A NOTE ON LICE AND SKIN DISEASE.

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Attention has recently been directed by Captains H. C. Semon and H. W. Barber to the importance of pediculosis as a cause of cutaneous disease in the Army. While it has always been recognized that lice can and do give rise to such conditions as impetigo and ecthyma, considerable credit is due to these authors for, firstly, showing that in the Army Pediculus corporis frequently deposits its ova on the pubic hair, thus defeating such anti-parasitic measures as are directed only to the clothing and blankets; and, secondly, for showing that the lesions, and still more the distribution of the lesions, are sufficiently characteristic to enable a diagnosis of pediculosis to be made, even in the absence of live parasites or ova.

The object of this brief communication is to show that the contentsions of Semon and Barber are entirely borne out by the experience of another base hospital.

In the last 1,047 cases which passed through my hands there were 207 cases of scabies, and 137 cases of pediculosis, the latter in every case carrying live pediculi or ova. There were in addition 144 cases of pyoderma (ecthyma, etc.), in which the distribution of the lesions strongly suggested pediculosis, but in which no absolute evidence was found. (As a majority of my patients come via casualty clearing-station it is not unreasonable to assume that for every case arriving with live parasites there is at least one who has been freed from them.)

A further point of some interest emerges. In this series of 1,047 patients there occurred fifty-one cases of "trench fever." No case in which any cause, such for example as tonsillitis, for the pyrexia could be discovered, was included, and all the fifty-one cases showed the symptoms which are recognized as characteristic of "trench fever." Forty-eight of these occurred in patients suffering either from scabies or pediculosis, an incidence of almost ten per cent; while three only occurred among all the other patients, an incidence of 0.59 per cent.

It would be unwise to draw deductions from so few cases, but the above figures certainly lend some support to the theory that trench fever is carried by lice.

CONCLUSIONS.

(1) In the British Expeditionary Force it is not exceptional for Pediculus corporis to lay its eggs on the pubic (and occasionally axillary and peri-anal) hair, thus defeating the anti-parasitic measures in ordinary use.

(2) Patients frequently reach the base with marked pediculosis, even after weeks' residence in casualty clearing stations.

(3) Pediculosis is almost certainly a more serious cause of disabling skin disease than scabies.

(4) There is some evidence that lice are the carriers of the infection of "trench fever." 3