of the $C_7$ to $C_{11}$ saturated fatty acids in sebum. (Davis et al., 1970).

Prognosis of Tinea Capitis :

In general the tendency towards spontaneous cure after puberty applies to almost all types of tinea capitis but according to Destrovsky (1955) the percentage of cases in which the infection may persist after puberty is more in cases of T. violaceum than in other types of ringworm infections. Furthermore this tendency for spontaneous cure after puberty is less marked in cases of favus which might even be seen for the first time after this age (Hildick-Smith et al., 1964). Although it is generally accepted that spontaneous of non inflammatory cases is possibly associated with the physiologic changes of pubertal age, yet some authors (Kligman et al., 1950) believe that such infections may undergo spontaneous healing some years before or some years after this age. To their beilief; this tendency is rather due to the self limiting course of tinea capitis rather than to host factors at puberty. This tendency is greatest with

M. canis infection, slight with T. tonsurans and least evident in infections due to T. violaceum (Donald 1958, 1959).

The general acceptance of the favourable effects of puberty has been explained by the fungistatic activity of certain saurated fatty acids in the sebum. According to Rothman et al., (1974), the relatively small amounts of such substances in pre-purbertal individuals permits the development of ringworm infection in these subjects. However it may be stated that adequate of this concept was lacking and the mechanism of spontaneous cure in non inflammatory cases remain unexplained. On the other hand, the mechanism of spontaneous cure in inflammatory cases is rather clear. In cases of kerion and possibly other types of inflammatory ring-worm infection immunoallergic responses and the antifungal effect of normal serum probably contribute to hasten cure.

Control of dermatophyte infection :

1) Control of animal reservoir constitutes a major item in limiting the spread of fungal infection (Botvinick

et al., 1943 ; Lawson and Mckod 1957).

2) General hygienic measures for barber shops, communal baths, swimming pools (Lewis, 1944).

3) Periodic examination of the individuals living in communal units as schools, institutes and military units to detect, isolate and treat early cases (Schwartz, 1946).

Prevalence of tinea, capitis :

Most dermatophytes have a world wide distribution, but a few species are restricted geographically ; this depend on variation of reservoir of infection.
Ajello (1960) found that; the dominant dermatophytes causing tinea capitis in various parts of the world as follows :

North America :

Canada : M. audouinii.

U.S.A. : M. audouinii.

Mexico : T. tonsurans.

Caribean area :

| | | |
|---|---|---|
| Cuba | : | M. canis. |
| Purtorico | : | M. canis. |

South America:

| | | |
|---|---|---|
| Argentina | : | M. canis. |
| Brazil | : | T. violaceum. |
| Chile | : | M. canis. |
| Peru | : | T. tonsurans. |
| Uruguay | : | M. canis. |
| Venezuela | : | T. tonsurans. |

Europe :

| | | |
|---|---|---|
| Danemark | : | M. canis. |
| Finland | : | M. canis. |
| France | : | M. canis. |
| Greotbritain | : | M. canis. |
| Italy | : | T. violaceum. |
| Portugal | : | T. violaceum. |
| U.S.S.R. | : | T. violaceum. |
| Spain | : | T. violaceum. |

Yugoslavia : T. violaceum.

Africa :

Algeria : T. violaceum.

Angola : T. ferugineum.

Belgiancongo : T. ferugineum.

Cameroon : T. yaoundi.

Egypt : T. violaceum.

Nigeria : M. audouinii.

Tunisia : T. violaceum.

Asia :

China : T. violaceum.

Iran : T. schoenleinii.

India : M. canis.

Israel : T. violaceum.

Japan : T. ferrugineum.

Turkey : T. schoenleinii.

Australasia :

Australia : M. canis.

New-zealand : M. canis.