

acid; so altogether this function of the skin shows the great necessity for cleanliness as regards frequent baths.

The cold bath for the robust and healthy should be of short duration. After drying well with rough towels, the capillaries, which have contracted under the influence of cold water, begin to dilate. The bath should be followed by a feeling of glowing warmth all over the body; in such cases the bath increases the action of the glands, and imparts a tonic action to the nervous system generally. If the bather is troubled with cold feet, shivering, or even nausea after a cold bath, then he should give it up for the tepid bath, or rubbing the skin with towels wrung out of warm water. The warm bath is too often abused by its too frequent use; loss of energy and general weakness is the consequence. But once a week at least, for about fifteen or twenty minutes, with soap to give the skin a good cleansing, it is most useful and beneficial. Bathers should be careful as regards catching cold from exposure after a warm bath.

The tepid swimming bath, which combines the cleansing effect with the exercise of certain combinations of muscles not otherwise brought into play, is the most useful of all baths for those unable to enjoy swimming exercise at the sea.

By-and-bye you will see what a close relation exists between the skin, the lungs, and the kidneys, they being all charged with the office of carrying off water from the blood, and will easily understand that when the pores of the skin are blocked up and cannot perform their functions, the other organs have to do additional work, and sometimes become diseased in consequence. When I come to the subject of scarlet fever, I shall have more to say about this.

There are many troublesome complaints of the skin alone, and many other affections of it, which are consequent to fevers, &c., which I do not intend to enter upon now; but I will enumerate some of the skin diseases with which you will be likely to meet in your Ward work, but to speak of them all would occupy more space than I have at my command.

First of all, there are several words which you will hear constantly used in connection with skin diseases, which you should not only know the meaning of, but the difference between. *Eruption* means simply a breaking out. *Pimple* is a small pointed elevation of the cuticle, with an inflamed base, which seldom contains a fluid or suppurates, and generally ends in dandruff or scurf. *Vesicle* is a little bladder-like elevation of the cuticle containing lymph, which is sometimes clear and colourless, but often opaque and whitish, or pearl coloured. This is also succeeded by scurf. *Pustule* is an elevation of the cuticle, with an inflamed base containing pus.

One of the most terrible of all the diseases to which the skin is subject is *erysipelas*. It is always characterised by fever of a low type, and a peculiar inflammation of the skin. Erysipelas may either be *idiopathic*, that is, coming on without any marked or evident cause; or *traumatic*, the result of a wound or other injury in an unhealthy individual, or Hospital. There exists also the greatest difference in the nature and severity of the disease, some cases being slight, and resulting merely in a temporary and limited blush on the skin (erythema); others going on with great rapidity to the formation of vast abscesses in the cellular tissue. Such cases of phlegmonous erysipelas affect the constitution rapidly and profoundly, and are often fatal. Of the latter I will speak in its proper place, but at present I wish only to say a few words with regard to the first kind, to which persons of a sanguine or plethoric temperament are most liable. Those who have once had erysipelas are extremely liable to a recurrence of it under the influence of such exciting causes as cold, excessive heat, or the presence of irritating matters in the bowels.

An attack generally commences with *rigors* and other symptoms of fever, great confusion of the head, sometimes amounting to delirium, nausea, vomiting, a coated tongue, quick pulse, hot skin, and an elevated temperature. It is sometimes a few hours, sometimes as many as twenty-four, before the eruption, which is of a bright red colour, appears. Usually it has a distinct margin, but occasionally it so fades away into the skin as to have no actual edge. At first the eruption is of no great size, but, gradually spreading, it occupies at length a great extent of surface. There is considerable swelling, and violent heat of the part inflamed, and when the face, as is most often the case, is the seat of the disease, the whole hairy scalp becomes affected, and the eyes are frequently closed. Sometimes the eruption subsides at one part, and reappears further off. This is called the erratic form. In about five or six days the eruption terminates in small watery vesicles, and the cuticle is shed in scales. Sometimes, however, the fever does not abate at this time, but increases, and is accompanied by coma, and the patient dies about the ninth or eleventh day.

The worst form of erysipelas is when the inflammation involves the layer of fat and membrane between the skin and muscles. It is then called cellulocutaneous erysipelas. If this kind of inflammation goes on increasing, or is not properly treated, it ends in the extensive formation of matter and sloughs of tissue, to the great peril of the patient's life. If a favourable termination takes place, the part affected is left in a swollen and cedematous condition, which subsides in course of time.

[previous page](#)

[next page](#)