

BOILS: THEIR CAUSE AND TREATMENT.

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

A boil, or furuncle, is an inflammatory swelling localised in the skin and subcutaneous tissue usually around a hair follicle or a sweat gland, resulting usually from a staphylococcal infection.

It appears first as a painful cutaneous conical nodule, the inflammation takes place about a central core or slough, due to the surrounding tissue dying en masse inside.

The swelling itself becomes reddened and later bursts, discharging pus; eventually the slough separates, and as soon as this occurs the affected area quickly heals again, leaving visible only a small depressed scar.

Unless treated, boils seldom occur without another one appearing, or in some cases a large number may be seen at the same time, a condition which may be most persistent for several weeks or months, appearing on any part of the body except the palms of the hand and the soles of the feet.

The causes are many. They may be due to debility with some local infection, or appear after the patient has recovered from some exhausting disease such as smallpox or typhoid, when the boils are frequent and may be severe.

Boils are also a complication of diabetes and are very common. Carbuncles are, also, and are very similar, but more severe and with several openings.

Boils are also seen in Hodgkin's disease and obstructive jaundice. In many cases after the appearance and healing of the boils the patient's health improves.

Blind Boils.—These are boils which appear and then gradually subside, leaving the skin unbroken. They are less painful, but take quite a long time to form and subside.

Treatment.—The general health of the patient must be attended to and a nourishing diet given.

Hot boric fomentations may be applied to the affected area until the boil bursts, or it may be necessary to incise it to evacuate the pus. On no account should the boil be squeezed. Rest by applying elastic adhesive plaster may give relief.

The treatment varies. An injection of staphylococcal vaccine may be given and prepared from the organisms actually present in the boils.

Sulphanilamide or magnesium sulphate may be given, used as a local dressing in the form of paste and called Morison's paste, being mixed with glycerin and phenol. It is applied to the affected area until the slough has separated.

Skin grafting may be performed if it is necessary.

The unfavourable symptoms which may arise due to boils are a rise in temperature and pulse rate, and cellulitis or septicæmia intervening, and secondary hæmorrhage also may take place due to the inflammation spreading.

Different forms of boils, due to other causes, can arise, such as the Oriental or Delhi boil, also known as the Aleppo boil, which are endemic in the Mediterranean countries. Nodular swellings in the latter form ulcerated sores and when finally healed leave scars.

This disease lasts from six to twelve months in some very bad cases. It is due to the micrococcus Biskræ.

Another form of boil is caused by a worm, the Guinea worm (*Filaria medinensis*), which is found in tropical countries. It grows from 1 ft. in length to as much as 3 ft. and is $\frac{1}{10}$ in. in breadth and lives in the tissues under the skin of man for nine months before it is fully grown and developed. It then lays its eggs and it is the hatching-out of these eggs that causes the painful boils, which finally burst. If not treated it discharges its larvæ, which are only finding a way out to find water and so survive, to infect another person.

The treatment consists of cold water douching for two or three weeks, when the worm is gradually drawn out.

THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN.

NEW ZEALAND REGISTERED NURSES' ASSOCIATION.

Office: Room 812, Colonial Mutual Life Assurance Building, Customhouse Quay, Wellington.

April 29th, 1943.

DEAR MRS. BEDFORD FENWICK,

I am writing to you to acknowledge your letter of November 16th last with its Christmas wishes from the National Council of Nurses of Great Britain. I wish to acknowledge also the gift for our Library which accompanied the letter.

Miss Young has retired from the office of Dominion President of our Registered Nurses' Association this year, so that I felt as the new President, I would like you to extend to your colleagues our very grateful thanks for your interest and thought for us here in New Zealand last Christmas. The little book, "Our Princesses in 1942," is beautiful, with its scenes from the home life of a great King and Queen. It is a valued addition to our Library.

I would like to extend to you all our good wishes for the coming year. We do hope for peace this year.

Yours faithfully,

LILLIAN M. BANKS,
President,

New Zealand Registered Nurses' Association.
Mrs. BEDFORD FENWICK, S.R.N.,
President, National Council of Nurses of Great Britain

THE BRITISH COLLEGE OF NURSES, LTD.

The Council of the British College of Nurses Ltd. meet on Thursday, July 15th, at 2.30 p.m. Special business will be to consider the scope of scholarships and courses of special training, and the Secretary will be pleased to hear from any Fellow or Member who wishes for financial aid to enable her to qualify in any special branch of work which will be helpful to her—or to receive any suggestions concerning the curriculum.

After the war terminates, it is hoped to resume experience abroad, having in mind the very valuable educational results of foreign travel and the practical experience of new systems of nursing education.

The British College of Nurses is fully alive to the urgent necessity of encouraging a demand for higher professional education as an antidote to de-grading in England and Scotland under the Nurses Acts, 1943.

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