OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF ERYSIPELAS AND ITS ORIGIN? WHAT ARE THE PRINCIPAL NURSING POINTS?

We have pleasure in awarding the prize this week to Miss Winifred Appleton, University College Hospital, Gower Street, W.C.

PRIZE PAPER.

Causes.—Erysipelas is an acute specific infection of the superficial lymphatics, due to the streptococcus erysipelatosis; it is commonest in spring time, and dirt and insanitary conditions favour its development. Important predisposing causes are: Alcoholism, chronic Bright's disease, wounds and abrasions, recent child delivery, and it may also be a complication of septic visceral diseases.

Types.—(1) Traumatic, connected with skin wounds or of mucous membrane; (2) idiopathic, occurs apart from a wound.

Mode of Infection.—(1) Direct contact, may be conveyed by a third person; (2) fomites; (3) by the air.

Incubation period is two to seven days, and the duration about seven to ten days, but there may be relapses and complications.

Defervescence is by crisis when the temperature falls, the inflammation stops spreading, the rash fades, and is followed by desquamation.

The course is sharp and satisfactory where the constitution is good, but where there is broken health or severe wounds it is often fatal.

Where erysipelas attacks newborn infants or when associated with such exhaustive diseases as typhoid or phthisis the result is usually serious. In a typical case of erysipelas the onset is sudden, with rigor, the temperature rising quickly to 104° or higher. A bright red patch appears on the skin, either where there is a wound or at a joint, where the mucous membrane joins the skin (mouth, eye, &c.).

In idiopathic erysipelas the head and face are the most common sites attacked.

Blebs or vesicles occur, but œdema is rare, except where the eyelids or scrotum are involved. Lymphatic glands may be swollen and affected.

The chief characteristics of the rash are a bright red skin, swollen and tender, with an edge raised and well defined.

The general symptoms are headache, general malaise, vomiting, furred tongue, anorexia, constipation or diarrhœa, a rapid bounding pulse. In severe cases there may be delirium or the typhoid state.

Occasionally, the inflammation, while healing, may spread to another part of the body and involve a larger area.

In most cases little treatment is needed beyond isolation, careful nursing, and suitable diet.

Internally, there is really no specific remedy, though tincture of ferric chloride is often recommended.

Antiseptic treatment for infectious cases is required; use rubber gloves and wear an overall when dressing affected area.

The main points are to relieve pain, to induce sleep, and to maintain the strength.

Locally, applications should be used to protect the part from the air and to relieve pain. Ichthyol ointment is good in checking the spread of inflammation, and being a greasy preparation it prevents the scales of the skin from falling about; fomentations may be applied for pain (carbolic 1 in 40 is good).

An injection of antiseptic solutions beyond the spreading edge of the rash prevents the spread of inflammation.

Anti-streptococci may be injected, and if vaccine is obtainable it may be used with advantage in prolonged cases. The diet should be light and nourishing until after the crisis, then gradually introduce solids and feed up as much as possible.

The deep structures may be invaded and necrosis and the formation of pus result; this is known as Phelegmonous Erysipelas. In these cases, incisions are made and the affected area freely opened.

Other complications are Toxæmia, Septicæmia, Lymphangitis in the nearest set of glands, Oedema of the glottis, Cellulitis, Ulcerative Endocarditis, Nephritis, Arthritis, Meningitis, and Otitis Media.

An aperient should be given regularly to aid in clearing up toxic absorption.

Miss Mary Arney lays stress on the necessity of the nurse wearing an overall, and thoroughly disinfecting her hands after attending the patient. All articles used by and for the patient must be disinfected after use, and kept separate.

Miss M. F. Waugh says: The amount of sleep must be carefully noted and reported to the doctor, who may prescribe opium to relieve pain.

Miss A. M. M. Cullen writes: Should the face be affected, then a mask must be worn. In alcoholic subjects there is fear of delirium. Patients must be nursed in a very quiet and darkened room, well ventilated but warm. The nurse must wear a gown and gloves. Soiled dressings must be burnt immediately.

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