

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF PSORIASIS, THE DIFFERENT TYPES, AND THEIR LOCAL AND CONSTITUTIONAL TREATMENT?

We have pleasure in awarding the prize this week to Miss Mary Ramsey, Registered Nurse, Enmore Road, South Norwood.

PRIZE PAPER.

Psoriasis is a well-marked skin disease of common occurrence. The lesions begin as minute scaly points in the epidermis on a more or less reddened basis, which increase or extend so as to form circumscribed scaly patches covering areas of all sizes. A chronic inflammatory process takes place in the true skin, the papillæ of which become considerably lengthened and more vascular than usual, together with changes in the cuticle which cause a defect in the horny formation that usually takes place on the surface. It is chronic in course and tends to relapse. Psoriasis is sometimes classed as a form of impetigo, and may develop at any age, but rarely after fifty years of age.

Causes.—The condition generally appears for the first time in childhood or adolescence, afterwards disappearing and reappearing from time to time. Some authorities consider that the disease is due to the action of a parasite ingested with the food, and entering the blood stream finds its way to the skin, thus giving rise to the eruption. It is usually not contagious, but hereditary in some families, occurring in different generations of one stock. It cannot be inoculated, but its appearance may be incited by local irritation or injuries; it also has a distinct connection with asthma, gout, and rheumatism, and is also liable to appear in neurotic patients. In some persons psoriasis appears repeatedly at a particular season of the year. The chief factor is the hyperæmia which is due to irritation of the vaso-motor nerves.

Symptoms.—The eruption has a preference for extensor surfaces, such as the back of the elbows and front of the knees. There is no heat or pain, nor suppuration, nor does it form granulations. It begins as small pimples, each covered with a white cap of scales, which enlarge in breadth till they form patches two or three inches in width. At the same time patches may appear on the face and scalp, and it may be present in combination with other skin diseases, as seborrhœa, eczema, ichthyosis, prurigo, &c. The redness present is of a dull tinge. As the patches enlarge the scaling becomes more marked, and it may become

slightly raised above the surface. After a certain size has been reached the patches cease to extend, and sooner or later begin to fade. If present on the scalp the patches are usually smaller. Psoriasis may appear after scarlet fever. The general symptoms are usually very few, if any. A general lowering of vitality might usher it in. Irritation is often present. The patches may develop into quasi-eczematous types, especially behind the ears, and the skin may thicken and infiltrate. The disease is divided into several varieties according to the size, shape, and distribution of the patches.

The medical *treatment* consists, first of all, in attention to the general health and relief of any constitutional condition by the appropriate remedies. There is no internal specific, although arsenic and thyroid extract are often prescribed. Frequent baths should be taken. Locally, inunctions of tar, ung. chrysarobin, and ammoniate of mercury ointment, well rubbed in, are employed. Only a very small number of cases are permanently cured. In the great majority of cases it recurs periodically. Intelligence and long-continued perseverance in the treatment are essential. These patients should not take a holiday in their treatment and gain a false sense of security. It might be likened to weeding a garden. One must carry on till no more weeds appear. Even then, fresh infection may be conveyed by articles of clothing. Patients afflicted with this disease should not lose heart, or neglect the never-ending treatment. Occasionally cases occur in which all treatment seems of very little use.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Annie Sutton and Miss May Dawson.

Miss May Dawson draws attention to the following note as to psoriasis by Dr. Whitt in his Dictionary of Treatment: "Some authorities still regard psoriasis as evidence of a gouty or scrofulous diathesis, and recommend treatment accordingly, but, as a rule, such drugging, based as it is upon a wrong hypothesis, only leads to disappointment and mischief. Diet should be such as will be best calculated to maintain a perfect standard of health, and the fancy dietaries insisted upon by some specialists are as useless as they are irksome to the patient."

QUESTION FOR NEXT WEEK.

What do you understand by a diphtheria carrier? What are the possible causes, and how are they to be guarded against?

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