

New Treatment of Scarlet Fever.

PART I.

Some twelve months ago an article on "The Home Treatment of Scarlet Fever," by Robert Milne, Esq., M.D., Medical Officer to Dr. Barnardo's Homes and Hospitals, appeared in the *British Medical Journal* (October 31st, 1908), calling the attention of medical men to the treatment which he has been carrying out most systematically for a number of years past.

As the treatment, which is extremely simple in character, is mostly in the hands of the nurse (or the mother of the patient) who is carrying out instructions, it should be of great interest to all members of the nursing profession as well as to all those engaged in the care of the young. I therefore propose to give a few details of the general treatment (to which Dr. Milne's name is attached), and to secondly specially emphasise a recent test which came under my own observation. Dr. Milne says in his pamphlet, that thirty years ago, when he left Scotland, "there was a hazy report current that if cases of scarlet fever were rubbed with ointment or oil it prevented the scales (in peeling) from flying about, and this lessened the risk of spreading the infection. Further, that if carbolic oil were used, it still further lessened the risk."

This was the old idea on which he has based his experiments after years of observation and many trials, in which his own large family at first served him as interesting cases, being particularly prone to the malady. Dr. Milne has now placed before the public the fruits of his labours, un hastened, undelayed, with confidence based on unique opportunities, as the principal medical officer to the largest family in the world. (Dr. Barnardo's Homes maintains over 8,000 children, all of whom at some times pass through the headquarters of the Homes in Stepney.)

Of course there is much prejudice to be broken down, and in this the nursing profession might do valuable service.

Both in the homes of rich or poor, old superstitions and prejudices die hard; we all know this. What a saving of child life, of (often hard-earned) money, and of labour this new treatment affords, the near future will surely be called upon to testify with no uncertain voice. In the event of a first case of scarlet fever in a family, the patient should be kept in bed, and the skin be *thoroughly rubbed with eucalyptus oil twice daily*; this includes the *scalp of the head, the ears, face* (only protecting the eyes not lids), *and every particle of epidermis on the whole surface of the body*. This should be carefully carried out for the

first *four days*, the second rubbing taking place after the usual evening bath, which should be given at the bed or fireside, with patient protected from draughts, if not between blankets. At the end of four days the rubbing is only continued once daily; the aroma will be found to fill the room; this relieves the condition of the tonsils. A plentiful supply of fresh air is necessary for the patient, so that the room should be well ventilated; the bowels will need careful attention, and the examination of urine should be frequent and careful, even after recovery. At the same time, during the first 24 hours, the patient's throat and tonsils should be thoroughly painted every two hours with 10 per cent. carbolic oil; this greatly relieves the pain and enables the patient to swallow.

Dr. Milne says: "I have never known trouble spread through any cases of otorrhœa or ozœna with this treatment; it also considerably lessens the severity of the attack."

Great care must be exercised to avoid cold for three weeks, hence the patient must be thoroughly and warmly clad; a little child when in bed is even more liable to take cold than when up, as some parts, such as feet and loins, may not be equally protected. Small children often throw the clothes aside and sleep on the pillow, or get up on their feet and run about the cot; it is, therefore, well to equally clothe the body and to allow the bed covering to be light, warm, and well ventilated.

At first the diet should be of soda water or hot water and milk in equal parts and at regular intervals, two-hourly in the day and less frequently at night if sleeping. In a few days light diet, and by the tenth day ordinary diet.

At the tenth day the patient may be allowed up, and shortly may mix freely with other children and be out of doors in favourable weather. *No isolation* during the first ten days is necessary, and no disinfection of clothes, bedding, etc., need take place, as, if the treatment has been thoroughly carried out, the source of infection has been destroyed.

Should a second member of the family become infected from the primary source of infection, the treatment may be carried out from the first symptom appearing.

MADGE SUTTON.

THE COOKERY EXHIBITION.

At the Cookery and Food Exhibition, open at the Royal Horticultural Hall, S.W., this week, the invalid trays in the class open only to certificated nurses are on view on Thursday, November 4th, and Friday, November 5th. Nurses from London hospitals and infirmaries will compete.

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