

OUR PRIZE COMPETITION.

DESCRIBE SOME COMMON DISEASES OF THE SKIN, THEIR CHARACTERISTIC APPEARANCE, AND THEIR NURSING CARE.

We have pleasure in awarding the prize this month to Miss Josephine G. Gilchrist, R.G.N., Grosvenor Street, Edinburgh.

PRIZE PAPER.

The number and variety of skin diseases is very great, so that a specialised knowledge and trained observation are essential in order to detect the characteristic points of those most commonly met with in everyday life.

General points to observe are: Presence of irritation; any obvious cause; nature of lesion—i.e., papular, pustular, vesicular; pain or itching; condition whether local or generalised; source of infection. Two groups may be considered. (1) Contagious and preventable. (2) Functional and hereditary.

(1) (a) *Impetigo Contagiosa*, due to a pustular streptococci infection, occurs chiefly on the face or scalp, especially if pediculosis is present. The affected area becomes reddened, a thin flat blister appears, which quickly becomes pustular, bursts and forms the characteristic thick yellow crusts with slightly serrated edges. It spreads rapidly if neglected, and the lymphatic glands become swollen and tender near the site of infection.

Treatment.—Remove crusts with soaks of warm olive oil and a thorough cleansing with soap and water; on the reddened surface apply thickly spread ammoniated mercury paste (1 per cent.) twice a day. Bandage to avoid infecting pillow at night.

Nits in hair must be eradicated by cutting hair short, and treating with one of the usual remedies. Glandular swellings subside as a rule with healing of the skin, and should be left alone; watch in case of suppuration later. Impetigo may spread to any part of the skin, and to others through infected towels; therefore isolation is necessary.

(b) Scabies—due to a minute insect—the itch mite—*Acarus scabiei*, which lives in burrows under the epidermis.

The characteristic sign is a short line, terminating in a shiny glistening spot. The line indicates the deposited eggs. The spot the insect. The female being larger than the male may be picked out with a needle by the aid of a lens.

Between the fingers and the inner aspects of the wrists are most usual sites of commencement. Intense itching, especially at night, is characteristic; the consequent scratching may produce septic sores and spread of disease over the body.

Treatment.—Removal of itch mite if possible. Bathing and scrubbing with hot water and soap, followed by rubbing into infected parts with sulphur ointment for three successive days, when a milder ointment may be used till the skin eruption is healed. Isolation is necessary. The clothes and bedding should be disinfected, or destroyed if old and dirty. In poor districts it is

apt to recur unless strong preventive measures are taken and the disease tracked to its source.

(c) Ringworm of the scalp: *Tinea tonsurans*—due to a vegetable parasite, a special fungus, which grows in the hair follicles and destroys the hair shafts. The characteristic sign is a bald patch, the surface showing broken stumps of hair and a fine whitish powdering of dead epidermic scales. Microscopic examination of a broken hair shows long rows of minute oval spores, uniform in size, definitely characteristic. It is very contagious, the broken diseased stumps transmitting infection through brushes, combs, and head covering.

Treatment consists in eradicating the disease by local application of X rays (in pastille doses), followed by epilation and rubbing in anti-parasitic ointment.

Internal drug treatment may be given. Thallium acetate, which is given in carefully prepared doses, in proportion to a prescribed standard of body weight. It is given by a medical practitioner. Thallium treatment is usually preferable to X-ray for children under ten, unless any disability is present. One dose only is necessary; given with sugar it is a sweet drink, whereas X-ray dosage is irksome, each area requiring an hour's application.

In thallium treatment there may be pains in the joints which pass off in one to two days. The urine is usually tested before discharge for albumin, as there may be kidney disturbance.

An average case is discharged cured with a good growth of new hair in three to four months.

Epilation of the loosened hair with forceps is done by the nurse in the first few weeks of treatment, the scalp being completely bald before new healthy growth appears. Sulphur ointment is prescribed first, then tincture of iodine third day and the head washed daily with soap jelly and hot water.

(2). (a) *Alopecia Areata*. — Smooth bald patches, absolutely devoid of hair, usually associated with some peripheral nerve irritation or debility. May be hereditary. Not contagious.

Treatment.—Stimulating lotions or ointments. Drug treatment such as thyroid extract may also be given internally.

(b) *Ichthyosis*.—Usually a chronic disease of congenital origin. A characteristic rough scaly condition of the epidermis, on the arms and legs especially.

Treatment with salicylic acid, vaseline, and internally sometimes thyroid extract is ordered.

(c) *Psoriasis* is usually associated with some debility or rheumatic condition. Characteristic flat dry patches covered with silvery white scales. Starting-point elbows and front of knees, symmetrical in distribution, spreads over trunk and extensor surfaces of the limbs.

Treatment. — Externally, chrysolin ointment over small areas at a time, radium and X-rays in severe cases. Arsenic may be given internally. Disease apt to recur or become chronic.

QUESTION FOR NEXT MONTH.

What are the principal biting and stinging insects? What diseases do they convey, and with what preventive or remedial treatment are you acquainted?

[previous page](#)

[next page](#)