

Miss Jackson's name was removed in February, 1940. The Council considered the matter *in camera* and in accordance with Rule 26, Part VI, the Registrar was directed to re-include the name of Miss Doris Ety Jackson, S.R.N., 51246, in the General Part of the Register.

#### Next Meeting of the Council.

The next meeting of the Council was fixed for Friday, May 22nd.

## APPOINTMENTS.

### ASSISTANT MATRON.

**Bosworth Park Infirmary, Market Bosworth, near Nuneaton.**—Miss Lena Craddock, S.R.N., S.C.M., has been appointed Assistant Matron. She was trained at the Holgate Municipal Hospital, Middlesbrough, and has been Ward Sister and Night Sister, King Edward VII. Memorial Sanatorium, Warwick; Night Sister at Heathfields Hospital, Ipswich; and Ward Sister at the City Infirmary, York. Miss Craddock holds the Housekeeping Certificate of the Oldham Royal Infirmary.

**County Hospital, Pembury, near Tunbridge Wells.**—Miss E. Lynch, S.R.N., has been appointed Assistant Matron. She was trained at St. Pancras Hospital, where she was later Sister, and at the East End Maternity Hospital, London. Miss Lynch has also been Staff Nurse at the North Eastern Fever Hospital, Tottenham; Staff Nurse at the Crewe Memorial Hospital; Night Superintendent at the Municipal Hospital, Brighton; Sister Tutor at the Municipal Hospital, Oldham; and Sister Tutor and Matron at Willesborough, Kent.

### SISTER TUTOR.

**County Hospital, Pembury, near Tunbridge Wells.**—Miss N. H. Tyrrell, S.R.N., R.F.N., has been appointed Sister Tutor. She was trained at St. James' Hospital, Balham, and at the North Eastern Hospital, Tottenham, where she was later Sister Tutor. Miss Tyrrell has also been Staff Nurse at the Nelson Hospital, Merton.

### HOUSEKEEPING SISTER.

**St. Helier County Hospital, Carshalton.**—Miss Edith Dolan, S.R.N., has been appointed Housekeeping Sister. She was trained at the Royal Victoria Infirmary, Newcastle, and has been Housekeeping Sister at the Kingston County Hospital; Matron at the Cumberland House Hospital; Second Assistant Matron at St. Helier County Hospital, Carshalton.

### SISTER-IN-CHARGE.

**St. Helier County Hospital, Carshalton.**—Miss J. T. McEwan, S.R.N., has been appointed Sister-in-Charge (Operating Theatre Unit). She was trained at St. Bartholomew's Hospital, where she was later Junior Theatre Sister; and at the City Road Maternity Hospital, London, where she was later Staff Midwife.

**St. Helier County Hospital, Carshalton.**—Miss E. G. Drew, S.R.N., has been appointed Sister-in-Charge (Out-Patient and Casualty Department). She was trained at the East Suffolk Hospital, Ipswich, and in Midwifery at the Edinburgh Royal Infirmary; and has been Staff Nurse at the Woolwich War Memorial Hospital; Ward Sister at the Southend Municipal Hospital; has had wide and varied experience at the Kingston County Hospital; and has been Administrative Sister at the St. Helier County Hospital, Carshalton.

## INFECTIOUS HOSPITALS MATRONS' ASSOCIATION.

The annual general meeting of the above Association will be held, by kind permission, at the Romford Isolation Hospital on Saturday afternoon, the 6th June, at 3 o'clock, when it is proposed to make a gift to Miss H. McLoughlin, President of the Association, on her retiring from the Matronship of the East Ham Isolation Hospital after many years.

Will all those interested who would like to send a subscription, please send their contribution to Miss West, Matron, Isolation Hospital, Mays Lane, Barnet, Herts, as soon as possible.

## ERYSIPELAS—ITS CAUSE AND TREATMENT.

By Miss L. GODDARD, S.R.N.

Erysipelas was at one time a very common and disastrous occurrence in surgical and maternity hospitals, and in old ill-ventilated institutions, although it has been known to break out in quite new hospitals.

People who are subject to diabetes, Bright's disease, and chronic alcoholism appear to be more susceptible than others and recurrence is frequent. It is, in some cases, a complication after an exhausting disease such as typhoid, but in old people and the very young, especially in the new-born if the umbilicus is affected, it is often fatal.

It may break out in wounds or occur idiopathically; when on the face and scalp it is usually idiopathic.

Erysipelas is usually endemic and breaks out in the spring time, but may occur at any time, and epidemics have been known, affecting all races alike, but it is less frequent in the tropics.

The disease is due to the presence of the streptococcus erysipelatis, which is capable of living in an ordinary temperature away from the body. Lack of cleanliness, defective ventilation or drainage, and overcrowding are ideal for the spread of the disease.

The micro-organism was first discovered by Fehleisen in 1882, and is found chiefly in the lymph spaces and in the area of the inflammation. It is the absorption of the toxins which causes the symptoms. So red is the area affected that it has been known as "The Rose," and "St. Antony's Fire." The incubation period is from two to seven days.

*Symptoms.*—A neglected wound or abrasion of the head or face may become infected, the patient complains of a chill, headache and general malaise, the temperature rises suddenly, rigor and vomiting may take place and the pulse becomes full and rapid.

The area around the wound becomes reddened and spreads, the skin becoming tense with a feeling of burning and stiffness, and it tends to swell, especially around the eyes, where there is much loose connective tissue. The reddened area spreads, the edges become well defined and raised above the normal skin.

On the rash, vesicles appear which contain clear fluid at first, then turbid; they do not become pustular, but sloughing may occur, especially if the disease started near an ulcer or an infected wound. Hardened extensions can be felt beneath the skin which is not yet reddened. The reddened area itself becomes pale and pits on pressure.

Rapidly it spreads across the face and nose, which by now are enormously swollen. The lymphatic glands near by become swollen and painful and the temperature remains high. The lips become involved and swell, too, until the patient can hardly be recognised. The eyes close and the scalp slowly becomes involved.

Delirium is now usually present, the tongue dry and the pulse feeble. The delirium is either noisy or low muttering, and there are disturbances of the nervous system.

In some cases the rash may spread down to the neck, causing danger of asphyxia, due to oedema of the glottis or larynx. Or the inflammation may even spread over the whole body and death may occur from toxæmia.

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