OUR PRIZE COMPETITION.

WHAT IS ERYSIPELAS ? DISCUSS THE NURSING OF A CASE AND INDICATE THE TREATMENT THAT MIGHT BE ADOPTED.

We have pleasure in awarding the Prize this month to Miss Winifred Moss, the Royal Infirmary, Leicester.

PRIZE PAPER.

Erysipelas is an acute infectious condition of the skin and mucous surfaces, which was very prevalent before the introduction of the antiseptic and aseptic methods of surgery. Cases occurred in the old ill-ventilated hospitals where sanitation was defective ; but with the introduction of improved methods in the treatment of wounds and also of sanitation the cases are much less numerous.

The specific organism causing the disease is a streptococcus growing in long chains, a pyogenic organism, and the constitutional symptoms are due mainly to the toxins. It is a highly infectious disease, being spread by direct contact, or contact with contaminated clothing, dressings and instruments, and surgical and obstetric cases are particularly susceptible.

The disease commonly affects the face and scalp, but may affect the edges of wounds, especially clean wounds, anywhere in the body, or it may arise without obvious cause or spread from the nasal cavities through the tissues to the skin.

Chronic alcoholism, nephritis, and general debility are predisposing factors, and certain persons show a peculiar tendency to erysipelas, and it may recur in them frequently, and there are instances of a family predisposition.

The incubation period is variable, from three to seven days, and the onset is sudden, often with rigors and a rapid rise in temperature to 104° F. or more, with headache, sore throat and vomiting. When there is a local abrasion the spot is slightly reddened, or, in the facial type, within a few hours there is slight redness over the bridge of the nose and on the cheeks. The swelling and tension of the skin increase, and the edge of the rash is distinctly raised, and in severe cases small blebs appear. Within 48 hours the rash is well marked, and even in a case of moderate severity the face is badly swollen, the eyes are closed, the ears thick, and the local lymphatic glands enlarged.

The temperature keeps high without marked remissions for four or five days, and then falls by crises. The pulse is rapid ; there may be insomnia and delirium, the severity of the constitutional symptoms varying with the degree of inflammation. This may spread from the face to the neck and over the chest and migrate to various parts of the body.

Suppuration frequently occurs in facial erysipelas, and small abscesses may develop on the cheeks, forehead and neck, and large collections of pus may develop under the scalp. Broncho-pneumonia and pyæmia may arise in cases of long duration.

Isolation is an essential part of the treatment and should be maintained until a week after the temperature has declined. In a surgical ward very special care should be taken to make the isolation complete, and thus prevent the spread to other patients.

The disease is self-limited, and the patient should be kept in bed on a nourishing fluid diet, with large quantities of fruit juice to dilute the toxins. The mouth will require constant attention, and aperients may be ordered to relieve constipation and ensure a daily action of the bowels. For the restlessness and insomnia drugs may be ordered if nursing measures to induce sleep fail. The skin should be treated by sponging, and the severe headache by cold compresses or phenacetin or aspirin. In septic cases of long duration, or in elderly, debilitated patients, there may be a tendency to bed sores, and pressure points should be treated carefully and regularly.

Local treatments vary a great deal. An antiseptic dressing may be applied to cover the whole area ; for example, an eusol or normal saline soak. Ichthyol dissolved in glycerine 10 per cent. may be painted on the affected area and covered with lint and a bandage, or a solution of magnesium sulphate in glycerine 25 per cent. may be applied in the same way, and the dressing renewed twice daily. Other methods of local treatment include hot fomentations, either boracic or magnesium sulphate, or simply keeping the skin dry and dusted with starch powder. Painting the skin ahead of the advancing area with tincture of iodine sometimes has good results.

Antistreptoccic serum may be ordered as early as possible, and given intramuscularly in doses of 10 ccs. daily. An autogenous vaccine may also be given, and has been successful especially in migratory erysipelas.

When nursing a case of this kind the nurse should take especial care of her hands, washing them carefully and noting the appearance of any cracks or abrasions, which should be reported at once so that self-infection may be avoided.

If the disease involves the eyelids, boric acid compresses may be applied, and one or two drops of argyrol 10 per cent. instilled every four hours.

In the majority of cases, even with an extensive spread of infection, the constitutional disturbances, considering the height of the fever, are slight. Each patient on discharge should be warned that the attack may recur, and that the skin should be cared for carefully and the use of strong soaps or other irritants avoided.

PRIZE COMPETITION FOR NEXT MONTH

Describe an acute attack of Asthma and say what can be done to give the patient relief.

TO ANY NURSE.

Proud is my heart in me
To sing thy eulogy
To praise
Thy abnegated days.

Sublime humility
Degraded thus to be
To cede
Pride to the greater need.

The Laurel and the Thorn
Concatenate, adorn
Thy brows ;
Sole guerdon of thy vows.

T. H. E. R.

From the " St. Bartholomew's Hospital Journal."

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