

Ringworm of the scalp is one of the most troublesome skin diseases to cure, and when apparently well is liable to break out again. It is very contagious, being conveyed from one child to another by hairbrushes or combs, caps or direct contact. Fortunately, it is very uncommon after the age of 16 or 20. It appears as a scurfy or scaly nearly bald patch on the head. The hairs tend to break off, leaving short thickened stumps, resembling in appearance a cornfield after reaping. The smaller patches are red, but the colour fades as the patch extends. The disease is caused by the presence of a fungus, which may be seen by pulling out one of the affected hairs and soaking it in a watchglass with liquor potassæ, when the fungus may be easily seen in and around the hair. The patches sometimes inflame and the hair follicles suppurate, the condition being then called "kerion," this often cures the ringworm, but the hair may never be restored owing to destruction of the hair follicles.

The first thing to do is to cut the hair as closely as possible for at least an inch all round the patch and if patches be numerous it is better to remove all the hair, leaving at the most a fringe all round which may come down below the hat or cap. This enables the diseased area to be got at more easily and also any fresh focus of infection may be detected at once, when prompt treatment may effect a speedy cure. The head should be thoroughly washed three times a week with soft soap on flannel, this removes all scales and the surface epidermis, and allows the ointment to penetrate deeper.

If the child be over six years of age removal of the hairs is very useful, this may be done with a special kind of forceps called epilation forceps, and a few hairs may be removed daily.

Any scales that form should be removed by carbolized soft soap, and the hair should not be brushed as that sows the spores broadcast over the scalp. Day and night the child should wear a linen cap which may be washed once or twice a week, but it should also be lined with a fresh piece of tissue paper daily, the piece removed being burned at once. The child must be as far as possible isolated from others, at the least no close contact should be allowed; and the diseased and healthy should not use the same comb, brushes and towels. Whatever ointment be used it should be well rubbed in at least twice a day, the object being to destroy the fungus which is deeply situated in the hair follicles and therefore a simple

application of the ointment without friction is useless. The ointments contain some parasiticide such as carbolic or salicylic acids. Some prefer a lotion and this must be applied continuously on a piece of lint well covered with oil silk. Some applications tend to produce a crust, which when formed should be detached with forceps. This often pulls out a quantity of diseased stumps of hair, after which the application should be re-applied.

Other children who come in contact with the patient should have the heads washed frequently and examined at least once a week. Ringworm of the skin is common either alone or combined with the preceding affection. It forms a circular scaly ring, which gradually increases in size; it is very easily cured, one application of the colourless tincture of Iodine being often sufficient, or a lotion of sulphurous acid may be used, or if preferred the white precipitate ointment.

(To be continued.)

Appointments.

MATRON.

Miss A. B. Boyd has been appointed Matron at the Eye Infirmary, Bath. She was trained at the Royal Eye Infirmary, Plymouth, and has also had hospital experience in Birmingham and elsewhere. There were a large number of applicants for the post.

Miss Hetherington, formerly Matron of the Torbay Hospital, Torquay, and since May, 1895, Matron of the Stockport Infirmary, has taken over the Victoria Nursing Home at Harrogate.

ASSISTANT MATRON.

Miss E. G. Massey has been appointed First Assistant Matron at the East Dulwich Infirmary. She was trained at the North Staffordshire Infirmary, Stoke-on-Trent, and has held the positions of Sister at the Royal Infirmary, Derby, and Sister and Second Assistant Matron at the East Dulwich Infirmary.

NIGHT SISTER.

Miss Ada Grasett has been appointed Night Sister at the Paddington Green Children's Hospital. She began her nursing career at the General Hospital, Cheltenham, where she spent a year. She then entered the nursing school of Guy's Hospital, where she was trained and certificated. She also holds the certificate of the London Obstetrical Society. Miss Grasett is well recommended by her Matron, and is very fond of children.

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