DERMATOLOGY.

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SCABIES AND OTHER SKIN DISEASES IN THE ARMY.

The extent and spread of scabies infection is now only being fully realised in the Army, and the consequent outbreak amongst the civilian population, almost equally disastrous, will have to be tackled in a serious manner.

In a recent discussion (Proc. Roy. Soc. of Med., July 1917) Macormac recommends—what has been obvious to dermatologists—the provision of a scabies station for each Army corps. The reasons he advances are, that it would ultimately mean a saving of the personnel of the Army and would shorten treatment. He implies also that expert knowledge is required, and this seems even a stronger point. “I suppose hardly any battalion is completely free from itch. Regular medical inspection is necessary and often most difficult to arrange. Since scabies in France differs in some important features from the form seen in civil life, medical officers must know what to look for; the hands are often entirely free from lesions, while interdigital burrows, that pathognomonic sign, are present only in about 13 per cent.” Vaccines given for six months, opium given to relieve the itching, and solid silver nitrate used to burn out the lesions are noted by him as results of faulty diagnosis.

We agree with his remark that text-book descriptions are misleading when applied to the form now prevalent.

In a subsequent article, written in collaboration with Small (Brit. Med. Journ., 22nd September 1917), he points out the sites of election as being the wrists, hands, penis, lower abdomen, anterior axillary borders, elbows and buttocks; that a correct diagnosis can only be made after inspection of the whole body; that involvement of the penis occurs in the majority; and that the concomitant coccal infection may be so severe as to mask the disease.

In our experience of cases returned to this country the points of greatest interest are the latency of the eruption, which often becomes more severe in a devitalised patient recovering from a wound or illness; that burrows are almost invariably absent; that the diagnosis can be made by distribution alone, and that this is most commonly the buttocks, genitals, and lower limbs; and that treatment must be much more thorough and prolonged than in types formerly seen.

Many cases are also seen in which itching is not complained of, and these, along with the partially cured individual, are what Macormac calls the scabies “carrier.”

Most striking is his analysis of 1000 cases diagnosed as scabies, boils, and impetigo—“diseases that are responsible for by far the
greater number of admissions. Of these, 65·9 per cent. can be directly attributed to scabies."

The treatment of itch in the Army is, as in civil life, a matter of dispute, and many of the so-called cures only mask the symptoms. Most reliable authorities agree with Macormac that the older method is still the best. He gives a hot bath with soap and thorough scrubbing of all the burrows with a nail-brush; sulphur ointment is then rubbed thoroughly without bathing for three days, and at the end of this period another bath is given, and then fresh clean clothing is put on. Rigid disinfection of every article of the kit and a conscientious supervision by the medical officer or a skilled orderly are absolute essentials of success. "Where pyodermic complications are so common, care must be taken to prevent cross-infection. Each man should have a separate pot of ointment." In his later article the statement is made that complicated cases take ten times longer to cure, and incidentally we may remark that these are mainly the type that come to this country. Of great value are his suggestions that regular inspection should be made for carriers, that infected men and horses should be promptly treated, and that blankets, being the chief source of infection, should be sterilised as often as possible.

Lieutenant-Colonel Bruce (Proc. Roy. Soc. of Med., May 1917) records excellent results by means of sulphur fumigation—a process commenced owing to the rush of cases in June 1915. The patient is given a hot bath, allowed to soak for at least five minutes, and then well lathered with soap and the burrows scrubbed. He is then placed in a cabinet of 78 cubic feet capacity, with his head outside; inside the cabinet a sulphur candle is burnt and also some steam introduced, and he remains there for forty or fifty minutes. Meantime his clothing and kit are disinfected by steam, and at the end of the time he puts on warm clean underclothing. Again, most careful supervision is a sine qua non. He obtains his best results in recent cases with little induration, only one application being necessary; but in old-standing cases he repeats the process in forty-eight hours. Two hundred cases with only 2 per cent. of returns are recorded, and these failures he attributes to some article of clothing having escaped disinfection.

In the subsequent discussion opinions were often adverse. Macormac is very definite—"treatment by means of sulphur vapour is a method harmful often to the patient and at all times dangerous to the community, in that it manufactures a class of scabies 'carrier.' In the interests of the Army it should be discontinued."

Our experience is at one with this, and while simple cases in the early stage may be cured, we cannot see how the vapour can reach the ova deep in the burrows unless these are dissected up to the end.

This evidently was in the mind of subsequent speakers, who laid emphasis on the value of previous scrubbing. Even in the Army it is
impossible, because it is too painful to tear open every burrow with a nail-brush, and in the chronic indurated cases with a fibrous skin the permeation of the vapour is physically unobtainable.

Macormac, in a further extension of his paper, deals with other skin diseases in the Army. Impetigo is easily first in the statistical list, then follows scabies, then boils, dermatitis, seborrhoea, psoriasis. The impetigo is rather of the ecthyma order, and it has been much seen in return cases in this country; in fact we are accustomed to call it Army ecthyma. It involves mostly the lower limbs and buttocks, and the ulcers are very deep, chronic, and leave a pigmentation and scarring practically identical with syphilis. From the lesions Captain Henry isolated the streptococcus faecalis.

The duration of cure is often as long as two or three months. The soldiers, he states, are familiar with it and spread it by scratching, but a linear type is often noticed in which malingering can be excluded. Vaccines have not proved satisfactory in Macormac's hands, and he finds painting with a 3 per cent. silver nitrate in lotion as almost specific.

