

## OUR PRIZE COMPETITION.

### WHAT DO YOU KNOW OF SHINGLES? WHAT IS THE MEANING OF THE TERM, AND WHAT IS THE USUAL TREATMENT?

We have pleasure in awarding the prize this week to Mrs. Jean M. Jepson, 22, Philbeach Gardens, Earls Court, S.W.5.

#### PRIZE PAPER.

The name "Herpes" is derived from the Greek (creep), "Zoster" means a girdle. This name was originally applied to the form in which this skin affection spreads from the spine round the trunk; the popular name "Shingles" owes its derivation to the Latin "cingulum," a girdle. Herpes Zoster is an acute inflammatory condition of the skin, characterised by the formation of vesicles on an inflammatory base; the lesions are distributed in relation to the course of a cutaneous nerve. Though usually seen in the line of the intercostal nerves, they may follow the course of any nerve, *e.g.*, Herpes Frontalis, following the supra-orbital nerve on the forehead and scalp; Herpes Cervicalis, over the neck, clavicle and deltoid; Herpes Brachialis follows the nerves of the arm.

General opinion favours the view that Herpes is an affection of the nervous system. Some dermatologists regard it as a specific fever, the rash being the physical sign. Statistics show that the disease occurs in small epidemics, and that one attack almost certainly protects from subsequent ones. Post-mortem examinations show destruction of the ganglion cells and fibres, and degeneration in the peripheral nerves.

Both sexes suffer equally; it is common among children and young adults; in the aged it may become a dangerous complaint.

Herpes is rarely contracted by the robust, but usually by persons recovering from some acute disease, or suffering from some debilitating condition, *e.g.*, phthisis.

The presence of herpes may help in the diagnosis of pleurisy, which is not causing sufficient pain to attract attention, or it may be a symptom of disease of the spinal cord.

*Symptoms and Course.*—The early symptoms are similar to those of any feverish attack, vague pains are felt which finally settle in a certain part, the rash appearing in about three days, which consists of crops of vesicles on an erythematous base; these enlarge, while new ones appear in advance of them. This linear distribution may form a complete girdle round the trunk, but it is usually unilateral. In normal cases the vesicles dry up in about ten days, the

scabs separate, and the patient recovers; however, in the aged the pain is often excruciating before, during, and after an attack.

Owing to there being a considerable thickness of epidermis below the vesicle, there should be no resultant scarring, unless sepsis has occurred, when serious ulcers may form. In supra-orbital herpes scarring is the rule; the conjunctiva, cornea or iris may be attacked and loss of sight may follow.

*Treatment.*—Any known cause should be treated, *e.g.*, tonics are necessary if the patient is in poor health. In the early stages the application of cocaine and atropine ointment allays the pain and prevents, to a certain extent, the outbreak of the eruption. Liniments of aconite and belladonna are useful; these should not be used when the skin is broken. The aim is to allay pain and promote asepsis. Some recommend free powdering of the parts. Zinc oxide, starch and bismuth subnitrate are a good combination. Boracic is apt to increase the pain when the vesicles have broken. Applications of Unna's or menthol paste, or a layer of collodion may be painted on locally, and the part kept warm with a dressing of cotton wool. Opiates or hypodermic injections of morphia may be necessary. A prolonged course of tonics must be given for the persistent neuralgias. Quinine, bromide of potassium and arsenic are valuable remedies; aperients should be freely given; in obstinate cases the use of the constant current may afford relief.

To prevent the deep scarring in the supra-orbital form, the scabs should be carefully removed, as their pressure helps to deepen the resulting scar, the parts should then be kept soft by the application of ointment.

Especially in the weak or aged, the strength must be kept up; warmth and rest and a nourishing diet are essential, as the malady may become serious and life be endangered.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss P. Thomson, Miss M. Robinson.

Miss M. James writes: "Shingles is not a disease very frequently met with in hospital wards, as it is usually considered one of the minor ailments; but it is a very painful one, and requires good nursing, which can do much to relieve it."

#### QUESTION FOR NEXT WEEK.

What are the points of difference between epilepsy, chorea and hysteria? Give the treatment and management suitable for each.

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