

tions, with herpes zoster, etc., and was called herpes capitis, or tonsurae, that of the body, herpes circinatus. Most English dermatologists up to the middle of the last century held that ringworm was not contagious, because no other form of herpes was, and it was not inoculable. Casenave held strongly that *H. circinatus* was contagious, but did not know it was caused by a vegetable parasite. Andrew Paul, who published in 1838 an essay on ringworm, with plates, quaintly says in his preface that "he has added some plates containing representations from nature that those who have not leisure to read the book through may, however, by looking over them, have some knowledge of what it contains." Mr. Paul's work gives one an idea of the extent of the information on the subject which existed at that time. The nomenclature is most confused, for under Ringworm are figured herpes zoster, herpes iris, herpes circinatus or vesicular ringworm, herpes labialis; porrigo favosa (well illustrated), porrigo decalvans (alopecia areata), porrigo aparsa (favus), porrigo annulata (probably lupus erythematosus) and another in the head, probably true ringworm. And again impetigo figurata, probably impetigo contagiosa. There is also a good representation of a pediculus, which is said to attack the heads of children affected with ringworm. He holds ringworm is highly contagious, but is influenced by unhealthy secretion of milk, impure air, teething and surfeit. He looks on the disease as at first local, but afterwards becoming constitutional, as evidenced by the enlargement of the glands of the neck. Pediculi capitis, favus, herpes, scabies and seborrhoea are all confused with ringworm. The itch insect and pediculi are spoken of indifferently as one and the same, and he describes how the galley slaves at Leghorn are very dextrous with pin and needle in extracting them from the skin.

This book gives one a very good idea of the confusion which then existed as to the nature of the various diseases which attack the scalp, and the great ignorance which there was before the discovery of the ringworm fungus by Gruby in 1843.

*Tinea Sycosis Barbae* had been described by Celsus and later by Galen, but Bateman is the first to give a good description of sycosis. He treats it with mercurial ointments, but at the same time prescribes alternative doses of mercury and antimony followed by cinchona or serpentaria, "especially where there appears any affection of the digestive organs, which not infrequently occurs with this eruption." Most of the writers of the early part of last century confuse ringworm with sycosis, and many later on describe this disease as caused by a vegetable parasite. Even as recently as the time of the great Hebra sycosis was supposed to arise from a morbid principle in the blood. Some said it was apt to occur in cooks, foundrymen, stokers and others