

tary, Sir Cooper Perry, who govern the College, are primarily responsible for this most disastrous policy. Nothing has been more contemptible than the unprofessional conduct of their amenable representatives on the General Nursing Council, led by Miss Cox-Davies, who have in many instances betrayed their professional trust and the honour of our cloth.

That we must protest against this ill-considered action by the Medical Committee in the House of Commons, and must bestir ourselves to enlist the sympathy of members of the House at large, goes without saying. Not a post should be lost.

To the Lobby of the House of Commons.

OUR PRIZE COMPETITION.

DESCRIBE (a) THE POSSIBLE CAUSES OF (b) THE TREATMENT AND NURSING OF A CASE OF CELLULITIS OF HAND.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, Homœopathic Hospital, Great Ormond Street, W.C.1.

PRIZE PAPER.

Acute Diffuse Suppuration; Cellulitis.—These terms are used to define those forms of suppuration in which the inflammatory processes diffuse rapidly through cellular tissues, particularly the subcutaneous and the intermuscular. It may be either primary in origin or secondary to a localised suppurative process, and may be caused by infection with any of the pyogenic bacteria, but it is more often associated with the streptococcus group.

The infecting micro-organisms gain entrance to the body, most commonly, by direct inoculation through a wound. The wound may be quite trivial, or such a condition as compound fracture may be the injury. Hæmic infection, direct extension from, or rupture from an abscess, however, are also causes. Cellulitis is a condition in which the connective-tissue elements cannot resist to any extent the invading micro-organisms. Starting from the site of injury, the condition spreads rapidly, causing redness of the skin and marking out the lymphatic vessels as red lines (lymphangitis) running towards the lymphatic nodes. In places the skin becomes hard, brawny, intensely red, and later, as softening occurs, blue or gangrenous, pus forms in small collections, which run together and travel in the subcutaneous and deeper cellular planes.

When due to anaerobic bacteria, crepitus known as "interstitial emphysema" will be also observed; on the skin, vesicles and pustules are often seen.

The involvement of the intermuscular planes is recognised by the production of severe pain when an attempt is made to put the muscle into action. The lymphatic glands draining the area become enlarged, painful, matted together, and tend to suppurate. Streptococci are more often responsible for this condition than other bacteria.

The onset is as a rule sudden, being ushered in with a rigor or sequence of rigors, and all the symptoms of an acute infection make their appearance within a few hours to three days of the injury. The pulse is full and bounding, sweating is profuse, delirium is often present, and the patient is extremely ill. Generalised infection by the blood-stream, either in the form of septicæmia or pyæmia, is extremely prone to occur in this condition.

Treatment and Nursing of Diffuse Cellulitis.—Free incisions, several inches in length, are made in the direction of the vessels and nerves over the whole area of the lesion; in order to give free exit to the exudation, free drainage with tube, and not gauze, is aimed at. The limb should be placed in a bath of hot water containing an antiseptic solution and kept there for a considerable period of time, varying with individual cases, and in the intervals dressings of sterile gauze and a splint applied, the latter to prevent contractions. Frequent hot baths or continuous irrigations are very desirable. In desperate cases, amputation above the lesion may be necessary, especially if septicæmia or pyæmia is suspected; but the condition of the patient must be bad indeed if this method of procedure is called for. Careful observation for the appearance of metastatic abscesses, either in the lymphatic nodes or elsewhere, should be made, and those dealt with as soon as they are recognised. Massage and early passive movements should be commenced as soon as possible to prevent adhesions occurring, and to limit the contraction of scar tissue of the skin or deeper tissues.

After the acute symptoms have passed off, stimulants, tonics, nutritive diet, and plenty of fresh air are indicated. The bowels should be well regulated. Vaccine therapy and serum therapy are sometimes useful.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mary Ramsay, Miss P. Thomson, Miss M. James, Miss J. Edmonson, Miss F. Browne.

QUESTION FOR NEXT WEEK.

Name six palatable temperance drinks for the sick, and how to make them.

[previous page](#)

[next page](#)