week, and included 20 which were referred to the principal zymotic diseases, against 26 in each of the previous two weeks; 16 resulted from whooping-cough, two from "fever" (typhus, enteric, or simple), 1 from measles, 1 from scarlet fever, and not one either from small-pox, diphtheria, or diarrhoea. These 20 deaths were equal to an annual rate of 3.0 per 1000; the rate from the same diseases last week did not exceed 2.7 in London and 1.2 in Edinburgh. The fatal cases of whooping-cough, which had declined in the preceding five weeks from 19 to 10, rose again last week to 16. The deaths from "fever," on the other hand, declined to 2 last week from 6 and 14 in the previous two weeks. Two inquest cases and 3 deaths from violence were registered; and 50, or nearly a quarter of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons showed a considerable decline from the numbers in the previous week. The causes of 37, or more than 17 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Brigade Surgeon Charles Hamilton Harvey, M.D., is granted retired pay, with the honorary rank of Deputy Surgeon-General. The under-mentioned Surgeons on probation to be Surgeons:—Michael Thomas Yarr, Langton Philip Mumby, M.B., Charles Henderson Melville, M.B., Bernard Langley Mills, M.B., Hugh Rayner, M.B., Richard Edward Genge, George Schuyler Cardew, M.B., Charles Alan Renny, M.B., Herman Thiele, M.B., Horace Cocks, M.B., James Barnett Wilson, M.D., William John Lee, John Greer Black, M.D., John Kearney, M.D., Frank William Hennessy, M.B., Francis Albert Saw, M.B., Whitley Bland Stokes, M.B., Frederick William George Hall, M.B., Arthur Kennedy, George Scott Tate, M.D., Henry William Martindale Kendall, Henry Percival George Elkington, Robert Charles Gordon Dill, John Blacker Whitla Buchanan, M.B., Frederick Thomas Skerrett, Henry Mackenzie Adamson, M.B., Herbert Murray Ramsay, Tudor Germain Lavie, James Rose, Robert Hippisley Cox, Harry Herbert Brown, M.B., Thomas Herbert Corkery, Edward Hawke Locker, Warren Rolond Davies Crooke, M.D., Walter Perfect Squire, Charles Lawrence Walsh, James J. O'Donnell, M.B., Stanley John Wallace Hayman, and Julian Philip Swindell Hayes.

INDIA OFFICE.—The Queen has approved of the retirement from H.M. Indian Forces of the following officers:—Brigade-Surgeon G. Alder Watson, Bengal Medical Establishment; Brigade-Surgeon C. Robertson, M.D., Madras Medical Establishment; Surgeon-Major Henry Atkins, Bombay Medical Establishment.

The following officers are granted a step of honorary rank on retirement: Brigade-Surgeon Thomas Beaumont, M.D., and Brigade-Surgeon Charles Robertson, M.D., both of the Madras Medical Establishment, to be Deputy Surgeons-General. Surgeon-Major Malcolm Munro Mackenzie and Surgeon-Major Henry Atkins, both of the Bombay Medical Establishment, to be Brigade Surgeons.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon Henry Madders, M.D., to the *Emerald*; Staff Surgeon John K. Conway, M.D., to the *Liffey*; Staff Surgeon William B. Drew, to the *Himalaya*; Surgeon J. C. Dow, to the *Himalaya*; and Surgeons F. W. Stericker, J. F. Bate, W. F. Pryn, G. E. Kennedy, J. Barry, A. J. Pickthorne, E. A. Spiller, J. Andrews, E. Apthorp, H. J. Hadden, J. J. McDonnell, J. G. Webb, V. G. Thorpe, M. H. Atock, G. W. Meaden, J. H. Dawe, to the *Duke of Wellington*, for service at Haslar Hospital.

Amongst the officers who left Portsmouth in the *Malabar* for India on the 24th inst. were Surgeon Thompson, Bombay Medical Staff; and Surgeons Munders, Butterworth, and Baylor, Medical Staff.

MILITIA MEDICAL STAFF.—9th Battalion, the Rifle Brigade (the Prince Consort's Own): Surgeon Robert Vandeleur Kelly to be Surgeon-Major.

RIFLE VOLUNTEERS.—2nd Volunteer Battalion, the Royal Welsh Fusiliers: Thomas Evans Jones, Gent., to be Acting Surgeon.—3rd Durham (the Sunderland): Acting Surgeon Charles Henry Welford, M.D., resigns his appointment.—2nd Volunteer Battalion, the Prince Albert's (Somersetshire Light Infantry): Acting Surgeon Rowland Hill West resigns his appointment.

Correspondence.

"Audi alteram partem."

