

LUPUS: ITS CAUSE AND TREATMENT.

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

Lupus vulgaris is a chronic disease of the skin, produced by tubercle bacillus. It was formerly known as "noli me tangere." It is a disease of childhood and youth chiefly, but may occur in adults under 30.

It is characterised by the development of round or oval reddish brown nodules, somewhat resembling apple jelly in colour, which appear deep in the true skin. The nodule or spot may at first be dull, or, in some cases, livid red, shiny and raised.

These nodules appear around the part of the skin affected, until after a time they increase in number and in size till small groups may be seen. In some cases they are scattered over the affected area, which is usually the alæ of the nose, and also the lips, cheeks and ears, and the membranes of the nose, mouth and the lachrymals.

It is seldom seen on the fingers or body, but may be seen in some cases on the hands.

There is no pain and the disease may last for many years, or even a lifetime. In some cases it does clear up abruptly; if not, the disease slowly becomes infiltrated, warty and ulcerated.

This ulceration is usually covered with granulations, and they in turn are covered with crusts of dried pus, which is greenish black in colour; when the latter is removed it will disclose an increase in the size of the ulcer.

The nodules then spread further afield, gradually destroying or seriously affecting the adjacent tissues until the deeper tissues are affected and the cartilage, and even the bone, become affected and are slowly eaten away.

This disease derives its name from the Latin word "wolf," due to its destructive nature.

The scarring, which is puckered and vascular, causes great disfigurement. In some cases the ears and nose are destroyed to such an extent that it produces extreme deformity.

The edges of the ulcers which cause such destruction are thick and red and exude an offensive smelling discharge.

In some cases, ulceration does not occur and the nodules are soft and the skin and cellular tissue are swollen; the lips, too, become enlarged, and the nostrils may even close, due to swelling, and the eyelids become everted.

Lupus is happily rare in occurrence and is seldom fatal. The general health is usually unaffected, and fresh air, good food and general attention to the health are invariably included as an important part of the treatment.

Complications.—The patient is apt to contract tuberculosis, as he is more prone to the disease, also epithelioma may form in the scarring, and suppuration of the glands of the neck.

The ulceration can be distinguished from syphilitic ulceration; the latter is far more rapid and deep, the scarring is thin and supple; whilst the lupus scarring is puckered and vascular. Also, other signs are usually present in syphilis.

Treatment.—Vaccine treatment, in which a vaccine is prepared to combat the septic infection of the staphylococci.

Cod liver oil and sunlight treatment may be ordered, or ultra-violet light treatment.

In some cases, removal of the affected skin is performed, or the use of radium employed.

There is another form of lupus called lupus erythematosus, which is also a chronic disease of the skin and is considered of a tuberculous nature. It is characterised by well-defined raised patches near the nose or on the cheek, or both. These patches spread till they become diffused into one another. Ulceration does not occur and the area affected has an elevated reddish border, the centre being covered with adherent yellow scales or crusts, which are composed of sebaceous matter.

Cause.—May be dyspepsia or septic foci in the mouth, nose or throat.

Treatment.—Carbonic snow will effect a temporary cure, and calomine lotion to the affected area; but the cold weather usually causes a recurrence.

SCOTLAND'S POSITION IN EYE DIAGNOSIS.

Three-quarters of the cases of blindness are caused by six eye defects—cataract, myopia, optic nerve atrophy, ulcer of the cornea, glaucoma, and irido-cyclitis—according to a survey of 3,219 blind persons in Glasgow and South-West Scotland, conducted by Dr. Marshall, surgeon to Glasgow Eye Infirmary and Dr. H. E. Seller, Senior Deputy Medical Officer of Health, Edinburgh.

Among the proposals recommended to Local Authorities who have not yet adopted them are:—

A wider use of special schools and classes for children whose eyesight is defective; arrangement with neighbouring authorities is advocated where necessary.

A close linkage with industrial medical services to ensure that children leaving school and entering industry are not given jobs that impose heavy demands on defective eyesight.

Development of facilities for expert consultation and treatment of infections responsible for blindness in young children.

Assurance by the payment of travelling expenses to treatment centres both of patient and a companion that expert treatment and advice may be secured by everyone requiring it.

Detection and correction of eye defects form an integral part of the scheme of school health administration. In some areas, special schools or classes are provided for children suffering from defective vision, and experience shows that these facilities can play an important part in preserving sight, particularly in such conditions as myopia.

PLASMA DRYING UNIT FOR SCOTLAND.

A new Plasma drying unit, which will bring the equipment of the Scottish National Blood Transfusion Association into line with the most modern developments in blood transfusion, was opened during the past year in the Royal Infirmary, Edinburgh, by Mr. Thomas Johnston, M.P., Secretary of State for Scotland.

The drying plant is the only one of its kind in Scotland, and the most up to date of the four plants in the United Kingdom. Its institution has been made possible by the enthusiasm of the Association and by a combination of State aid and voluntary contributions, the latter including a sum of £560 raised by the staff and pupils of Edinburgh Ladies' College.

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