

**CARBUNCLE: ITS CAUSE AND TREATMENT.**

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

The name is derived from two prominent symptoms, a burning pain and a glowing fiery redness. The Latin equivalent of the word carbuncle is carbunculus, a little coal.

It is due to infection with *Staphylococcus pyogenes aureus*, caused either by local infection or contusions, or in some cases it occurs in elderly people or persons in poor health, chronic alcoholics, and especially in those suffering from albuminuria or diabetes, and in the latter cases it is often fatal.

It usually occurs on the nape of the neck or on the back or on a patch of skin on the shoulders or buttocks; it may occur also on the face (in which case it is particularly dangerous), or it may occur on any part of the body, and in rare cases, in the abdomen.

The affected area becomes localised, swells slightly and is painful. Gradually, it becomes reddened and brownish in colour, which extends along the skin to as much as six inches in diameter. There is a slight enlargement of the lymph glands and the inflammation set up by the staphylococcus causes the dense tissue under the skin to harden, which, in turn, causes a compression upon the vessels which extend deeply into the tissues, which thus are strangulated. This then gives rise to septic gangrene, in which the pain becomes still more severe, setting up suppuration around the affected area, which, in turn, causes the redness of the skin gradually to assume a darker shade, livid to almost a dark purple, until blisters rise on the skin. Pus can also be seen in several small spots on the surface, which eventually break down and discharge. There is a lot of slough in a carbuncle and a really small amount of pus; in some cases, a viscid fluid escapes and then later a little of the slough or core of the gangrenous mass may separate or slowly come away, leaving a deep ulcer.

Carbuncles have a tendency to spread; in some cases, the small spots meet, forming one large opening, whilst in others, the whole area of the affected skin sloughs away. The condition may spread by the infecting of the neighbouring hair follicles.

The cavity once clear of the slough, gradually heals by granulation.

*Symptoms.*—There is general malaise, not a very marked rise in temperature, but as the pain becomes more severe, the patient becomes depressed and there is loss of appetite.

*Complications.*—Septicæmia, in which the infection invades the blood stream, or Pyæmia, when the infection sets up abscesses in various parts of the body. Coma, too, may occur when diabetes is present; also, a thrombosis may be caused, indirectly due to the damage of the blood vessels, owing to the extension of the inflammation which may occur to the cerebral sinuses when the skin is affected by a carbuncle outside the skull.

The difference in diagnosis of a carbuncle from a boil is that the latter has only one opening, whereas a carbuncle has several; also, a boil is not so extensive.

The difference from a Gummata is that there is very little inflammation, and the slough has a greyish-

white appearance and the temperature may be raised. The skin heals with difficulty and leaves ugly scars, which are very extensive, and have brown pigmented edges.

From Anthrax, the slough is almost black, the œdema is very extensive, and there is a rapid rise in temperature, which does not occur in cases of carbuncles unless complications have arisen. In anthrax, also, there is very little pain, only a soreness, but there is much swelling of the lymph glands, due to the inflammation spreading to them.

*Treatment.*—A generous, easily digestible diet is usually given, and the urine of all patients suffering with a carbuncle is tested for albumin and sugar, and the necessary treatment given for the condition.

A free opening is made in a wide area under an anæsthetic, by the surgeon, and the wound packed and redressed daily, which usually yields the best results. When surgical interference is not possible, hot fomentations, kaolin, an antiphlogestine poultice, or Morison's paste, is used.

Stimulants are given in severe cases, and pain allayed by opiates. Vaccine prepared from cultures of staphylococcus obtained from cases of carbuncle may be given.

Protonsil may be given intramuscularly or in tablet form.

**COUNTY OF LONDON (SCABIES) REGULATIONS, 1943.**

The Minister of Health has given notice in the London Gazette (June 8th issue) of regulations, to take effect from August 1st last, making it compulsory for doctors to notify cases of scabies in the County of London to Medical Officers of Health.

These regulations will enable Medical Officers of Health in London to deal more effectively with the increased prevalence of scabies, using powers which were given by the Scabies Order of 1941 to meet this war-time problem.

This Order has done much to counteract the spread of scabies in most parts of the country, but it has become evident that in the populous metropolitan area a system of compulsory notification, at all events for a time, would help to bring scabies under effective control and to remedy the conditions which conduce to it.

**QUEEN MARY AND OUR MILITARY NURSES.**

Generous subscriptions have been received from Her Majesty Queen Mary, President of Queen Alexandra's Army Nursing Board, for the Benevolent Funds of Queen Alexandra's Imperial Military Nursing Service and the Territorial Army Nursing Service.

This token of the personal interest taken by Her Majesty in the welfare of the members of the Military Nursing Services is very highly appreciated.

**THE DEATH OF MISS KATHERINE TWINING.**

A great organizer passed away on July 29th. The work of Sister Katherine Twining, founder of the Plaistow Maternity Charity and St. Andrew's Home for Crippled Children in Hayling Island, relieved the suffering of thousands.

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