RINGWORM OF THE HEAD AND ITS TREATMENT.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 20th a "Portuguese" (?) treatment of ringworm is mentioned, and it is suggested that ringworm of the most obstinate character may be cured in ten days by using turpentine and iodine. As this notice may lead some to think this is a new way of treating this most troublesome complaint, I may remind such that it is an old treatment, and has been fully described.

So many treatments have been suggested—almost as specifics—for this disease within the last few years, that one is tempted to inquire whether their authors really know when this complaint is absolutely cured. From my own personal knowledge I know that many medical men both consider and certify ringworm to be cured when it is in a contagious state, and that we are fully justified in doubting whether many of the so-called "cured" cases are not in the condition I have so often called attention to before—viz., cases which have been treated until perhaps some new hair has made its appearance, but in which diseased, broken-off hairs are easily to be detected with a lens. I do not speak at random, but with the fullest experience and knowledge of the facts which warrant such a statement, when I say that there is not the least doubt that children are constantly sent back to school, even with a medical certificate stating the ringworm is cured, when the disease is in a most chronic, and certainly in a highly contagious, state. Many will hardly credit the number of children that are brought under my notice for admission into Christ's Hospital and into other schools, both public and private, who have had certificates given to them by medical men—often of the highest professional standing—that they are free from contagion, and who still have ordinary ringworm in its most common and chronic form. Even this year I have seen at least twenty such certified cases, and know that the principals of some schools have grievously suffered from these errors.

It is a very easy matter to decide whether a case of ringworm be cured or not (if sufficient time be given to the examination of the head), by the presence or absence of short, fragile, broken-off hairs, called stumps; and I cannot do better than quote the definition now adopted by the Medical Officers of Schools Association, and published by them in their "Code," in reference to this matter: "When may a pupil who has had ringworm rejoin a school?—When, the whole scalp having been examined in a good light, and any suspicious spot scrutinised with a lens, no broken-off stumpy hairs (which give evidence of the ringworm fungus when carefully examined under the microscope) are to be detected. It is sometimes considered that ringworm is cured when the hair commences to grow on the diseased places, but this is a mistake, for it frequently happens that diseased broken-off hairs remain, and the disease may thus exist for months or years. It is often very difficult to detect the short stumps which protude only a sixteenth or an eighth of an inch, and it is quite useless to examine short cut-off healthy hairs from a suspicious spot under the microscope for the ringworm fungus."

What I wish the profession to realise is that when remedies are said to cure obstinate ringworm in a week or two there must be a mistake somewhere; either the case was not one of tinea tonsurans at all, or else the disease cannot have been cured in such a short space of time, except by the application of strong caustics, which would cause scars, or by the production of kerion by croton oil or other means. It is impossible for the diseased stumps to be got out of the follicles and for new hair to grow from them in less than from six to twelve weeks. As a rule, lotions or ointments have to be assiduously applied for months before the case is quite well; and unless kerion has been set up it is not justifiable to certify a patch of ringworm to be cured until new hair has replaced the diseased stumps, for it is easy for these to be rubbed down on a level with the skin, and for the place to appear well to an unpractised eye. Diseased stumps do not suddenly grow up into healthy hairs, but they come out and are replaced by fine new downy

hairs; and even when these appear, it by no means proves the case to be cured, as there are generally a few diseased stumps left, which can easily be seen with a lens, their removal being most difficult, and sometimes impossible for months. Therefore, although most of the hair may be growing firmly and freely over a patch of ringworm, this alone does not prove the case to be cured.

With regard to the treatment by turpentine and iodine, though certainly a good one, yet I believe it will fail in the majority of obstinate cases. The plain truth is that there is no known remedy that is sure to eradicate any given case of ringworm, even after months of treatment; and sometimes children will have this complaint for years, though every means be taken to remove it. Oleate of copper and mercury, and all other remedies, often fail, in spite of what has been written to the contrary.

I am, Sir, yours obediently,

ALDER SMITH, M.B., F.R.C.S.,

Medical Officer to Christ's Hospital.

Feb. 24th, 1886.

HOME v. HOSPITAL TREATMENT OF INFECTIOUS DISEASES.

To the Editor of THE LANCET.

SIR,—On January 23rd you drew attention in an annotation to the section of my Report on the Sanitary Condition of Bradford dealing with the above important subject. For reasons which will appear pretty obvious, I have given in my reports to the Town Council the rates, and not the actual numbers, upon which I founded my opinion that in Bradford the proportion of recoveries among those treated in

ceeding year the advantage has been very much on the side of the hospital. These particulars will be seen at a glance in the table given below.

