

OUR PRIZE COMPETITION.

DESCRIBE THE APPEARANCE OF THE SKIN IN (a) ECZEMA, (b) PSORIASIS, (c) RINGWORM, (d) LUPUS. HOW ARE THESE DISEASES TREATED?

We have pleasure in awarding the prize this week to Miss E. O. Walford, Maldon Road, Colchester.

PRIZE PAPER.

(a) *Eczema* may appear without any apparent cause, or may be due to (i) Too free action of the sweat glands or any occupation necessitating constant moisture of the skin, as laundry work; (ii) irritating soap, or irritants, as carbolic, washing soda, exposure to sun, clothes containing irritating dyes, discharges from nose, ears, etc.; (iii) poisons in the blood, as in gouty, diabetic or rheumatic patients.

The skin burns, irritates and becomes red. Numerous vesicles appear which burst and discharge a watery fluid; this, when dry, stiffens the clothing, or if unabsorbed, dries into white scales. The vesicles, running together, form a large, raw sore.

Treatment. Remove or treat the cause. Woollen or dyed clothes must not be worn next the skin. Use warm water softened with oatmeal or bran, no soap, and dry thoroughly afterwards, but wash as little as possible. Soften any hard scabs with warm olive oil and remove them before dressing with ung. metalorum, calamine lotion, or starch, zinc and boric powder. Protect the patient from extremes of heat and cold; if a child, tie his hands in cotton wool to prevent him from scratching. Give a light diet, avoiding salt or highly seasoned food. Keep the bowels acting freely. Iron and arsenic are often ordered.

(b) *Psoriasis* is a hereditary disease, the cause of which is unknown; it generally appears first in early life, and may recur in spring and autumn; it is sometimes associated with gout or rheumatism. It starts with raised red patches covered with dry silvery white scales. These patches appear chiefly on the elbows, knees, and backs of the forearms, but in bad cases may affect the whole of the body.

Treatment. Give hot baths, using a good soap, to remove the scales; then tar or chrysarobin ointment is generally applied. If the skin becomes inflamed, calamine lotion may be used. Arsenic is frequently ordered. Any pre-disposing cause will be treated.

(c) *Ringworm* is due to a fungus which attacks the skin of the body or the scalp (*tinea tonsurans*). It starts as a small red scurfy spot, which spreads and forms a ring. The edge is well defined, the centre paler; there may be one or more rings. In *tinea ton-*

surans the patch is first seen covered with thin hair, which is soon destroyed, so only broken and twisted hair is left.

Treatment. Shave the whole head or a large area round the patch and apply carbolic and sulphur ointment $\bar{a}\bar{a}$ or mercury and vaseline $\bar{a}\bar{a}$ twice daily, or paint the patch with Tr. Iodi. If available, X-ray treatment or zinc or copper ionization will probably be ordered. Pull out and burn loose hairs. The patient must never use any cap, brush, towel, etc., but his own; wash the latter frequently, and place a paper lining, which must be renewed daily, in the former.

(d) *Lupus* is caused by the tubercle bacilli. It may attack the lining membrane of nose or mouth, or the skin anywhere, but it is more common on the face.

There are two forms: (i) *Lupus vulgaris*, which usually appears before the age of 21, starts as a soft yellow nodule, resembling a piece of apple jelly. Other nodules form, join together and burst; this continues spreading and eating into the flesh and even the bone; (ii) *Erythematous lupus*, which consists of red patches covered with scaly scabs. These patches generally come on the face and form the shape of a butterfly, the body being over the mouth and a wing over each cheek.

Treatment usually employed is Finsen light, preceded by X-rays if there is ulceration. After treatment, apply a dressing of picric or boric ointment. Tubercular vaccine is sometimes injected. The patient should lead an outdoor life, sleep in a well-ventilated room, and have a plentiful fatty diet.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss May Long, Miss Jane Elliot, and Miss Kate Lewis.

QUESTION FOR NEXT WEEK.

What measures would you adopt to check hæmorrhage from (a) the lungs (*hæmoptysis*); (b) a deep cut in the forearm; (c) a ruptured varicose vein?

NINETEEN MILLIONS FOR THE RED CROSS.

Hearty congratulations to Sir Robert Hudson, G.B.E., Chairman of the Joint War Finance Committee of the Red Cross and Order of St. John of Jerusalem. During the five and a half years of war and its aftermath nearly nineteen million pounds was collected through his organisation—upwards of sixteen millions having been acknowledged through press appeals—a proof of the colossal generosity of the British people and their sympathy with suffering.

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