Symmetrical partial detachment of nails from matrices.

extent of detachment of each nail is closely imitated by that of its fellow.

The cause of the lesion is quite obscure. The patient is, and always has been, a healthy woman with a good personal and family history. She has not been pregnant. She has never suffered from syphilis, congenital or acquired, and has taken no mercury. There is no account of any symmetrical vasomotor disturbance suggestive of Raynaud's disease.

A FORM OF NEURALGIA OCCURRING IN CYCLISTS.

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DURING the last few months I have been called upon to deal with a number of cases of neuralgia occurring in persons addicted to the use of the bicycle; and in view of the largely increasing population who pass a by no means small portion of their lives astride of one of the so-called safety machines, it occurred to me that it might be worth while to direct attention to instances of ailments—in some cases severe ailments—caused by this popular means of locomotion.

In July last I was consulted by a young man who complained of sickening pain in both testicles. Upon examining the skin of the scrotum it was found to be unusually sensitive, and the testicles themselves, together with the perineum, were extremely tender. All the symptoms had come on after a long ride, during which he had attempted to break records of high speed. This patient had ridden at intervals for some years, but had only lately attempted the higher flights, or rather more rapid rides of the cyclist which are now in vogue.

I should not have attached much importance to the case had it not been followed in quick succession by others of a like nature. As the symptoms in each instance had a general resemblance, it dawned upon me that I was face to face with a new disorder, which for want of a better name I at the time dubbed cyclist's neurosis, and began to note more closely the conditions under which it arose. A fresh instance in the person of a "champion" wheelman—a man who has won many races and broken many records—gave me the opportunity. His complaints were of scrotal and testicular pain, as in the other cases; in addition the skin on the inner side of both thighs was so sensitive that he could hardly bear his clothes to rest upon them. This man had a day before performed a

feat which had called for prolonged riding at a high speed. He, at my request, showed me his attitude whilst racing. Beneath the skin of the perineum were slight extravasations of blood as evidence of signs of pressure.

A man, aged 40, next claimed my attention, and his complaint was that, after a couple of hours' ordinary riding, the penis became insensitive, and he could pinch the skin hard and feel no pain, whilst the glans had lost its normal sensation. He had once suffered from retention of urine after a prolonged journey. The anaesthesia in this case passed off three or four hours after the saddle was quitted, but returned again several times, and on the last occasion he sought advice.

These cases—eight or nine in number—are, I think, sufficient to show that there is an injurious pressure brought to bear upon the nerves of the perineum by cycling under certain conditions. Whilst thousands ride immune, a small percentage will suffer in the way I have related, and a preventive is called for.

That the pain thus caused is no trivial discomfort is proved by the fact that one of my patients was laid up for over a month, part of that time in bed and hardly able to move. This, of course, may be said to be exceptional, and I should not like to think otherwise, but I can quite understand how such a condition might become permanent or relapsing as in other well-known forms of neuralgia.

So far I have spoken only of the sufferings occurring in men, but I have also had to deal with lesions arising in the female votaries of the wheel. Some three or four ladies have complained of pain at the anus and the skin round about. In one instance defaecation caused great distress, although there was nothing visible in the way of piles or fissure to account for such suffering.

The cause of the complaint in all the cases I have mentioned being obvious, the treatment consisted in its removal, and when necessary the application of local sedatives to the affected area; in two cases when the pain was excessive opium was needed. All ultimately recovered, and most of them have again resumed their favorite occupation, but under improved conditions, that is, altered saddles. I do not advocate the claims of any patented saddle; I say only that if a saddle causes neuralgia it is a bad one, and from what I have seen a well-fitting saddle is as difficult to get as a well-fitting boot. I have no doubt that there are many who have ridden for years and escaped, so far, from the annoyance—to use no stronger word—that I have described, but since I have made inquiries amongst my friends I find that many could add a case or two of this painful affection.