OBSERVATIONS ON SCABIES AT THE ST. PANCRAS BATHING CENTRE

BY

M. W. GEFFEN, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer, L.C.C.; Medical Officer,
St. Pancras Bathing Centre

The prevalence and obstinacy of scabies, and the evident difficulties which many general practitioners have with it, are proffered as excuses for another article on this subject.

I have had the advantage of attending school-children at the St. Pancras Bathing Centre for the L.C.C., and younger children and adults at the same centre for the St. Pancras Borough Council. This has led to the treatment of whole families simultaneously. The intention has been to treat all immediate contacts at the same time as those affected by the disease, with a view to reducing the number of recurrences.

During 1943 the total number of new cases treated among school-children was 1,136, with 5,215 attendances—i.e., approximately 4.5 attendances (not necessarily treatments) per child. Medical examination of adults and pre-school children started only at the beginning of March, the figures for new cases in the last ten months of 1943 being adults 442, pre-school children 201, with a total of 2,138 attendances—an average of 3.3 per patient.

In nearly every case (the exceptions being babies under 1 year old) treatment has been with benzyl benzoate, painted on by trained personnel at the clinic. In a few cases only one application was given, and in a very few three paintings were applied; the great majority had two such treatments, the remaining attendances being for simple baths, observation of progress, treatment of complicating sores, or sometimes for reassurance about persistent itching or healed spots. It has been established by K. Mellanby and others that one application of benzyl benzoate will cure nearly all cases of scabies. Owing to the difficulty of collecting whole families simultaneously, it has been the practice at the clinic to give two applications at an interval of two or three days. It has been hoped that this would allow contacts and carriers to be disinfested before finally discharging those members of the family who presented themselves earliest.

Despite these precautions of doubling the treatment and persuading contacts to attend, 193 of the 1,136 school-children came back to the clinic with recurrences of scabies—i.e., nearly 17%. It has not been possible to prove that none of these recurrences were relapses, but the lapse of time in the great majority of cases pointed to reinfection. Among the adults and younger children, of the total of 643 treated and discharged, 52 returned later with active scabies—i.e., 8%.

An investigation of the 52 recurrences among the adult and small-child group revealed the following interesting facts: 22 of the recurrences occurred in families in which some contacts had not been treated; 10 further subjects knew they had been in contact with scabies outside their families; the 20 remaining could give no information revealing any probable or possible source of reinfection.

Experience at the clinic shows that it is frequently very difficult, sometimes impossible, to induce all family contacts to attend for treatment. The argument is adduced that So-and-so has not got any spots. Often it is added that the family doctor has confirmed this and declared attendance at the clinic to be unnecessary. Unfortunately this last comment is sometimes true—all doctors do not seem to realize that the sarcoptes may be present for some time before producing signs or symptoms. Only a small minority of local practitioners appear to be sending contacts for treatment, and in many cases reluctant contacts who have declared themselves free from spots have been found ultimately to have numerous typical lesions, possibly quite unwittingly. This seems surprising, but is not uncommon. As a rule, mothers of families can be persuaded to be treated as contacts; fathers are far more reluctant or find it far more difficult to attend, although every effort is made to meet their choice of time. Grandparents often jib at coming up for baths; but the most obstinate refusals are from adolescents who have left school a year or two, and who do not like anything resembling discipline. It is obvious that much propaganda is still needed, especially to educate the public in the fact that scabies has "an incubation period" and that "prevention is better than cure."

Other sources of probable reinfestation have been found to be aunts, uncles, and cousins living in the same house, but rarely mentioned by either children or adults (as contacts), sometimes not even on direct inquiry. Lodgers have also to be remembered. Tact, moreover, is required to persuade unmarried bed-partners to attend the clinic; but this difficult task has been admirably carried out by a most diplomatic health visitor. On this last point, of course, no direct or indirect inquiries are ever made, but voluntary admissions are followed by a talk showing why the partner should also attend. Most cases are first brought to light in the routine

