OUR PRIZE COMPETITION.

WHAT ARE THE SYMPTOMS OF A CASE OF ERYSIPELAS OF THE FACE? DESCRIBE THE NURSING TREATMENT, AND MENTION THE COMPLICATIONS WHICH MAY BE APPREHENDED AND GUARDED AGAINST.

We have pleasure in awarding the prize this month to Miss Ellen Bond, Enfield and Edmonton Isolation Hospital, Winchmore Hill, N.21.

PRIZE PAPER.

Erysipelas is an acute and highly infectious disease affecting the skin, causing dermatitis, and sometimes involving the mucous surfaces and the deeper tissues. It may attack any part of the body, the face being most commonly the site of the infection.

SYMPTOMS.

Facial erysipelas promotes the same constitutional symptoms as those of the less common types. Most marked is the rise of temperature, with the corresponding increase in the pulse rate and respirations. Accompanying these symptoms is the characteristic rash of erysipelas of the face. A small red patch of redness is noticed around the nostrils, or at the inner canthus of the eye, which spreads rapidly, involving the nose, eyes, cheeks and forehead in spread-eagle fashion. The skin becomes swollen and tense and hot to the touch, and when at its height is of a dull red or purplish colour with extreme swelling, rendering the features unrecognisable. In many cases blisters or blebs, filled with a clear fluid, are observed on the surface of the rash. The rash presents a raised edge and forms a line of demarcation between the infected and the unaffected areas of skin. The loose tissues, for instance the tissues around the eyes, are rapidly involved, whereas the skin which is drawn tightly over the angles of the jaw sometimes prevents the rapid spread of inflammation. If the ears become affected they show a marked swelling and thickening. Upon the fading of the rash desquamation occurs.

During this rapid onset of the disease and whilst at its height other symptoms develop. The patient complains of severe headache, is often restless and delirious, the delirium being usually violent in alcoholics, accompanied often by insomnia.

NURSING TREATMENT.

The general nursing treatment confines the patient to bed with complete isolation. The diet should be restricted to fluids during the acute stage, unless the illness is likely to be protracted, when a soft solid diet should be given. Fluids should be given freely with no restriction. Alcohol is not usually given except to alcoholics. The excretory organs need to be kept in proper order involving the regular action of the bowels, the voiding of a sufficient amount of urine, and the cleanliness of the whole body enabling the skin to function.

Sleep is essential and should be encouraged by every possible means. Insomnia so often present must be treated from the first, by the usual remedies.

Headache may be relieved by cold applications, and aspirin, the latter also acting as an antipyretic.

Anti-streptococcus serum has provided disappointing results, the inflammation spreading even after large doses.

The mouth and eyes need careful and frequent attention, the latter being bathed frequently with boracic lotion, and the added precaution taken of immediately burning the swabs.

LOCAL TREATMENT.

Local treatment is given in the hope of preventing the further spread of inflammation and to lessen the discomfort. Various applications are used with varied results, proving that no application is superior to another in checking the spread of dermatitis. Those most commonly used are either (*a*) lotions, in the form of a saturated solution of magnesium sulphate, or glycerine and icthyol, or lead lotion, or, (*b*) Ointments such as vaseline and boric ointment, or, (*c*) Powders. These local applications undoubtedly give relief, as also do hot fomentations with the addition of laudanum.

COMPLICATIONS.

The most common complication which may be apprehended is the spread of the dermatitis from the face to other parts of the body. The painting of a broad band of iodine just free of the spreading edge of inflammation helps to guard against this occurrence, as do also the antiseptic applications employed, by stimulating leucocytosis.

Toxæmia which is so often present from the onset may give rise to albuminuria, meningitis or cellulitis. These may be guarded against by anticipating the toxæmia by increasing the intake of fluids to the body, by attention to the excretion of waste, and by the removal of any septic matter immediately it has collected.

In very severe cases in which there is great prostration hypostatic pneumonia is liable to develop and may be guarded against by regular two or four hourly changes of position thereby enabling each lung to be used fully.

Broncho-pneumonia may be apprehended if the attack is prolonged. The patient's surroundings need to be kept warm, at an even temperature, but with a free allowance of fresh air.

A recurrence of all the acute symptoms is very liable to occur, particularly during convalescence. Injudicious feeding, lack of care by exposure to cold, and chills are the chief causes of this recurrence.

A patient having had one attack of erysipelas is very prone to a secondary attack, for a period of years, and therefore needs to take precautions against the breaking of the skin, particularly of the face and hands.

HONOURABLE MENTION.

Miss Amy Phipps receives honourable mention for an admirable paper.

QUESTION FOR NEXT MONTH.

What is the incubation period, and what are the chief symptoms and treatment of diphtheria? What sites in the body are affected by this disease? What are the complications, and how would you deal with them?

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