

Erythema.

By L. Goddard, S.R.N.

ERYTHEMA MAY OCCUR FOR SEVERAL REASONS; the rash usually gives the skin a bright red appearance, and at first appears like a blush over the affected area, but on close examination there is seen and felt minute points or very small pimples, owing to the areas of the skin becoming congested with blood and causing a red eruption.

Erythema nodosum, usually occurs on the extensor aspect of the limbs, the swellings are tender to the touch, and may be round, oval or have wavy outlines in appearance, they vary in size and number and the rash may be papular or vascular. The eruption is usually accompanied by a tingling sensation with itching and also pain.

It occurs often in children and is also seen in adults. Constitutional symptoms are usually slight, but some throat inflammation and pains in the joints may occur; at one time it was believed to be due to a form of rheumatism.

There may be a slight rise in temperature and a feeling of general malaise.

Often red blotches may be seen in cases of "Erythema multiforme," which occurring on the hands spread up the arms to the trunk, this usually occurs in adults and is vesicular in appearance, this form of the rash also is seen as a drug rash.

Erythema of the skin may be seen in some cases after treatment of ultra violet ray, and may last for weeks.

Cause. The reasons may be various; it may be due to certain drugs or plants such as Belladonna, or the eating of indigestible or unsound food; heat, such as exposure to the sun; after enemata, or to cold and wet, the latter is known as "Erythema pernio."

Treatment. Rest in bed, an application to the affected areas of cooling lotions, such as lead or calamine lotion, or dusting with equal parts of boracic zinc and starch powder to allay the tingling and itching, or magnesium sulphate paste may be ordered.

Salicylates may be given orally.

Care must be taken in early cases not to be mistaken with erysipelas.

Shingles.

By L. Goddard, S.R.N.

SHINGLES, OR *herpes zoster*, most frequently occurs in the region of the dorsal spinal nerve roots, but often affects the ophthalmic division of the fifth or trigeminal nerve.

It is commonly met with along the course of the intercostal nerves or in the region involved.

It is an infection with localisation in the cerebral ganglia and has some apparent relationship to chicken-pox.

More than one of the intercostal nerves may be affected at once, but it is seldom that two on opposite sides become affected, thus giving rise to an old superstition that should the shingles meet around the body the patient would die.

The inflammation of the skin depends a great deal on the inflammation of the nerve supplying the affected area.

Precipitating factors may be due to several causes, it may be traced to a blow or to the taking of poisons such as bismuth, arsenic, etc., or to diseased tissues in the neighbourhood, but in many cases no cause at all can be found.

Its occurrence is sometimes met with in acute infection, such as syphilis and lesions of the peripheral nerves, and particularly in cases of malaria, pneumonia and cerebro-spinal fever.

The appearance of the characteristic group of vesicles is usually preceded by the patient feeling ill. There is a slight temperature and pains in the side which are of a neuralgic nature, in some cases so severe as to suggest pleurisy.

On the third day inflammation of the skin occurs in patches the vesicles then develop and are arranged along the course of the cutaneous nerve.

At first the vesicles are filled with a clear, or sometimes bloody, serum, which later become purulent.

Shingles may occur at any age and has a tendency to break out in small epidemics in the spring and autumn.

A generalised *herpes zoster* sometimes occurs, causing a vesicular rash on the neck and face, trunk and thighs, it may begin on the side of the nose, extending to the brow and cornea.

Treatment consists of rest in bed, a dusting powder consisting of a mixture of starch and boric, it is sprinkled on the vesicles and a protective dressing applied or cocaine with lanolin may be applied. Morphina may be ordered for the relief of severe pain and tonics are usually given as the patients' condition improves.

The National Association for Mental Health.

"LACK OF TEACHERS SUFFICIENTLY SKILLED TO appreciate the needs of physically disabled children of high intelligence may be prejudicing the chances in life of these children," states a report by the National Association for Mental Health, in conjunction with the Central Council for the Care of Cripples.

The report deals with an enquiry covering 1,928 physically-handicapped children, and this is among the conclusions of two educational psychologists who carried out the survey.

Their report, "Some Special Educational Problems of Physically Handicapped Children," has just been published jointly by these two organisations.

The report states that there is a tendency to regard the children as dull, simply because their education has been retarded by reason of their infirmity and they are backward at reading or figures.

Once this backwardness has been overcome, the majority of physically-handicapped children, about 89 per cent. of them, prove to be of average, or even above average, intelligence, and are suited for secondary or grammar school education.

The individual assessment of physically-handicapped children should only be undertaken by people both qualified and experienced in this difficult field of work.

We do hope that women with the necessary educational qualifications, and deep interest in these unfortunate children, will come forward to undertake this special work.

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