

OUR PRIZE COMPETITION.

WHAT IS THE CAUSE OF SCABIES? DESCRIBE THE SYMPTOMS. HOW MAY IT BE TREATED?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

PRIZE PAPER.

The Itch or Scabies is a distressing skin affection caused by a parasite known as *Acarus Scabiei*; it is a tortoise-shaped object, very minute, so that it cannot be seen except by the aid of a microscope; it has a projecting head and eight legs. The female is the cause of the trouble, and burrows under the skin and lays eggs, and this causes the great irritation.

Parts most frequently affected are the webbed parts between the fingers and the inner sides of wrists; sometimes it attacks the body, the back between the shoulders, nipples of women, umbilicus, thighs and feet; the itching usually becomes intolerable at night.

The burrows are visible as a fretted line roughened by the disturbance of the horny cells of the epidermis, and are usually about a quarter of an inch long; vesicles are often formed with inflammation, and these often break, causing scabs to form, which develop into eczema and other skin complications.

It is very contagious, and is frequently seen in dirty people.

Three things are essential for an effective cure:—

1. Complete destruction of parasite and ova.
2. Complete disinfection of patient's clothing and bedding.
3. Treatment of any skin affection occurring as a complication.

The parasite and its ovum must first be destroyed. This is best carried out by a hot bath, with or without the addition of sulphur. If sulphur is used, about four ounces is necessary to thirty gallons of water.

Soft soap should be well rubbed in, and parts affected well scrubbed with a stiff nail brush, especially hands and feet. After bathing, an ointment of sulphur or benzoin is used as an inunction, or parts painted with balsam of Peru. Patient must be given a complete change of night garments, and must wear gloves; socks are also better worn, or the bed linen may be stained. If feet are affected, a clean bed is an essential also, and patient should remain in bed until pronounced clean.

The second and third days inunction or painting may be sufficient, but if a bad case, baths are also necessary. On the fourth day the first day's treatment is repeated, and clean garments and bed given; usually this suffices

to kill the parasite, but treatment must be repeated till its destruction is sure, and patient must be kept under observation about fourteen days. If skin is very tender, or the patient a child, soft soap must be omitted and a toilet soap used. Everything a patient touches must be regarded as infectious.

2. All bedding and blankets should be sent to a reliable fumigator and treated by the disinfecting authority. Clothing should, as far as possible, be destroyed or placed in strong solution of carbolic (1-20) or perchloride of mercury (1-500) before washing, and then should be boiled if possible.

Any books and other things which cannot be disinfected must be burnt.

It should be borne in mind that balustrades, door-handles, &c., also need disinfection.

3. Treatment of skin complications will depend on their nature. If an irritation, a soothing lotion or ointment may suffice; but if eczema has developed, or other troublesome infection, prolonged treatment prescribed by a doctor will probably be necessary.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Zeigler, Mrs. Jepson, Miss Mary Douglas, Miss Linda M. Smith, Miss M. M. G. Bielby.

Mrs. Jepson writes: "Although there is a definite source of irritation, the effects on the skin may differ greatly, making diagnosis difficult in some cases. The tunnel which the insect excavates is sometimes observable on the skin as a black, zig-zag line. The favourite seats for its ravages are the thin skin on the webs of the fingers, the anterior borders of the axillæ, the areolæ of the nipples in females, in children round the navel, genitals and buttocks, also the feet. The general distribution is determined by the patient, being most marked in those parts which he can most easily reach to scratch; it is seldom seen on the back, while the lesions on the abdomen are usually numerous. The face is rarely affected, except when the disease is complicated by impetigo. Eczema is a common result in persons with a tendency to this complaint. Intense itching, which becomes almost intolerable at night, is the patient's chief complaint. Albuminuria is frequently present in patients suffering from scabies, probably due to renal hyperæmia caused by irritation of the peripheral nerves."

QUESTION FOR NEXT WEEK.

In what ways may infection take place in the parturient and puerperal woman? How can a nurse or midwife help to prevent sepsis? What is her duty when it occurs?

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