

## SYCOSIS.

Sycoma has been defined as a warty excrescence and sycosis as the fig-wart disease.

While we now understand much more than that in this condition, the signature of the disease is still the warty growths. *The skin* is oily, greasy, and sallow, or of a peculiar waxy greenish hue. In extreme cases a general puffiness or doughiness may be found.

Blemishes on the skin are frequent, and may appear as little red polka dots or sycotic moles, spider spots, nævi, or brown patches.

Red moles are frequent on neck, chest, and trunk.

In sycosis, vesicular eruptions are characteristic, and may become pustular, as in herpes, impetigo, and vaccinia. Itching is usually absent in these cases.

Warts of all kinds and in all situations are typically sycotic. They may be pigmented, disseminated, unilateral or in groups.

*Tinea barbæ* and *tinea circumscripta*, the latter leading to bald spots on the scalp, are due to this miasm only. *Nails* are usually thick and ridged. *Perspiration* is frequently profuse, both day and night, on scalp, trunk, and genitals. The odour may be musty or fishy.

The perspiration does not relieve the patient. These patients are usually *chilly* and sensitive to cold and damp, but despite this fact, children frequently kick off all the covers at night.

*The mental states of sycosis* are related chiefly to meninges, hence convulsions and epileptiform seizures are common.

The patient is nervous, excitable, irritable, emotional, and easily startled by noises.

There is constantly a state of hypertension and over-anxiousness; fear of what may happen, also fear of being alone. Memory gradually fails, and there is confusion and forgetfulness.

These conditions are always worse before change of weather, or approach of thunderstorm, and are noticeably present with the pains. *Headaches* are frontal, occipital or on vertex, and are worse from barometric changes and moisture of atmosphere.

Heat does not always relieve the pain; motion frequently does.

*Special Senses.*—Eyes: Ophthalmia with profuse purulent greenish discharge may occur; also corneal ulcer and iritis. Ears: Otitis media of a chronic type with purulent discharge is often of sycotic origin. Nose: The nose shares in the general catarrhal state of the miasm, acute or chronic catarrh being practically constant. Acute coryza with sneezing and copious watery excoriating discharge is followed by, or replaced by, stuffy catarrh after the least exposure to cold.

*Digestive.*—Appetite is usually capricious, and frequently entirely absent in the morning.

Indigestion after food is a frequent complaint, and fruit in particular seems to upset some of these patients. With infants, even the mother's milk may upset, and one finds a new-born infant screaming and squirming, with the legs drawn up on the abdomen. This continues for hours unless relieved. Milk foods in general disagree with these infants, consequently feeding is very difficult. The *stomach pains* are crampy, colicky, paroxysmal, and are relieved by pressure, lying on the abdomen, motion, or rocking.

Vomiting may occur, and both the child and the vomitus smell sour.

The child does not want to be left alone, but wants to be carried or rocked.

*Diarrhœa* is one of the outstanding features of sycosis, and may follow trivial causes such as any indiscretion in diet or a wetting.

The *stool* is forcibly ejected with much pain and noise; smells sour, and is acid and corrosive. The colour and consistency are not characteristic, and may be watery, white, green, or yellow.

The type of *colic* is extremely severe, spasmodic, paroxysmal, and is relieved by hard pressure, such as bending over the back of a chair, and is accompanied by much restlessness.

J. H. Allen says appendicitis is largely dependent on the sycotic miasm.

Stitching pains, especially in rectum and vagina, may occur. Pruritus ani and vulvæ when present are very severe.

*Umbilicus* and *rectum* may be the site of ulceration with a thin watery discharge.

When *hæmorrhoids* are present, they are characterized by intense pruritus. The *urine*, like the stool, is so acrid that great care is necessary to prevent excoriation about the perineum.

Pain on passing urine may be so extreme as to cause children to scream.

*Kidney* involvement may be found in markedly sycotic cases, leading to dropsies, &c.

Sycosis characteristically affects the whole *pelvic cavity* leading to any or all of the following con-

ditions: metritis, para- and endo-metritis, salpingitis, ovaritis, &c.

This leads to extreme *dysmenorrhœa* with the type of pain already detailed under colic.

The flow may occur only with the pains, and is usually offensive, acrid, and excoriating. Typically, it contains large, dark, stringy clots. *Leucorrhœa* is also acrid, thin, scanty, and of a typical fishy odour.

One of the chief differences between psora and sycosis is here exemplified. Psora seldom produces pathological states, being more functional in its effects, while sycosis is rapid in action and produces pathological results more rapidly even than syphilis.

*The extremities* exemplify the tendency of the miasm to affect fibrous tissue. Shooting and tearing pains occur in the muscles and joints of the extremities, accompanied by stiffness and soreness, especially lameness. Small joints are frequently selected, such as the finger joints, the forefinger being a common seat of election.

The soles of the feet are painful and tender, and the patient may complain of the sensation of walking on cobbles. These pains are worse from rest as the affected parts stiffen up, so that while the pains are relieved by motion they are very much aggravated on beginning to move. These pains, like most other sycotic conditions, are worse from cold, barometric changes, especially damp, and better in dry fair weather and from motion. They may be worse at night or in the morning. The general restlessness of the miasm is seen particularly in the feet, and may even be exaggerated to choreiform movements.

Chronic joint inflammation is never grossly deforming, as it attacks the fibrous tissues in and around the joints. In pursuance of this tendency to affect fibrous tissue, nerve sheaths and muscle tendons may be affected.

In acute articular rheumatism the joints are swollen, blue and sensitive, and the inflammation may move from joint to joint.

*The respiratory tract* is much involved in the general catarrhal state of mucous membranes, which show a typical patchy bluish congestion. The whole tract is frequently involved, nasal catarrh being followed by bronchitis, accompanied by a hard, dry, racking cough. Bronchopneumonia is a frequent and typical complaint.

*Asthma* is a purely sycotic manifestation, especially

the humid type which is hereditary. There is prolonged teasing cough with little expectoration, which may be clear mucus or ropy. Time aggravation of asthma and cough is frequently 2 to 3 a.m.

*Endo- and peri-cardium* may be involved and lead to sudden death, with no pain and few symptoms. Pain may be present in the scapular and præcordial regions.

There is one other disease which is capable of attacking all these tissues susceptible to attack under sycosis, and that disease is *influenza*, which is one of the outstanding sycotic affections.

In sycosis, in contrast to the tubercular diathesis, there is an increase in the amount of chalk deposited which leads to nodules round joints and in muscle sheaths.

With the general outline of sycosis let us compare the manifestation of the *syphilitic miasm*. The dictionary defines syphilis as a chronic infectious venereal disease which may be hereditary, but describes also syphilis insontium as non-venereal syphilis.

Kent, in his lesser writings, says of syphilis: "It is not in my department to give you its history or its diagnostic relations, but only to consider it as a miasm" (L. R., . 367).

In its miasmatic manifestations let us now consider