Seborrhoea has also given much trouble, and yields better to calamine liniment than anything else. In the subsequent discussion Sequeira testified to the value of this liniment after fomentation and removal of crusts. Other speakers also emphasised the wide spread of ringworm of the groin—there is no doubt there is much of it, especially amongst officers, and too often the affection between the toes is neglected.

All speakers agreed that the skin conditions in the Army are extremely rebellious, and that is the experience generally in this country.

Devitalisation of the individual as a whole, the environment of dust, dirt, and pediculosis, and the lack of facilities for cleansing, acting on a race of individuals accustomed to the conveniences of civilisation, will explain much, if not all.

X-Ray Treatment of Skin Diseases.

This form of treatment has survived the boom of an irresponsible enthusiasm, has lived through the aftermath of consequent disrepute, and is now reaching the haven of sound common sense, based on reliable experience of years. The three following papers are therefore of interest.

Brocq (Ann. de derm. et de syphil., January 1917), who has done a large amount of work in this direction, is now very guarded in his methods. In 1904, when he recorded many successes, he also issued a warning against regrettable results arising from careless technique.
While in his opinion nothing can take the place of this agent in certain conditions, he fears that these accidents may throw the whole into disrepute, and in his paper he endeavours to demonstrate to medical men the indications for and the numerous contra-indications to their use. It must be constantly remembered that radio-dermatitis may occur years later, and even although these accidents have occurred under the care of experts, they can now be avoided by the use of aluminium filters, by the giving of large doses infrequently, and, above all, by the correct diagnosis and choice of cases.

Scalp ringworm, he hopes, may ultimately be treated by segregation of the individuals affected, in conjunction with clipping the hair, washing, and iodine treatment. The X-ray results are good, although the risk is too great in the case of a disease which ultimately dies out, but if used, a first-class apparatus and expert workers are essential. For favus he asserts that X-rays are still the best method, as in any event baldness will ensue, but that owing to the depth the depilation has to be done twice, with careful epilation by forceps after this if necessary. In alopecia the method has no scientific basis. To use a means of producing atrophy in a disease which does the same is almost contradictory, but as some cures have been obtained, it may still be tried in the type which lasts for years and resists all other remedies. Our opinion is entirely opposed to their use here, and we consider the recorded successes should be viewed with suspicion, especially as the hair may recover naturally when untreated.

It is interesting to find that his list of lupus vulgaris in private is like that of many other dermatologists—now very small. The explanation is, that the cases are now taken early and yield to caustics. In hospital X-rays are still used, as they are painless in their results, and, in great part because of this, still popular; but even there he only uses them in fungating types affecting the nose and lips and gives merely a few sittings at long intervals.

In lupus erythematosus, because of the atrophy, and in eczema, because there is a general condition, he is averse to their use.

We must join issue with him as regards warts. He has evidently been frightened off by accidents, and deduces, wrongly we believe, the conclusion that the surrounding skin is very susceptible. In widespread warts on the hands and face we know of no remedy comparable.

Pruritus, according to Brocq, is a disease due to internal causes, and he tells a pitiful tale of pruritus vulvae in a lady who was treated by X-rays against his advice. Cure of the symptoms followed; recurrence took place; was again X-rayed, and this went on till a severe chronic ulcer developed. That, to our mind, is a reflexion on the medical man—not the method. With the X-rays sleep can be ensured at nights, and then we can go on with other methods which will relieve the local congestion and remove the thickened skin.
Psoriasis, we agree, is best left alone, unless where there are only one or two chronic thickened patches; it, again, is a systemic disease.

Mycosis fungoides, first treated by X-rays in Edinburgh, is still regarded as yielding only to this agent, but even in this disease radio-dermatitis must be watched for.

Brocq concludes that X-rays must be employed with respect, mingled with a healthy fear, and all known safeguards and precautions must be taken.

Dubreuilh, in the March number of the same journal, goes further, and insists that the radiologist should also be an expert clinical dermatologist. He quotes the remark of a radiologist that there is no affection of the skin but can be treated by X-rays, and maintains that X-rays are only valuable in a small number of skin conditions and contra-indicated in a large number. Like Brocq, he emphasises the view now generally held, that massive infrequent doses are best, as multiplied séances increase the likelihood of error and cause irritation. For example, he gives 10 Holtzknecht units to acne keloid, 10 to 12 H. to senile keratoma, and 20 to 25 H. to epithelioma.

Augustus Simpson (Amer. Journ. of Cut. Dis., April 1917) recommends the use of ordinary remedies first; when these fail it should be remembered, when X-rays are used, that different lesions and different localities have varied susceptibilities. In all cases he also insists on the administration of large doses at long intervals. He divides the conditions curiously into three classes, which, we agree with him, will not escape criticism:—

1st. Lichen, psoriasis, eczema, pruritus, and dermat. herpetiformis, in which the quantity and quality of the rays is not so all-important, but in which the line of safety should be taken.

2nd. Favus, ringworm, hyperidrosis, bromidrosis, hypertrichiosis, chronic rebellious acne, acne keloid, keloid, and chronic eczema, in which there must be great watchfulness, as the margin of danger is very small.

3rd. Malignant growths, requiring very large doses.

All three writers voice the views held by reliable authorities—that X-rays still require more accurate methods of measurement; that the experience of a skilled operator is therefore an urgent necessity; that the use of frequent applications is culpable; and the French writers are, in our opinion, correct in excluding diseases due to internal causation.