work of the L.C.C. school nurses. Many more are sent up by local doctors. Most doctors would appear to know scabies when they see it, but during 1943 six cases of chicken-pox, two of herpes zoster, one secondary syphilis, and various eczemas were sent in diagnosed as scabies by medical practitioners; so also were two cases of pediculosis, several of flea- or bug-bites, some diet rashes, and a dozen cases of acne, in all of which no signs of scabies could be found. It is doubtful if the average practitioner sees many cases of scabies either in hospital or in private practice: one or two visits to a bathing centre would probably be very helpful, and visiting colleagues are always welcome. Again, many patients ultimately come to the clinic with scabies, after having been treated a long time for some other condition—usually food rash or eczema. Even a correct diagnosis is not invariably followed by proper treatment. For example, one patient seen a week or two ago had been using sulphur ointment daily for six weeks, allegedly on her doctor's instructions. She certainly had no scabies when seen, but had a severe sulphur dermatitis.

During the present year a failure in the boiler system due to war causes made it impossible to give the usual immersion and soaking to school-children attending for treatment. For three months these children were merely sponged with warm water before being painted with benzyl benzoate. It has been interesting to observe that there was no falling-off of cures during or soon after this period. Scrubbing the skin to open burrows and lesions has long been abandoned, the only apparent difference being that children with secondary sores no longer suffer as they did under this infiction.

It is also to be noted that children occasionally attend in the morning on an empty stomach. If soaked for some time in a hot bath, then painted standing, and directed—as older children often are—to rub in the paint with their hands to facilitate drying, such children may feel, or actually become, faint. This never happened when the child was not soaked but only sponged.

It is still the practice here to treat children under 12 months old by inunction with Marcussen's ointment. This gives results comparable with those from benzyl benzoate, but the ointment is too messy and colourful for general use.

The new *National War Formulary* application of benzyl benzoate is not only economical as compared with the old spirit and soap lotion but is also much better tolerated. In fact, neither adults nor children complain nowadays except (rarely) when a child rubs some of the application into an eye. Nor is a single case recollected in which benzyl benzoate application was followed by any harm.

Occasionally, when the presence of other illness rendered a patient unable or unfit to attend, benzyl benzoate has been prescribed with full instructions for use in the home. Experience has shown that home-treatment fails in most cases. Experience also shows overwhelmingly that *recurrent scabies is a disease of dirt*. The cleanest people may be unfortunate enough to contract scabies once. We have had families attending the clinic for as many as four attacks of scabies in a year. In all these cases, without exception, the homes have been dirty, and the patients have shown, in the state of their clothing, sometimes by concurrent infestation with lice, and the obvious neglect to use soap and water, that hygiene may receive honourable mention but has not been practised. These patients are sometimes of low mental grade.

The following formulae may be useful for complications:

1. Ointment for Boils and Pustules

R Extr. ergotae liq. B.P.	..	..	..	3 vss
Zinci oxidi	..	..	..	3 ivss
Acid. carbol. pur. B.P.	..	..	..	gr. lv
Adeps lanae anhydr.	..	..	..	3 ii 3 vi

M. ft. ung.

2. Ointment for Impetigo and Septic Sores

R Sulphanilamidi	..	..	..	gr. xxiv
Ung. simp.	..	..	..	ad 3 i

These have been very successful for the secondary septic infections that often follow scabies and scratching. Almost the only other ointments used have been ung. zinci, with castor oil; ung. hydrarg. ammon. dil. B.P.C.; and, for persistent itch after killing sarcoptes, ung. calamin. co. (syn., ung. sed.), N.W.F.

The opportunity is taken, with pleasure, of acknowledging the loyal and efficient assistance of the County, and Borough, Council staffs in all departments, both in the treatment of patients and in the preparation of the records referred to in this article.

Geriatrics is the latest specialty of medicine to be developed, and is the subject of increasing references and articles in the medical press. Pleading that older people should be treated psychologically as well as physically, Dr. Roger I. Lee (*New Engl. J. Med.*, 1944, 230, 190) observes, "Although I do not approve of their picking up gigolos and going dancing, at the same time a certain amount of this sort of thing is to be recommended."