

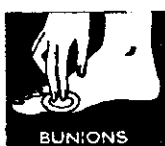
RHEUMATIC?

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BETWEEN TOES: A DANGER ZONE

Written for "The Listener" by DR. H. B. TURBOTT, Director of the Division of School Hygiene, Health Department

HAVE you heard of Hong Kong foot, or Singapore or Fiji foot, or more simply, athlete's foot?

Ringworm between the toes and of soles, was previously mostly imported from the East and given various names. Nowadays it is very common, in boarding schools and universities, in sports clubs of all kinds, and in the general population. The wet bathroom floor of the home, the boarding house, the school, the college or sports club, or the floors of public baths help spread the infection, for the ringworm fungus grows best in a damp, warm environment. Picked up by bare feet from public floors, it finds a grand place to live and grow between the toes. It is warm and damp there, and the ringworm fungus, closely related to yeasts, makes a home in any dead horny material in the nail, or dead moist material between the toes, and on the soles of the feet.

Any itching or burning sensation between toes, on soles, or on sides of toes is a hint of danger. The first appearance

of ringworm there is usually heralded by scaliness, or white sodden skin. But there may be redness, with blistering and raw areas. This subsides and scaling and thickening follow. The red, blistering or raw area may recur slightly further out, to leave further soggy skin behind. This ringworm fungus usually confines its activities to between the toes and to the soles of the feet, but in bad cases may spread anywhere on the foot. The laboratory can clinch the diagnosis by examining scrapings from the affected area and finding the ringworm fungus present.

Methods of Treatment

When the condition is in the red, blistering, or raw stage, painting with fresh tincture of iodine will often stop the spread and in some people, seems curative. It is generally agreed that Whitfield's ointment (obtainable at the chemists) is the best remedy. Many other things have been used, but whatever is used, it is essential that for several weeks after apparent cure, the patient should continue the treatment.

Preventive treatment—and measures to prevent recurrences—involve drying very carefully between the toes after the bath or shower, and powdering with a boracic acid dusting powder. Very cramped toes may have pledgets of cotton wool inserted between, to keep them apart and better aired. Shoes or slippers should be worn whenever hotel, college, or public bath floors are used. Other folks' shoes and socks should not be worn. If anyone in the household is affected, he should have separate towel and bath mat, and bath mats and floors should be wiped down with antiseptic solution. The wet bathroom floor has an appreciable share in the spread of infection. In some public baths in the U.S.A. every bather is required to stand for a few minutes with bare feet in a one per cent. solution of sodium hypochlorite before entering the baths.

Shoes and slippers can be a source of infection in ringworm of the feet, as well as socks or stockings. Such shoes or slippers will be a source of re-infection to the original wearer, or may cause a new infection if worn by a person previously uninfected. They can be sterilised by soaking in formalin solution, but if at all old, are best replaced.

(Next week: "More Questions Answered: Potato Substitutes," by Dr. Muriel Bell.)

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