Medical Memoranda

Iodine Ointment for Epidermophytosis Interdigitale

Epidermophytosis interdigitale, or "athlete's foot," is one of the commonest minor ailments encountered in the Army, and the more severe cases occupy a large number of beds in the skin wards of military hospitals—at least in the Transvaal. I have not had experience of the incidence among soldiers in temperate climates, but one would be safe in assuming that it is much more common under the tropical and subtropical conditions of the African continent. In temperate zones its occurrence is almost confined to the summer months, whereas in warmer climates it occurs in winter as well as in summer. Sweating of the feet, unavoidable when long route marches are undertaken in hot weather, predisposes to epidermophytosis interdigitale, and a considerable incidence of the condition is inevitable in any tropical campaign.

A period as a regimental medical officer, followed by a period in charge of the skin beds at a large military hospital serving a South African military camp, has provided me with the opportunity of seeing large numbers of cases of both the earlier and the more severe stages. It was my impression that the incidence was at least 30% in the regiment to which I was attached. The regiment had been called up six weeks previously. The institution of simple precautionary measures, such as scrubbing the floors of the showering cubicles with disinfectant, the issuing of boric powder, with instructions to powder the feet in the morning before donning the socks, the washing of feet after excessive sweating, and thorough drying between the toes after washing, served to reduce the incidence considerably. Despite all these precautions a large number of men still developed the condition.

At first Whitfield's ointment was the routine treatment used, but cases arose which failed to respond to it. Castellani's paint was not obtainable, and in view of the fact that iodine is a good fungicide I decided to try ung. iodi denigrescens (iodine 8½ grains, arachis oil 288 minims, yellow soft paraffin ad 4 oz.). The edges of the opaque white sodden skin were cut away and the ointment was rubbed in well but gently; the affected area was then dusted with boric acid powder. Many of the cases which had failed to respond or were responding tardily to Whitfield's ointment cleared up rapidly with the iodine ointment. It was then decided to try the effect of this ointment in the early stages, and it was found that often in early cases with commencing fissures two and sometimes one application resulted in the complete disappearance of the condition.

Subsequently, in the more severe cases admitted to hospital it was possible to institute a more controlled investigation. In bilateral cases Whitfield's ointment was used on one foot and iodine ointment on the other. Almost without exception the iodine ointment was more effective than, or at least as effective as, Whitfield's ointment. A similar experiment was then conducted using iodine ointment on one foot and Castellani's fuchsin paint on the other. Here the results were not so unequivocal. Most of the cases responded more rapidly to the iodine ointment, but there were some severe cases which responded sooner to Castellani's paint. The ointment has the advantage of being cheaper, more easily obtainable, and not so readily spilled. At the very least it provides a useful alternative treatment for a condition that can be a source of great trouble under Army conditions.

Ung. iodi denigrescens was also tried in the treatment of cheilopompholyx of fungous origin, with very satisfactory results.

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M. M. Baumgartner and T. O. Nuzum (*Wisconsin med. J.* 1941, 40, 579) review the literature and record a case of influenzal meningitis in a woman aged 39 who had a good recovery after spinal drainage and oral administration of sulphanilamide.

Reviews

A TEXTBOOK OF ENDOCRINOLOGY

Essentials of Endocrinology. By Arthur Grollman, Ph.D., M.D. (Pp. 480; illustrated. 36s. net.) Philadelphia, London, Montreal: J. B. Lippincott Company. 1941.

Textbooks of endocrinology appear so frequently that it is legitimate to inquire the reasons for yet another one. We can supply Prof. Grollman with better reasons than those he gives in his own preface. In the first place we approve of his biological approach, which is not sufficiently stressed as a rule. As an example he groups the thyroid, parathyroids, and thymus together as the branchiogenic organs in a way which will appeal to those who feel that the comparative anatomist can throw much light on the evolution of the endocrine system. Then he is not afraid to be both dogmatic and sceptical; the former quality is necessary for the student, the latter for the practitioner. Also he devotes more than a third of the book to the gonadal hormones, which is appropriate, for this is the most actively advancing branch of the subject, and one which it is difficult to find related so coherently. This is the best section of the book. In some respects Prof. Grollman has not allotted the rest of his space so successfully: thus only a single page is devoted to the history of endocrinology in general; only half a page is given to the therapeutic uses of adrenaline, and nearly three pages to the rare tumours of the adrenal medulla. Diabetes is included, as is logical, and it enables him to contrast it with hyperinsulinism and von Gierke's disease. The whole work is more readable than some textbooks on the subject, and it can be recommended to students and practitioners alike.

OTO-RHINO-LARYNGOLOGY

Diseases of the Nose, Throat and Ear. A Handbook for Students and Practitioners. By I. Simson Hall, M.B., Ch.B., F.R.C.P.Ed., F.R.C.S.Ed. Second edition. (Pp. 446; illustrated. 15s. net, postage 7d.) Edinburgh: E. and S. Livingstone. 1941.

There has been a call for a second edition of this book within the space of four years. The author has made no important change and the increase in size is very slight, due to some fresh illustrations. The excellent coloured plate showing diseases of the tympanic membrane—the frontispiece of the first edition—has been eliminated, but some less instructive photographs have been retained, such as Fig. 25, which shows puncture of the antrum with trocar and cannula but without the aid of a nasal speculum. In spite of this we are not persuaded that the author really practises this blind procedure. Tracheotomy is now illustrated. A very long incision is shown extending over the larynx. Certainly the incision should be long enough, but not longer than is necessary. The tube recommended, and now shown in a figure, is Jackson's. This model does not conform to the configuration of the neck and is a constant source of trouble. Durham's tube has long been recognized in Great Britain as possessing the proper shape and should almost always be used, though it is more expensive to manufacture.

For laryngotomy the author advises a tracheotomy tube. It may be necessary to resort to this makeshift in an emergency, but for laryngotomy a laryngotomy tube should be used. In the section on the ear a generous amount of space is devoted to the intracranial complications of otitis media, but otitic encephalitis still receives no mention. Failure to recognize it leads to unnecessary and often harmful explorations of the brain for abscess, and the omission indicates that aural surgeons in general remain