

head is suspected to be infected, stumps of hair are taken and sent on to the laboratory for diagnosis. When notified ringworm is present, the child is placed under medical supervision, the hair (with the parents' permission) cut absolutely short, and X-rays applied.

Precautions are important in this treatment, for patient, doctor, and nurse.

The X-ray lamp should be screened effectively, the rays falling exactly on the spot affected; the child's head is measured, and each spot to be X-rayed is protected by a glass speculum, impregnated with lead, to prevent the rays spreading to other divisions of the head; the time exposure is marked by radiometer pastules, the colour toning marking the time limit.

The X-ray operator should wear thick, specially prepared rubber gloves, and avoid a too-close proximity of the direct X-ray. The nurse should wear rubber gloves, also avoiding the direct rays, and should be conversant with the risks of danger to herself and the patient.

The child under treatment should not be younger than four or five years of age, and, if nervous or inclined to resist treatment, it is wiser to postpone treatment for the time being.

If various methods have been tried previously by home treatment, ointments (from home recipes), the head is likely to be very sore and inflamed.

Boric fomentations are the most soothing applications, and any ointments should only be used when especially prescribed by a medical man.

Ringworm affects other parts of the body, appearing on the neck, face, arms, axilla; these, under medical advice, are painted with tincture of iodine, or a dressing of ammon. nit. dil. applied. This is effective; usually resulting in a speedy cure.

There is a skin eruption, appearing on the face, resembling small ringworm, round red patches; the skin responds to treatment by the application of a simple ointment and the improvement of the general health; exclusion is not necessary in these latter cases.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss R. Gleazer, Miss P. Thomson, Miss M. James, Miss E. Temple.

An admirable paper bearing the Birmingham postmark contains no coupon and gives no clue to sender.

QUESTION FOR NEXT WEEK.

How would you recognize and deal with shock occurring after delivery?

COMMOTIO CEREBRI.

Dr. F. W. Mott, F.R.S., F.R.C.P., describes in the *British Medical Journal* two interesting cases of *Commotio Cerebri* (Shell Shock), with the microscopic examination of the brains of these two men, who died of *Commotio Cerebri* without visible external injury and without punctate hæmorrhages indicative of gas poisoning.

CASE I.

Clinical Notes.

In this case the man developed, according to a note furnished by Captain J. London, a degree of nervousness on the Somme which he never lost, but was able to control for six months. Later he was in an area which was subjected to an intense bombardment, during which, as far as can be ascertained, no gas shells were used. This lasted about four hours (February 22nd, 4 p.m. to 8 p.m.). Although he remarked to another man that he "could not stand it much longer," he did not give way until the following day, twelve hours later, when perhaps six shells came over (February 23rd, 8 a.m.).

He was not buried nor gassed. One shell burst just behind his dug-out—namely, 10 ft. away—in the morning, but many must have been as near the previous day. Early symptoms were tremors and general depression. The later symptoms (February 22nd) were coarse tremors of the limbs, crying (February 23rd), inability to walk or to do anything. He would not answer questions—very like the hysterical manifestations of melancholia. The pupils were dilated. Captain London states that he was rather busy with some wounded at the time, and did not make a detailed examination.

A note by Captain Francis A. Duffield, R.A.M.C. (S.R.), states that the man was admitted to the field ambulance in the evening in a state of acute mania, shouting "Keep them back, keep them back." He was quite uncontrollable and quite impossible to examine. He was quieted with morphine and chloroform, and got better and slept well all night. In a later note Lieut.-Colonel J. F. Crombie, in command of the field ambulance, stated that the patient had at least two hypodermic injections of morphine while in the ambulance. Next morning he woke up apparently well, and suddenly died.

CASE II.

Clinical Notes.

Captain Duffield reported that information obtained from the medical officer attached to the unit in which the man, a gunner in the Royal Garrison Artillery, was serving, was to the effect that he was sitting in a corrugated iron hut, fifty yards from some boxes of cordite cartridges, when a shell landed and exploded them. The man became unconscious at once; his breathing was stertorous; his body showed no signs of wounds

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