

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF PSORIASIS, THE CONSTITUTIONAL LOCAL TREATMENT USUALLY PRESCRIBED AND THE NURSING CARE?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, S.R.N., Bermondsey Hospital, Lower Road, Rotherhithe, S.E.

PRIZE PAPER.

Psoriasis is one of the more chronic skin diseases, and one of the most disheartening to nurse and patient, as, when one part tends to recover, another will break down on another limb. It very much resembles scurf or eczema, and usually appears from childhood, and is frequently hereditary.

It commences with an inflammatory condition of the dermis, the papillæ become noticeably vesicular, and the changes in the cuticle produce raised, rough, reddened areas, which become covered with fine, silvery scales, resembling snake's skin as it is shed.

It usually attacks the elbows and the front of the knees, but may spread all over the body, even to the face.

It is sometimes associated with rheumatism and gout, or may occur at a special time or season of the year; or it may appear when the patient is generally run down, and thus act as a warning; but however much it is treated, it is very intractable to cure, and may appear for apparently no reason and reappear at intervals.

Constitutional Treatment.—If any other disease is associated with the skin affection, it must be first treated. Gout and rheumatism both require their specific drugs—colchicum for gout and soda salicylate for rheumatism. Diet must be light and meat restricted or forbidden entirely, and starchy foods replaced by fruit and vegetables as much as possible. Plenty of fresh air is essential, but warmth must be the principal treatment of rheumatic subjects.

Local Treatment.—*Arsenic and thyroid* extract, given internally, have given the best results to the affected skin, but their dosage usually has to be increased, and a complete cure is not sure.

Ointments, especially of tar preparation—as they destroy the low vegetable organisms of the skin—have proved beneficial, especially chrysarobin. Baths of alkaline substance may relieve some patients. Blistering has been used; but if blistering acids are used, the area around must be carefully smeared with vaseline or ointment to prevent burning of other parts. The parts should be protected from

irritation of clothes, &c., by applying a dressing to same.

Nursing Treatment.—Rest in bed may be necessary owing to the presence of constitutional disease or to extensive space of skin affected.

Diet.—Nourishing, easily digested, and with plenty of fresh fruit and vegetables, and a minimum of meat, if given, and plenty of fluids.

Warmth.—If rheumatism is present, place patient between blankets, give hot-water bottles (well protected), and clothe in flannel; but do not apply heat near affected skin areas, or the affected skin will become very irritable, and patient may endeavour to relieve same by rubbing and breaking down deeper tissue

Great care must be taken to prevent staining of patients and bed-linen, especially if tar preparations are used. Jaconet should be laid over the dressing applied, not bandaged on, or heat will be increased. If affected limbs are on a pillow, a jaconet pillow slip and a cradle to relieve weight of bed-clothing will minimise the danger.

If much of the body is affected, muslin gowns or pyjamas next the skin are best, and, if made of cheap butter muslin, can be burnt after removal.

The bowels should be kept freely open by saline aperients, and calomel at regular intervals may be beneficial.

HONOURABLE MENTION.

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

QUESTION FOR NEXT WEEK.

What are the duties of a District Nurse attending a case of illness, toward the other members of the family?

“CHAMBER OF HORRORS” FOR NURSES.

The destruction of valuable hospital equipment through careless handling is a source of great concern to the average hospital superintendent. One superintendent of nurses, says the *Modern Hospital*, has a “chamber of horrors” which the students in the training school are invited to inspect occasionally. It contains such articles as rubber catheters burnt during sterilisation; record syringes with piston impacted, the serum having been allowed to dry; patients' clothing badly creased through careless folding; stained linen after boiling in laundry; clinical thermometers broken in a single week; a scrub brush which was responsible for obstruction of a sewer, &c. The visual method is more impressive than theoretical instruction.

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