

## Medical Matters.

### TREATMENT OF RINGWORM.

A report on the treatment of school children suffering from ringworm, presented by the Education Committee at a recent meeting of the London County Council, pointed out that when treatment by the ordinary means of ointment is adopted, prolonged absence from school is necessary, and there is also risk of other children being infected. Treatment by means of X-rays, however, is effective as a rule after one exposure. The Committee proposed, as reported in the *British Medical Journal*, that the X-ray apparatus at the Whitechapel favus school should be utilised for the treatment of ringworm cases. It would be possible for the school doctor to undertake the work without involving additional cost. Mr. Cyril Jackson, Chairman of the Committee, mentioned that he heard objections to this proposal on the ground that the children's heads were injuriously affected by the action of the X-rays. Parents should know that that was not the case. He had seen the children treated at one of the hospitals. They said they felt no pain, but he understood that sometimes straight hair became curly after the application of the rays. The recommendation was approved.

### A CRUSADE AGAINST FLIES

The very real danger of the common house fly as a possible conveyer of infection should always be borne in mind by nurses.

The *Lancet* says in relation to this: Now that it has been conclusively established that flies convey disease, let the nation wage war against these repulsive insects and take steps as far as possible to exclude them from among us. The campaign should be begun at once for the fly season is near at hand, and there can be little doubt that if everybody did his best to exterminate the fly a very distinct advantage to the public health would be gained and a most interesting example afforded of the lessons which progressive medicine teaches. It is not always possible to trace the origin of illness, but it is easy enough to give valid reasons why the fly can be the introductory agent. Purely medical aspects apart, the fly is not particularly scrupulous as to its environment; it alights at one time on most offensive material and at another it is on the food in the kitchen and at the table. One of the earliest experiments we remember to have seen showing the connection of flies and disease was that in which a common blue-bottle was allowed to walk across a piece of freshly sliced potato. The potato subsequently developed colonies of

micro-organisms all along the track taken by the fly, while elsewhere no development took place. The important question remains how best to get rid of the fly. Fly papers and sticky strings are unsightly, and the struggles of a fly to release itself from a sticky substance is not an entertaining spectacle. In our own experience the best exterminating agent is a weak solution of weak formaldehyde in water (say two teaspoonfuls to the pint) and this experience has been confirmed by others. It would appear that flies are attracted by a weak solution of formaldehyde, which they drink. Some die in the water, others get as far only as the immediate vicinity of the plate of water, but all ultimately succumb, and where they occur in large numbers, hundreds may be swept up from the floor. It is consoling to know that by this method the flies have died under a dose of a fluid which is fatal to disease-organisms, a fluid also which is inoffensive and for practical purposes non-poisonous. The method at once provides a means of diminishing the scourge, and of securing to some extent what is most desirable, the disinfection of the slain.

### SCARLET FEVER CARRIERS.

Dr. Herrman, in the *Archives of Pediatrics*, refers to the epidemic of scarlet fever in New York City in 1908 as the most severe and widespread in the history of the city. The mortality was 5.4 per cent., notwithstanding the most extensive sanitary precautions. The author believes there must have been some source of infection which had been overlooked, or which had not received due consideration. He does not think the schools were at fault as has been the case in some epidemics. As to the question of transmission by desquamated scales of epidermis, argument is brought forward to show that this is at least doubtful. Cited cases seem to point to saliva, to the walls and floors of the sick room as carriers of the infectious material whatever it may be. Mild cases may propagate the disease as effectively as severe ones, and any one with a scarlet fever throat may give the disease in virulent form to unprotected children. A discharge from the nose or ear may bear the infective material, hence the greatest care should be given to nasal and oral hygiene. Open wounds should be protected from contact with those who have been exposed to the disease. Disinfection may be unnecessary, but in the existing uncertainty as to the medium of transmission such a procedure cannot be dispensed with.

Most nurses have met with cases in which a severe form of scarlet fever has been contracted from a mild case.

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