

## THE PRACTICAL NURSING TREATMENT AND COURSE OF ERYSIPELAS.

By MISS WINIFRED MOSS, S.R.N.

Erysipelas is an acute infectious disease of the skin and mucous surfaces marked by severe constitutional disturbances, such as a rapid rise of temperature, vomiting, headache and probably rigors. Infection occurs when the resistance of the body is lowered, and is due to streptococci which probably differ only from other streptococci in their lower virulence. The organism enters by a wound or abrasion which may be very minute, and usually affects the face and scalp, but may attack the edges of wounds, especially clean wounds, anywhere in the body. Since the introduction of aseptic and antiseptic methods in surgery it has fortunately become a comparatively rare disease, but as it is spread by direct and indirect contact with contaminated clothing, dressings or instruments, strict isolation of patients and attendants from the vicinity of surgical and obstetric cases is necessary while nursing it.

The onset is sudden with rigors, headache, sore throat, vomiting, and a rise in temperature, the rash appearing about 24-48 hours later. It is of a dull purplish-red colour and spreads rapidly; the skin is shiny and tense, and feels hot when touched. The edge of the rash is distinctly raised, this being characteristic of erysipelas, and in severe cases blebs appear. The local lymphatic glands are usually enlarged, and if the face is the part affected, the swelling is marked and the features are so swollen as to be unrecognisable; the eyes being closed, and the ears thick. Headache and delirium are often severe, the pulse rapid and the patient is extremely ill, the severity of the constitutional symptoms varying with the degree of inflammation. Albuminuria is usually present, and in cases where prostration is extreme, suppression of urine may occur.

Prostration and cyanosis are serious signs, the temperature usually remains high and of a constant type for a week or ten days, declining by crisis, but if complications such as suppuration occur the temperature may be remittent or intermittent and decline by lysis.

Isolation is essential until a week after the temperature has declined, and especially in a surgical ward very strict precautions should be taken. The patient is kept in bed on a nourishing fluid diet and stimulants are given if necessary. Frequent fluids are given to dilute the toxins, the bowels are kept well open, and the mouth given constant attention. Everything possible should be done to ensure sleep, as the body needs adequate rest to enable it to overcome the severe toxæmia. The headache should be treated by the administration of aspirin and by the application of cold compresses to the head. The skin requires attention, and should be sponged daily, and all pressure points carefully treated as the tendency to bed-sores in septic cases of long duration is very marked, while in extremely prostrated cases there may be incontinence of urine and faeces. There is always a liability to hypostatic pneumonia in elderly patients which must be remembered, and preventive measures taken.

Local treatment varies very much, strong solutions of silver nitrate or iodine may be painted at the margins

of the rash to check the spread of inflammation, or glycerine and ichthyol may be applied. Cold compresses may give relief, or hot fomentations such as boracic or magnesium sulphate. When fomentations are used it is necessary to anoint the skin with olive oil before applying, as it is very tense and tender, and will very easily blister. Some doctors keep the skin quite dry and dust it with a simple starch powder.

A specific antitoxin serum has been prepared and its use is fairly extensive at present, while vaccines are also used especially in the type of erysipelas which attacks different parts of the body in turn, *i.e.*, migratory erysipelas.

In the majority of cases improvement is noted in a few days, and by the end of the week the temperature has subsided and the signs of the disease have abated. In marked cases, however, pus may form beneath the skin, especially beneath the scalp, and in old or debilitated patients the condition may prove fatal from delirium, or from complications such as bronchopneumonia or pyæmia. Relapses are common, and when cases of erysipelas are discharged they must be told that they are liable to a second attack of the disease and, to try to prevent this, must carefully anoint the skin before exposing it to sharp winds. They also must be most careful about drying the skin after washing and must avoid the use of strong soaps. They may even find it necessary to avoid the use of soap for some time using only oatmeal for the parts that have been affected.

When nursing a case of erysipelas, every nurse should be warned against touching her own face, and to guard against getting cracks and abrasions on her hands. If these do occur she should report the fact at once, as edges of wounds are very easily infected. A gown and rubber gloves should always be worn and the hands well washed and disinfected after attending to the patient, and the general rules of disinfection adequately carried out.

Thus we see that although the majority of cases of erysipelas come naturally to a successful issue, much can be done by good nursing to relieve the toxæmia and to prevent the complications, and also by strict observance of the rules of disinfection to prevent the infection of others with the disease.

### "IN MEMORIAM."

The Editor has received so many letters of very warm appreciation of the "In Memoriam" of the late King George V which appeared on the front page of the February issue of this journal, that she desires it should be known that it was written by Miss Henrietta Hawkins, who has spent years of professional service in the care of cases of tragic suffering, and to whom our readers are indebted in the past for inspired contributions of spiritual quality.

The fallacious supposition that the journalist needs no literary faculty has long since been discarded. It is now claimed that realism must be illuminated by vision and the polished phrase arise spontaneously from a cultivated love of letters.

Miss Hawkins never fails to put in many hours of voluntary work monthly in the office of this journal, much to the satisfaction of her colleagues.

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