The explanation which you suggest of these facts—viz., that the home-rate is increased by the suppression of notification of mild cases—is, I think, not warranted. So far as concerns notifications sent by medical men I am perfectly satisfied it is erroneous. I have every reason to believe that every member of the profession continues loyally to carry out the anxious and troublesome duties cast on him by the Act requiring notification. It would be expecting greater certainty than prevails in any human affairs to expect that no case unattended by a medical man ever escaped notification. There may be some few which do, I think there are not many. But even allowing for such cases, the difference between the hospital rate and the home rate is so great that it cannot reasonably be thus accounted for. The latter is pretty nearly double the hospital rate for both scarlet fever and typhoid. With regard to the character of the cases sent into the hospital, some are sent in because they are very severe, others are kept at home for the same reason—viz., that they are too ill to be moved. Again, some cases may be sent into hospital which are exceedingly mild and only need isolation; but for the same reason many mild cases are treated at home because of the slight character of the symptoms. I am informed by Dr. S. Evans, the resident physician at the Fever Hospital, that if the severe cases sent to the hospital which die within twenty-four or forty-eight hours of being received there were deducted from the hospital figures the result would be to show a very great reduction in the hospital rate. Such cases can hardly be said to have undergone treatment at the hospital at all,

TABLE SHOWING THE MORTALITY PER 100 CASES FROM SCARLET FEVER AND TYPHOID FEVER IN BRADFORD, WHEN TREATED IN THE HOSPITAL AND WHEN TREATED AT HOME.

Year.	DEATH-RATE PER 100 CASES.					
	SCARLET FEVER.			TYPHOID FEVER.		
	Treated at home.	Treated in hospital.	All cases.	Treated at home.	Treated in hospital.	All cases.
1882	18·4	14·5	13·9	13·0	17·3	15·2
1883	15·8	7·3	10·3	32·6	14·2	22·1
1884	9·1	4·2	6·7	29·6	18·5	24·5
1885	8·3	3·9	5·9	42·1	6·3	19·80
Mean 4 years	11·7	6·82	8·95	27·7	14·1	20·44

hospital for certain infectious diseases is very much greater than among those treated at home. As you expressed a desire to have fuller information on the subject, I have much pleasure in laying the details before your readers.

As the compulsory notification of infectious disease has been in operation here over four years, already a considerable number of cases have been recorded on which to form an opinion. During 1882, 1883, 1884, and 1885 there have been 758 cases of typhoid fever and 2032 cases of scarlet fever. (I deal with these two as by far the most important diseases, the case of other diseases notified having been much too few to be of value for drawing any reliable conclusion from.) Of the cases of typhoid fever, 404 were treated in the hospital and 354 at home; the deaths among the former numbered 57, and among the latter 98, giving a death-rate of 14·10 per cent. for the cases treated in hospital, and of 27·68 for those treated at home. Of the 2032 cases of scarlet fever, 1143 were treated in the hospital (during the same period), and 889 at home; of the former, 78 died, and of the latter 104, giving respective rates of 6·82 per cent. deaths for the cases of scarlet fever treated in hospital, and of 11·69 for those treated at home; the number of cases of these two diseases dealt with is considerable, indeed very much larger than that frequently regarded as sufficient for using as the grounds for an opinion as to success in therapeutics, whether medical or surgical, and the numbers compared treated in hospital and at home are not markedly different. The period embraced—four years—is also one of considerable duration. In the case of scarlet fever the lower rate prevailed every year in the hospital; the rate for typhoid was a little higher in the hospital for the first year (1882), but during each suc-

although they increase the death-rate recorded in the institution, and lower the proportion of deaths at home. I think, indeed, the explanation of the more favourable returns from the hospital is not far to seek. Perhaps 97 per cent. of the cases occur among the poorer class, fully 96 are distinctly of this class, and of these a large proportion are of the poorest class. There is no doubt excellent professional skill available for their treatment at home; but of what use can this be in small crowded rooms, where fresh air, were it available, is not admitted, situated as workmen's houses usually are, and without the skilled nursing, constant care and supervision, and abundant and suitable dietary which the hospital can provide? If the acute stage of the fever be tidied over, there remain the difficulties attending convalescence, which are not small in the case of the two diseases I refer to. But these are only matters of opinion. I have given the facts as fully as possible, so that your readers may judge whether my strong advocacy of hospital treatment in this town is well founded or not.

I am, Sir, your obedient servant,
Town Hall, Bradford, Feb. 8th, 1886. T. WHITESIDE HIME.

ENTERIC FEVER.

To the Editor of THE LANCET.

SIR,—After reading the interesting discussion at the Royal Medical and Chirurgical Society on Enteric Fever at Suakim (THE LANCET, Feb. 13th), I thought that a few notes gained from my experience in South African warfare might not be unacceptable; the subject can be read more in detail at page