

The male does not burrow, and may sometimes be caught on the surface of the skin.

Parts of the body especially liable to the attacks of the acarus are the skin between the fingers, inner side of the wrist, front of forearm, ankle, foot, axilla, and groin.

Scabies is generally quickly cured by the free use of sulphur ointment, which should be rubbed in at bed time and left on, and covered by suitable clothing; the hands are easily kept covered by white cotton gloves.

For some skins sulphur ointment is too irritating, and requires dilution.

Sulphur baths should also be taken (potassium sulphide 4 oz. to 30 gallons of water).

Storax ointment is very effectual, and is not so irritating as the sulphur ointment.

To prevent the recurrence and the spread of the disease new clothes should be worn by the patient, all old ones being disinfected by thorough baking, the same applying to bed clothes and towels, &c., all toilet articles used by the patient to be kept apart from others.

When possible, the safest plan is to isolate the patient.

It should be noted that while most parasites live within or upon their host, certain classes only sojourn temporarily on the surface of the body in order to obtain their food. To this class belong gnats, mosquitoes, fleas, and bugs.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Macintyre, Miss M. O'Brian, Miss Emily S. Lewis.

Miss Lewis writes:—"A watch must be kept that sulphur, when used, is not acting as an irritant, as some skins are very sensitive. Vaseline or some simple ointment will usually alleviate the irritation. The patient should have clean clothing and sheets every day (more often if necessary), the soiled clothing sent direct to the disinfectant, and thence to the laundry. All cups and utensils boiled daily. The patient should have a plain nourishing diet and plenty of fresh air; bowels well open.

"During convalescence it is a good thing to sprinkle the sheets and night garment with powdered sulphur to act as a preventative against relapse.

"The nurse should wear an overall, and be very careful in thoroughly cleansing and disinfecting her hands both before and after attending to the patient."

QUESTION FOR NEXT WEEK.

What are the different forms of meningitis in children? What do you know of them, and of the nursing care needed?

THE GUINEA WORM.

By MISS A. M. BURKE.

There is no doubt that human flesh is heir to many diseases, and some of them contracted through sheer ignorance. The guinea worm, like most worms, is a tiresome complaint to be suffering from. Recently we have been admitting quite a number of cases into the Sir Jamsetjee Jijibhoy Hospital for treatment, and, seeing that it is fairly prevalent, I send you a description of the same, on the off chance that it may interest your many readers.

The guinea worm, or *Dracunculus medinensis*, is a tropical complaint, and occurs in Africa, Arabia, India, and Persia. It generally attacks the feet, legs, scrotum, and the back in the bhistee, or Indian water-carrier, and very occasionally is found in other parts of the body.

The ova, or embryos, are supposed to leave the human body in the excreta, or by the secretions, or through some skin lesion. They begin life in the water. They float about in the water until they are swallowed or taken up by a suitable intermediary, the cyclop. Travellers in the infected area—by which I mean the rivers or pools, &c., in which these particular cyclops are to be found—drink the water, as it looks clean and fresh, and in doing so swallow these cyclops. These cyclops after being swallowed are killed by the gastric juice, but not so the guinea worm embryos, which for some unaccountable reason are set free, and become most active. Being set free, these embryos develop, and begin to think about domestic life. Very little is known about this, or the development. Only a small percentage of guinea worm embryos attain adult life.

The female guinea worm at adult life measures two to three feet in length, and is a cylindrical long white tube as fine as whipcord. Her whole body is of one thickness, except at the tail, which ends off in a hook-like structure. She lies in irregular curls under the skin or in the connective tissue between the muscles, and when she feels that her time of maternity is drawing near, works her way to any part of the body which she feels will be frequently in contact with water. In the Indians, who go bare-foot, she generally burrows her way here, but in the European she makes her appearance frequently higher up in the body. In the bhisty her favourite spot is the back, where the skin comes in contact with the "mussuck," or leather water-bag. It seems strange, but on her descent she seldom enters joints, and never injures nerves or blood vessels. When ovulation is completed and she is anxious to expel

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