MEDICINE

One-Day Impetigo Cure

Sulfathiazole, in form like fresh white mud, is applied to the distressing sores and next day they are gone. No new sores develop.

A ONE-DAY, one-treatment cure of impetigo, unpleasant, contagious and sometimes dangerous skin disease likely to be especially prevalent under war conditions, has been achieved by a new white-mud sulfonic acid treatment.

Success with the treatment, which also promptly stops the spread of impetigo, is announced by Dr. T. N. Harris, of the University of Pennsylvania (Journal, American Medical Association, Feb. 6).

Sulfathiazole is the drug Dr. Harris used, though he suggests other sulfonic acid drugs could also be used with the new method. Instead of giving sulfathiazole, by intravenous injection or using an ointment or ordinary powder of the drug, as has been done heretofore in impetigo cases, he uses a microcrystalline form of sulfathiazole in a 20% suspension in water.

A drop or two of this suspension, which looks like milk of magnesia, is put on a gauze dressing. As the water seeps into the gauze to a greater extent than the sulfathiazole crystals, a small collection of pure crystals in water, looking like fresh white mud, is left on the gauze.

Advantages of the microcrystalline sulfathiazole are that it does not cake on the impetigo sores, as powdered sulfonic acid drugs do, and does not form a crust with the matter oozing from the sores, as sulfonic acid ointments do. Instead the white mud-like sulfonic acid crystals on the dressing get right into the fluid in and about the sores where they can act more effectively to stop the infection.

When the dressing is removed the following day, a dry pink spot is present where the impetigo sore had been. New skin grows in and the pink color fades within a few days without further treatment. No new sores developed in any of the 15 children treated, nor did any new cases develop in the two outbreaks after the first ones had had their single white sulfonic acid mud treatment.

Besides this rapid healing and prompt checking of the contagion, Dr. Harris points to another advantage of the new treatment. Impetigo in children past infancy is generally regarded as unimportant so far as the patient's general health is concerned, but numerous cases have been reported in which impetigo was the forerunner of serious kidney disease.

The microcrystalline form of sulfathiazole on which the new treatment depends for success was developed less than a year ago for surgical use by Dr. L. A. Chambers and associates of Philadelphia.

Science News Letter, February 16, 1943

MEDICINE

Sulfanilamide Used For Rheumatic Fever

FRESH HOPE that sulfanilamide may prove an effective weapon in fighting off recurrent attacks of rheumatic fever appears in a report from Dr. Caroline A. Chandler and Dr. Helen B. Taussig, of the Johns Hopkins Hospital and School of Medicine, to the Bulletin of the Johns Hopkins Hospital (Jan.). They gave small doses of this drug daily during two winters and springs to two groups of rheumatic fever patients, 16 the first season and 25 the second. Similar groups of patients who did not take the drug served as controls for judging the value of the treatment.

Of a total of 41 patient-seasons over two years, only one patient receiving sulfanilamide developed any sign of a return-attack of rheumatic fever, and that was questionable, consisting only of a faint heart murmur which not all who examined the patient heard. Among the patients who did not get sulfanilamide, there were five recurrences of rheumatic fever out of a total of 41 patient-seasons, or more than 10%. Two of the attacks extended into the second season.

The number of patients, the doctors point out, is too small for the findings to have statistical significance. The study had been planned to extend for five years with more patients being added to the group, but has had to be discontinued. Coming after similar results with sulfanilamide treatment previously reported by other doctors, how-

NEW HELLDIVER—This new Curtiss A-25 is a two-place, mid-wing monoplane powered with a 1700-horsepower Wright Cyclone engine and equipped with a three-bladed Curtiss electric propeller and retractable landing gear. Just what it can do is kept secret, but the manufacturer claims that it has greater speed, range and striking power than any other dive-bomber now in action. Quantity production on a continuously moving assembly line is now under way.