

SKIN AFFECTIONS OF CHILDHOOD

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SCABIES

THIS disease is popularly known as "the itch," and is deservedly a greatly-dreaded one. It was a common disease amongst soldiers in the Great War and many cases were seen amongst children at that time. It is certainly most commonly met with amongst the poor, though no class is exempt, as it is a highly contagious disease. It is, in fact, a disease which goes hand in hand with dirt and poverty as a rule.

Scabies is caused by the itch insect, which is technically named the *acarus scabiei*. The male insect is smaller than the female. The latter is oval in shape, and provided with eight legs and a short head. She possesses numerous bristles, and is the chief criminal in the production of the disease. The males are fewer in number than the females, and crawl over the skin. A male, meeting a female, impregnates her, and she at once proceeds to burrow into the skin of the victim with her head. She gradually penetrates the skin more and more deeply, all the while laying eggs. In all she lays from twenty to forty. The male soon dies off after impregnating the female, but the latter may survive for the three or four weeks or even longer. On the third or fourth day the egg ruptures and the embryo emerges. It finds its way to the skin surface and then buries itself for a few days, finally coming to the surface again as a mature insect. The female *acarus* can always be found at the bottom of the burrow.

The disease most commonly affects the spaces between the fingers, the front of the wrists, the palms, soles, buttocks, the armpits, and more rarely other portions of the skin surface. The chief lesion produced primarily is the burrow. This appears on the skin as a blackish elevation in the form of a vesicle or pustule. Then, as the result of scratching, secondary lesions are soon developed, such as crusts and scabs, and even impetiginous and eczematous patches. In bad, and especially in neglected cases, we may find excoriations of the skin, or abrasions covered with blood as the inevitable result of the patient scratching the affected parts with dirty fingers. Thus what was originally a simple lesion may become converted into a complex set of varying lesions, often puzzling to the diagnostician until he realises what has been the start of the condition under consideration.

The chief symptom of scabies is itching. This is of the most intolerable description, and is always most severe at night, after the patient has gone to bed. This terrible itching causes the patient to scratch. This produces further irritation and injury to the skin surface. As a result we find all kinds of conditions present such as papules, pustules, wheals, crusts, bleeding areas; and

then if the skin becomes secondarily infected, as it may readily do from a dirty finger nail, we find an impetigo set up on the top of the original disease. Eczema, too, is quite commonly met with as a secondary condition in these cases.

Beyond the subjective symptom of itching our diagnosis must depend on the finding of the burrows which are always marked at the entrance by a little blackish swelling. We can often run a fine needle down the burrow, and extract the female insect. It is well to remember that an infant may infect its mother's breast or arms very readily when it comes in contact with her. Great care, therefore, is necessary in such cases to prevent such possible infection from mere contact. In the same way an infected mother may convey the disease to her offspring.

Scabies is very easily cured if the patient can be brought early under vigorous treatment. Our first care is to destroy the cause of the disease, namely the itch insect. A method which usually gives satisfactory results is as follows. The patient takes a bath, and after drying, rubs in an ointment containing sulphur. This is done on three successive nights. On the third night all bedclothes and body clothes are changed, and thoroughly disinfected, preferably by superheated steam; or, if that is impossible, they may be boiled in a lysol solution for several hours. For the next three nights only hot baths are taken, and the body soaped well over. If at the end of this time the disease is not cured the whole process must be repeated. It is advisable, however, not to stop the application of the sulphur too suddenly, as there is always a risk of traces of the disease remaining. In the milder cases of scabies this is all that is necessary. It is well to remember that it is a mistake to apply too strong a sulphur ointment to the skin of children, and more especially to that of young infants, as it may set up a severe erythema or redness which is often somewhat difficult to get rid of, and which may go on to an eczematous condition in some cases.

There are other remedies besides sulphur which have from time to time been advocated. One of the best is styrax in combination with Peruvian balsam. This combination is often to be preferred to sulphur in the case of young infants who are suffering from scabies, as it is less likely to cause irritation of the skin.

Needless to say towels, sponges, and other toilet articles must be kept isolated for the patient's own use. Contact with others should be avoided absolutely. For the rest, treatment consists in remedying any secondary lesions which may exist, such as those of eczema or of impetigo. It will be found that cases which drag on for months are either being treated in a haphazard fashion, or else the continuance of the symptoms, such as itching, are due not to the itch insect but to some secondary condition which it has occasioned. Reinfection, too, is always to be feared from dirty body or bedcloths, as well as from infected towels or sponges. In all cases, however, we may give the definite assurance that the disease is one which can be cured quite satisfactorily with proper degree of care and treatment.