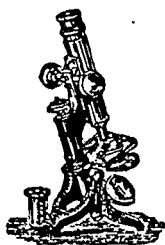


## Medical Matters.

### TREATMENT OF SCABIES BY BALSAM OF PERU.



Major F. J. W. Porter, R.A.M.C., writing in the *British Medical Journal* on the above subject, says that the treatment of scabies in military hospitals is disappointing. The average detention in hospital for the disease, and the treatment of the dermatitis, which usually results from the

vigorous application of sulphur, is seldom under fourteen days.

"In the military hospital at Berlin and in the Bavarian army cases of scabies are merely detained for the day in the sick-inspection room at their barracks, and are thoroughly rubbed with pure balsam of Peru, which is applied after a hot bath and a plentiful application of soap. It has never been heard that the disease has spread in consequence of the non-isolation of these cases.

"From December, 1905, to December, 1906, every case of scabies in the Colchester garrison has been treated by this remedy. They numbered 51. The patient should lie in a very hot bath for at least half an hour, and be thoroughly scrubbed with flannel and ordinary soap by a reliable orderly. Particular attention should be paid to parts which are obviously much affected by the disease.

"He is then quickly dried and varnished all over with a mixture of balsam of Peru 3 oz. and glycerine 1 oz. This application—best applied by a soft, worn nailbrush—is well rubbed into the skin. The above quantity will be found sufficient to varnish an ordinary-sized man. He then puts on hospital clothing, the cotton shirt being worn next the skin. His ordinary clothing and his barrack bedding are sent to be disinfected. In very bad cases it is advisable to give a second rubbing to the worst places next morning. A supply of cotton drawers and undershirts would be very useful for these cases, and would save soiling of the hospital clothing.

"No patient who has been properly varnished has ever reported that his next night's sleep has been disturbed by itching; and if the remedy has been faithfully applied according to the above instruction, that is the end of the case. If it were possible to disinfect the patient's uniform and bedding while he is being rubbed, there would be no necessity to admit him to hospital at all. All these cases come up for observation once a week, for three weeks. The average detention in hospital has been about three days.

"At the present time, it is a little uncertain whether the ova are killed at the same time the parent undoubtedly is, namely, within the first few hours. For this reason it is thought advisable to prohibit bathing for seven days. Further observation may show that it is possible to reduce this period to three or four days."

The following points are noted as the features of this method of treatment. (1) Men can return to duty after a few hours' detention in hospital. (2) The absolute certainty that the acarus has been killed. (3) The ability to dispense with a ward which has to be kept for the treatment of these cases.

### THE DIAGNOSTIC VALUE OF THE FONTANELLE IN INFANTS.

Dr. Samuel West, writing in the *St. Bartholomew's Hospital Journal*, points out that the fontanelle is a very useful index of an infant's condition. In the healthy child it is moderately tense, and if not a little prominent, at any rate not depressed. If the child be collapsed, as it may be after diarrhoea and vomiting, it is relaxed, and may be markedly depressed. With meningitis it is as markedly tense and prominent. Pneumonia with cerebral symptoms may closely resemble meningitis, but the absence of the tense fontanelle together with the perverted pulse-respiration ratio make the diagnosis clear. So with teething, retraction of the head and other nervous symptoms, occasionally even fits, may raise the suspicion of meningitis, which, however, the lax fontanelle may allay, and the disappearance of the symptoms with the eruption of the teeth or lancing of the gums will dispel.

### THE INHALATION OF OXYGEN.

The same authority says:

"Doubt is sometimes expressed as to the value of the inhalation of oxygen in respiratory diseases. This is largely due, I think, to the fact that the use of the oxygen has been postponed until the patient is almost moribund. If the tubes are choked with secretion, as in the last stages of bronchitis or pneumonia, the oxygen cannot get into the lungs any more than the air can, but if it is given earlier its use is evident, for the cyanosis lessens, and what is equally important, the restlessness, which is often so distressing, is allayed, and the patient sinks into a quiet and refreshing sleep.

"In the restlessness which develops in the acute toxæmia of uræmia, diabetes, and occasionally of Graves's disease, it has a similar effect.

"My experience testifies strongly to the value of oxygen in these conditions."

[previous page](#)

[next page](#)