

## Medical Matters.

### THE X-RAY TREATMENT OF RINGWORM.



Mr. Gerald Sichel, F.R.C.S., Surgeon-in-Charge of the Actino-Therapeutic Department at Guy's Hospital, London, gives an interesting account in the *British Medical Journal* of the treatment of ringworm and parasitic alopecia by means of the X-Rays. Up to December 27th 102 patients had been treated, sixty-seven remaining under observation as "no case can be conscientiously discharged until the hair has not only fallen out but has shown considerable re-growth free from disease. Of the remaining thirty-five cases, thirty were ringworm and five alopecia areata. Of the latter, four are recorded as cures, and in one case the hair was just growing when the patient ceased attendance. Of the thirty ringworm cases, eleven were cured, ten were failures, and nine ceased to attend before a definite result could be pronounced. One case of X-ray dermatitis occurred which will probably result in permanent baldness. Mr. Sichel says:—"I venture to think that an unfortunate mishap like this, occurring towards the end of somewhere about 100 cases, vividly illustrates the danger with which this method of treatment is accompanied."

The statistics obtainable work out roughly at 50 per cent. of cures in cases of ringworm. "These figures," says the writer of the article, "make it appear that at last we have found a really reliable treatment with very fair prospect of cure, but I am very much afraid this is not the case." He proceeds to show that it is only in localised cases of ringworm that the disease can be once and for all eradicated by this method. If it is generalised or in scattered patches all over the head more than one treatment is necessary."

The disadvantages enumerated are (1) a specially trained nurse is necessary to carry out the treatment, (2) the danger of an X-ray burn, (3) the difficulty of regulating the dose of X-rays. In addition to these, Mr. Sichel says:—

"A specially-trained nurse means expense, and at the present time it is not right to entirely disregard the danger to which a constant worker in the X-rays is exposed.

"Secondly, with regard to the danger of an X-ray burn, it is significant that my single case (so far) occurred after so much experience. I believe that idiosyncrasy goes for much; it seems to me that light-haired, fair-complexioned

people, those who would be expected to suffer most from sunburn, are most likely to be singularly sensitive to the X-rays.

"Thirdly, the difficulty of estimating the dosage of X-rays. Here we arrive at the crux of the whole difficulty. In the first place, X-ray tubes are most unstable and alter almost from moment to moment; and in the second, although we can measure tolerably correctly what goes into a tube, our means of estimating what comes out of it are dependent on far less reliable data.

"Besides the three disadvantages mentioned above, there is, fourthly, the class of case to which most of my failures belong. There is no burn, and the patient suffers no harm, but has all the bother and expense of the treatment, and still suffers from ringworm. These are cases in which the hair comes out patchily, and small scattered islets of infected hairs are still left dotted about all over the scalp. One is afraid to repeat the treatment for fear of inducing dermatitis, and when the hair grows again on the denuded areas it becomes reinfected from the older spots. These cases are most disheartening for both doctor and patient."

In applying the rays to these cases the method used at Guy's is that a tightly fitting lint cap is fitted on the child's scalp, and on this is marked out an H which divides the scalp into two lateral, one medio-frontal, and an occipital area. These areas are treated one after the other for the time specified, the spaces not exposed being protected by fairly thick lead foil, which is held in place by a coarse elastic net, a useful device designed by Nurse Hill, of the department. The child is then seated as comfortably as possible in a chair, and kept still during the radiation, which seems to exert a decidedly somnolent effect on most children. With light-haired, delicate children a limit of twenty minutes is sufficient; with others the limit may be extended to twenty-five minutes.

The careful attention to the necessary details requires much patience on the part of the nurse, and a single treatment with the head divided into four parts takes about two hours and a half. The treatment must, Mr. Sichel considers, still be considered on its trial. "So long as cases are treated by those who thoroughly understand the dangers likely to be met with, perhaps the method may be recommended; but it should be thoroughly understood that until we have an exact regulation of the X-rays, and until X-ray tubes are far more stable than they are at present, it is not a treatment that is absolutely free from danger, which, if remote, is at the same time real."

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