

*Ringworm, its diagnosis and treatment.* BY ALDER SMITH, M.B. Lond., F.R.C.S. *Resident Medical Officer, Christ's Church Hospital, London.* LONDON: H. K. LEWIS, 136, Gower Street.

*Second Edition.*

The first edition of this work was published in November 1880, and the fact that the issue of a second edition has been found necessary in March 1882, is the best possible evidence of its appreciation by the profession. The author has had ample opportunities of studying the disease of which he writes, and it is quite evident that he has turned these to good advantage. The work is a thoroughly practical one, and bears evidence on every page that the author has himself observed what he describes, whether he writes of the symptoms and phenomena of the disease or the results of treatment. The importance of accurately recognising ringworm is very properly strongly pressed, and the means of doing so in its various forms and stages are clearly indicated.

The contagious character of the affection and the circumstance that children at the age when they are sent to school are most liable to it, render it specially desirable that the earliest manifestations of it should be recognised, and that no doubt should exist on the question whether or not a cure has been accomplished. On both these points detailed information is given which ought to prevent the practitioner from allowing a child with incipient or uncured ringworm to be sent to school.

The use of the lens and microscope in making an exact diagnosis is rendered very apparent, and with the aid of the five plates which illustrate the book no mistake in diagnosis should be possible. The value of "stumps" in guiding to a diagnosis is insisted on, and, indeed, the art of diagnosis in this case turns mostly upon searching for and discovering these. Ringworm is held to depend upon a fungus, and its successful treatment to consist in the destruction of this microphyte. What the botanical place of the plant is, and whether it is specific and whether its growth is not preceded by some special condition of the skin and hair follicles which afford it a suitable soil are points on which the author does not dogmatise. His practice would indicate that he considers the fungus to be the *fons et origo mali* though he does not neglect constitutional conditions and remedies. These however occupy a very subordinate place in the book. The directions for treatment are most minute and appropriate. Measures are indicated for every phase and period of the disease whether recent or chronic, whether the skin is irritable, inflamed or quiescent, whether the affection is limited to a few spots or disseminated over a large surface, whether it is situated on the scalp or elsewhere. It would be beyond the province of a review to catalogue or summarise the measures recommended, more especially as their success depends on the manner in which they are applied, regarding which minute instructions are given. Suffice it to say that the list of remedies is a long one; that the most recent and approved agents of treatment, *e. g.* chrysarobine, oleate of mercury and croton oil are fully discussed, and that the author's experience of the efficiency of the various plans and drugs described is frankly stated.

Directions are given regarding the hygienic management of ringworm in schools, and some sensible observations recorded on the subject of certificates. After a careful perusal of the book, we are satisfied that a better treatise on ringworm does not exist in the English language, and that any one looking for sound information on the recognition and management of the disease, by reference to this book, will find it.

## Correspondence.

### ERRATUM.

*To the Editor of the "Indian Medical Gazette."*

SIR,—With reference to my "remarks" which appeared in your paper for July last on "Nitrogenous waste in the blood and its probable use," I wish to correct the following errors which crept into the text: in line eight (first column) of the

para. commencing with the words "I cannot agree," for "blood" read "urine," and in line fifteen from bottom of second column, for "nitrogenous" read "carbonaceous."

I am, Sir,

Yours most faithfully,  
GOPAL CHANDER CHATTERJEE, M. B.,  
*Assistant-Surgeon.*

*Durbbunga, 13th August 1882.*

### CARBOLIC ACID IN CHOLERA.

*To the Editor of the "Indian Medical Gazette."*

SIR,—For some time I have been treating the collapse stage of cholera with carbolic acid with encouraging results. The formula used is, Carbolic acid 100 minims, Glycerine fl. ʒiv., water fl. ʒiss, mix; 10 minims for a dose, repeated every ½ hour till reaction sets in. As soon as I have tried the line of treatment in a sufficient number of cases, I shall publish the results. In the meanwhile I beg that other members of the profession, who may have the opportunity, will give carbolic acid a trial. As yet no symptoms indicative of the poisonous effects of the acid have come to notice: perhaps the new agent, Phenyle, which is non-irritating, will be useful where carbolic acid cannot be used.

Yours obediently.

G. D. McREDDIE, M. D.,

*Civil Surgeon.*

*Pertabgurh, 15th September 1882.*

### DIAGNOSIS WANTED.

*To the Editor of the "Indian Medical Gazette."*

DEAR SIR,—Will you kindly ask if any of your numerous readers can give the under written case a name. I was called in consultation to see an engine driver, an European, about 28 or 30 years of age, apparently in robust health. His history is, about 2 years ago he had a collision and was severely hurt in the head, and suffered from headache and fever, he says, for about seven months, and then quite recovered his former health and strength. He is a sober, steady man, married, and there is no history whatever of syphilis; but for the last six months, about once in a month or six weeks, he feels a chill, then fever for some 2 or 3 hours, and then his scrotum, equally on both sides, gradually but rapidly distends, to the size of a small cocoanut, and a watery fluid exudes in large quantity; by quantity is meant, that when he sits a pool forms under him, and a pint may be caught in a short time. This will last for one, two or three days, and stop as suddenly as it came on. I was shown a wineglassful of this fluid, which was of a yellowish tinge, and had separated into two portions, a thick and heavier at the bottom of the glass, and a clear and lighter at the top. I saw the case immediately after the flow had stopped, after one day's continuance, the scrotum was a little swollen and soddened, but did not present any eruption, scale or inflammatory blush, and I was told no scale ever formed, nor was any vesicular eruption ever noticed, nor is the part painful, and only a feeling of distension is experienced. I examined the spermatic cords and groins, but could not detect any enlargement of the inguinal rings, or canal, nor thickening of the cords. During the intervals of these attacks he has good health, is steadily at work, and very fond of horse exercise; but while the attacks last he is obliged to lay up from this constant flow. He has been under treatment elsewhere, but derived no benefit in arresting this drain. He states that after the precursory fever, and even while the dripping continues, he does not feel unwell or weak, but only the great discomfort of being constantly wet.

Yours truly,

P. CULLEN, M. D. ENG.,  
*Surgeon-Major,*  
*Civil Surgeon, Nimar.*

*Khundwa, 26th August, 1882.*

[Is the case one of elephantoid or filarial fever?—ED., I M G.]