A REPORT ON SEVEN HUNDRED CONSECUTIVE CASES
OF *TINEA CAPITIS*.

By H. M. SCOTT, M.R.C.S., L.R.C.P.,

Clinical Assistant in the Skin-Department of the London Hospital.

The following observations were made in a series of seven hundred cases of scalp ringworm seen in the Dermatological Clinic at the London Hospital. As the majority of the patients were attending the elementary schools of the districts around the hospital, the proportion of the various forms of tinea observed may be taken to represent, with some accuracy, the distribution of the ringworm parasites in the school-children of London. The hair was examined microscopically in every case and the fungus demonstrated. Owing to the large amount of work in the Department it was found impossible to make cultures with any approach to regularity and the varieties of microsporon and endothrix have been grouped together.

Variety of fungus.—Of the 700 cases, 628 were cases of microsporon ringworm and 72 were cases of endothrix, respectively 89·8 and 10·2 per cent.

Sex.—405 of the 700 patients were boys and 295 girls, respectively 57·8 and 42·2 per cent. There was some difference in the sex proportion in the two varieties, the microsporon being relatively more common in the boys.

	Males.	Females.	Total.
Microsporon cases	366	262	628
Per cent.	58·3	41·7	
Endothrix cases	39	33	72
Per cent.	54·2	45·8	

The difficulty in recognising the presence of tinea in girls with their longer hair may account for some of this discrepancy, but in view of the fact that the children are now carefully and systematically examined in the schools, it would appear that there is a somewhat greater prevalence of the affection in boys.

Age.—The most common ages at which the children were brought to the hospital were the sixth, seventh and eighth years. There was a steady increase in the number of patients up to these ages and an equally steady decline afterwards. The following table shows the ages.

Age of patients in years when admitted for treatment.	3	4	5	6	7	8	9	10	11	12	13	14	Age not recorded.
Number of patients under respective ages affected with microsporon . . .	26	48	83	100	97	87	60	41	35	22	9	5	18
Number of patients under respective ages affected with endothrix . . .	1	2	4	7	9	14	14	6	3	3	3	0	3
The above-mentioned patients together—microsporon and endothrix . .	27	50	87	107	106	101	74	47	38	25	12	5	21

The duration of the disease in the cases attending the hospital varied. In most cases it had only been noticed in the routine examination of the children; in others we were informed that the affection had been present for a couple of years, and in two cases for five years.

The treatment has been by the X-rays, written consent from the parents or guardians being first obtained. As a routine measure the whole of the scalp was treated, the five-exposure method of Kienbock, as modified by Dr. Adamson, being employed. In a very few cases a single area was treated, this being covered with collodion to prevent infection of the surrounding parts. It may be of interest to mention that nearly three thousand cases of *Tinea capitis* have been treated by the X-rays in this clinic by this method without a single case of permanent alopecia.

The after-treatment of cases subjected to the X-rays consisted in regular washing once a week until the hair began to fall, and then the washing was continued every day, the dilute ammoniated mercury ointment or the dilute nitrate of mercury ointment being applied after washing.

In some cases of kerion the X-ray treatment was postponed until the parts had been well fomented with boric acid lint wrung out in hot water.

In a few cases, where the exposure had not effected a complete epilation, a second treatment was given, but not until at least one month had elapsed from the date of the first exposure.

Favus.—It is interesting to note that during the period of the observations above recorded ten cases of favus were seen. These were all in children of foreign origin, and most of them had

recently arrived in this country. The closing of the favus school, which formerly took all these cases, has led to a greater number of favus cases coming to the clinic. The treatment was on the same lines as that used in the cases of tinea.

CLINICAL NOTE.

ON ICHTHYOSIS HYSTRIX.

By GEORGE PERNET, M.D.

THE case of Ichthyosis hystrix referred to by Dr. Bunch in his paper in the September number of the Journal (pp. 275-276, Fig. 2 of Plate) appears to be the same case that was brought before the Dermatological Society of London by the late Radcliffe-Crocker in November, 1900 (*vide Brit. Journ. Derm.*, vol. xiii, 1901, p. 12), and described as follows: ". . . a case of Ichthyosis hystrix in streaks occupying the greater part of the anterior and internal aspect of the left thigh, roughly corresponding with the crural branch of the genito-crural and internal cutaneous nerve domains. The growths were raised a finger's breadth or more above the surface with thick black crusts over them; in the less raised portions the horny crusts were broken up into quadrillations, and when these were detached a very slightly raised purplish vascular surface was left. The patient applied because the middle portion had become inflamed, and was suppurating with an offensive discharge. She had had the lesions from infancy, and although they have increased in thickness and prominence, they have not extended over a larger surface." Subsequently, I (not Dr. Radcliffe-Crocker) removed what I could under an anæsthetic. I curetted with a large sharp spoon, using it vigorously and thoroughly, and then I applied the Paquelin cautery at a dull red heat to the denuded and bleeding areas. A wet sal alembroth dressing was applied. The patient was seen subsequently at the time and appeared to be doing well; then I lost sight of her.

It is interesting to note that notwithstanding the vigorous sharp spooning, etc., the horny projections recurred, but looking at the photograph supplied by Dr. Bunch in his paper some areas appear to