE HAIR FOLLICLES OF THE LIMBS.

By J. LIDDELL, M.D., Physician to the Harrogate Royal Bath Hospital.

CASE I.—J. R., aged 53, warehouseman, was admitted to the Harrogate Royal Bath Hospital on May 26, 1892, suffering from a pustular eruption of his arms and legs, which had begun in July 1891. On admission, the skin on both legs, extending from the knees to the ankles, was uniformly inflamed, being of a purplish-red colour, infiltrated, glazed, and dry. The surface was irregular, due to numerous flattened papules. At the upper part of the leg were a score or so of small pustules, each pierced by a hair, and these spread upwards on each side of the patella to the thigh. The lower two-thirds of the leg were almost entirely denuded of hair. On the lower third of the thigh there were numerous pustules, each traversed by a hair. Extending upwards from this were inflamed hair follicles without pustulation, those follicles near the groin having merely a ring of congestion. On the forearm there were several small pustules similar to those on the leg. There was also infiltration and slight congestion of the skin, with brown pigmentation. There was a scarcity of hairs, especially on the central part of the arm. Microscopic examination showed no appearance of trichophyton fungus.

On each cheek, in the situation of the whisker, there was a depressed, shining, slightly reddened cicatrix, measuring $2\frac{1}{2}$ inches from above downwards by $1\frac{1}{2}$ inch across. This was bordered by a scanty fringe of hair. The patient stated that he had suffered for

several years, with intermission, from a pustular eruption of his cheeks, but that he had been free during the previous three years. It was surmised that he had suffered from an attack of lupoid sycosis. He denied having had syphilis. He was treated with the mineral waters and baths; also with an ointment of sulphur and ichthyol, and latterly with zinc glycerine jelly. Under this treatment the pustules and much of the infiltration disappeared.

On May 4, 1893, he was again admitted. On this occasion he had several pustules implicating the hair follicles which surrounded the cicatrices on the cheeks. There were also several crusts which on removal showed an inflamed and hard base. Examination of the legs showed the skin slightly pigmented, glazed, and hard to the touch. There were several linear cicatrices, measuring from $\frac{1}{2}$ to 1 inch in length. There was an almost entire absence of hair.

CASE II.—T. B., aged 38, was admitted to the Harrogate Royal Bath Hospital on April 13, 1893, with a pustular eruption of the face and arms. The chin and lower part of the cheeks had been affected for ten years, the arms for three years. The latter were studded with pustules, each penetrated by a hair, the skin being infiltrated, red, and scaly. He was treated with sulphur baths and waters, and the arms painted with zinc glycerine jelly. At the end of three weeks the arms were well. The face, however, proved very intractable.

Remarks.—It was concluded that these patients were suffering from sycosis. This disease occurring in any other part of the body than the face is very rare. Mr Hutchison¹ records a case where it extended over the body. Case I. is interesting, not only from the rarity of the situation of the disease, but also on account of the attack having resulted in extensive destruction of the hair follicles of the leg and in cicatrization, thus producing a condition similar to that caused by lupoid sycosis. It was seen on the second occasion upon which the patient came under observation that the disease on the face was undoubtedly lupoid sycosis.

VI.—CASE OF SUICIDE BY GUN-SHOT UNDER PECULIAR CIRCUMSTANCES.

By WALTER FREDERICK DE WATTEVILLE, M.B., Kingussie.

THE following case appears to me to present some features of interest from a medico-legal point of view.

On July 12, 1894, I was asked by the local police-sergeant to accompany him to M., where the dead body of T. F., shepherd, æt. 55, had been found in an attic bedroom. The report of a gun had been heard at 8 A.M., by the only other inmates of the house (two

¹ *Archives of Surgery*, vol. i., page 263.