

in tar are liable to develop warts which may become malignant.

(5) *Infection of the skin* can come from germs which are normally present on its surface. These gain entrance by some slight abrasion.

Skin Infections.

Surface infections, such as boils, may occur in perfectly healthy people where friction, such as that from a collar, allows the entrance of germs into the skin. Impetigo, which is now much less common than it used to be, is often due to scratching by a child suffering from pediculi. Streptococci and staphylococci gain admission to the skin and the distressing complaint, impetigo, results. The acne bacillus seems to attack chiefly adolescents, both boys and girls.

Among the deeper skin infections, referred to by the lecturer, are lupus, post-mortem warts, leprosy and syphilis. Parasitic diseases are much less common than they were once; scabies or "the itch" used often to bring all the members of a family together to the skin departments of the hospitals. Ringworm of the head is now rarely seen and can easily be detected if the patient is placed before a mercury vapour lamp fitted with a special glass window. The disease known in America as athlete's foot and in the East by the various names of Shanghai, Hong Kong or Burmah foot is due to a parasitic infection thought to be contracted in public baths. It takes the form of a white, scaly patch on the sole of the foot, but it may be spread to the body also. Warts on the feet are also thought to be contracted from infected baths.

Congenital Skin Diseases and Diseases of Unknown Origin.

Ichthyosis, or fish-skin, is a very distressing congenital complaint and very little can be done for it beyond keeping the skin clean and well lubricated. The cause is unknown and there is at present no cure. Naevi and moles, if not too extensive, can be treated with carbon dioxide snow or the electric needle, or they may be excised. Among the diseases, for which there is no known cause, are eczema, psoriasis and exfoliative dermatitis.

Nervous Diseases of the Skin.

Shingles is thought to be due to infection of the nerve endings of the skin. It is very painful and assumes the appearance of groups of blisters following the course of the superficial nerves. Alopecia is thought to be the result of a shock to the nervous system. Lichen planus and pemphigus may also be due to infection of the nerves.

Urticaria.

There are many types of urticaria for which no cause can be found. Occasionally food poisoning is the cause, if the patient has eaten shell fish. Focal sepsis is often blamed, but it is very difficult to find the focus and too often teeth and tonsils are removed without result. Erythemas of the skin may also be due to diseased tonsils.

Prevention and Treatment.

Cleanliness can prevent many skin diseases, but not all. Soap and water are the best things for a healthy skin, but their use is not always to be recommended if there is any disease present. Olive oil is the cleansing agent preferred. Strong disinfectants should always be avoided as they only injure the skin. Dettol and Lysol should be well diluted and iodine should never be used as a dressing if the part is to be covered. Dusting powders are useful for cooling the skin and soothing irritation, but lotions are the method of choice in most cases. Ointments tend to clog the skin and, if not properly cleaned off, the part itches and

so the patient starts to scratch. For the removal of scabs the boracic and starch poultice is still the method of choice. For varicose ulcers Unna's gelatine plaster and elastoplast bandages are the best treatments. One of the biggest problems in treating skin conditions is the prevention of scratching. With children it is necessary to splint, bandage, or tie the hands in such a way that they cannot scratch. It is best in general conditions of skin disease to put the patient to bed. It may be the rest or it may be the equable temperature which is of value, but it is often found that patients benefit greatly from this.

CORRESPONDENCE.

The College of Nursing and the Private Nurses.

We have heard many comments on the proposal of the College of Nursing to establish for itself authority in connection with Co-operations of Private Nurses. The nurses in private practice have preserved their independence more than any other branch of the profession and they should maintain the right to manage their affairs without the intervention of any voluntary body. Several people have telephoned to ask the views of the Association on the matter and so we publish the following letter which embodies the considered opinion of the Executive Committee. The letter was sent in reply to that received from the College of Nursing, covering a lengthy questionnaire and setting out certain conditions under which the Co-operation of the Association could be placed on the approved list of the College.

DEAR MADAM,—Your letter of September last has been placed before my Executive Committee.

The Committee do not desire to add the name of the Association's Co-operation to the Roll of Private Nursing Co-operations to be compiled by the College of Nursing, as they do not recognise the authority of the College to compile such a roll for publication and thereby to establish for itself powers of jurisdiction in the maintenance and administration of co-operations of nurses with which the College has no concern. The control and influence which it is thus sought to achieve over a large body of independent Registered Nurses would, in the view of my Committee, tend, from time to time, to bring about support for any policy, in relation to professional affairs, which the College might choose to adopt and this without unprejudiced consideration and individual approval from the nurses themselves. As a Chartered Corporation the Association recognises one authority only in the Nursing Profession, *i.e.*, the General Nursing Council for England and Wales.

I am,

Yours faithfully,

ISABEL MACDONALD,

Secretary.

The Secretary,
The College of Nursing,
1A, Henrietta Street, W.1.

CHRISTMAS CARDS.

We have had some exceedingly nice Christmas Cards done for the use of Members. In front, in gold, blue and red, is a design incorporating the crest and badge of the Association, the motto appears on a scroll below and inside are the usual greetings with a space for the sender's name. The cost of the cards (including envelopes) is three-pence each or half-a-crown for a dozen, plus postage if the cards are ordered by letter. Only those who are Members of the Association can be supplied with these cards.

194, Queen's Gate,
London, S.W.1.

ISABEL MACDONALD,
Secretary to the Corporation.

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