

NURSING TREATMENT OF DISEASES OF THE SKIN.

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The rate of response to treatment in cases of diseases of the skin depends on the efficiency of the nursing treatment given, to a much greater extent than in most branches of medicine.

It is, therefore, of considerable importance that nurses engaged in treating diseases of the skin should have a good practical knowledge of the general principles of local skin treatment. Most of this knowledge can be gained only by practical experience, but some general principles may be stated.

In this article I propose to refer only to some of the methods of local treatment and only to the local treatment of dermatitis due to any cause. Cases of dermatitis form 60 to 70 per cent. of cases treated as hospital in-patients.

LOCAL TREATMENT OF DISEASES OF THE SKIN.

I.—Rest.

(a) *Mental Rest.*—It is frequently not realised how much a skin patient's recovery may be accelerated or retarded by his state of mind. Good nursing may make a major contribution in this respect.

(b) *Physical Rest.*—For the best response to treatment it is necessary that as far as possible the area of skin involved should be put at rest. When a patient with a skin complaint is going about his every-day work the rubbing of his clothes on his skin, and the continual stretching of his skin due to bodily movement, will retard his recovery. When a small limited area, say on the arm, is involved, this factor can be largely eliminated by adequate bandaging, but where large areas of the body are affected, he should be put at rest in bed. It is often surprising how a patient with a moderate generalised dermatitis will respond quickly to local treatment which was quite ineffective when he was ambulatory.

II.—Local Treatment.

(a) *Wet Dressings.*—The application of a lotion as a compress is a very satisfactory method of treating an area of acute dermatitis.

This method keeps the area clean and cool, reduces or prevents itching, and is an effective method of bringing materials into contact with the skin.

Lotio Calaminae and Lotio Ac. Carbol c Plumbi are frequently used in this way. A piece of old bed linen should be moistened with the lotion and applied wet, it should be held in position by bandaging. Adhesive strapping should never be used to hold dressings in place. At frequent intervals during the day the dressings should be moistened without removing the bandage. The dressing should be removed and re-applied twice daily. The area should be cleaned *lightly* with olive oil or liquid paraffin once daily. Vigorous cleaning should be avoided. The essential part of this treatment is that the dressing should be kept moist continuously.

It is necessary to be careful to protect the patient from chill and for that reason the treatments should be used with caution on the chest and neck and in elderly people. It is unwise to use it on more than a quarter of the body surface.

(b) *Poultices.*—Starch poultices are very useful to remove crusts and debris from an inflamed skin. The prepared starch should be laid on a piece of old bed linen the size required. The starch should be about $\frac{1}{2}$ in. thick. It should be covered with a layer of gauze and the gauze side of the poultice applied to the skin. It may be left in position for 1 to 2 hours. Various materials such as boric acid or glycerine may be mixed with the poultice. It is important that the consistence of the prepared starch should be approximately that of blancmange.

(c) *Paints.*—Watery solutions may be painted directly on to the skin. The following are used fairly commonly:

Silver nitrate	$\frac{1}{2}$ -2%
Gentian violet	$\frac{1}{2}$ -2%
Ichthyol	10-50%

They are used in selected cases of subacute or infected dermatitis and are useful as mild antiseptics and astringents.

They should be painted on to the area involved 2 to 3 times daily and the area covered with some soft material, when dry. They have the advantage of ease of application. They are not usually applied for more than a few days at a time.

(d) *Pastes.*—The commonest paste used is Lassars paste without Ac. Sal. to which may be added Ichthyol, menthol tar or other materials in 2 to 6 per cent. strength.

The best method of application is to smear the paste about $\frac{1}{4}$ in. thick on to a piece of old bed linen and apply the dressing to the skin. The dressing should be applied to cover the whole of the area involved and should be held in place with a bandage. It should be renewed twice daily.

The area should be cleaned lightly with Paraff. Lig. or Ol. oliv. once daily or in some cases once in two days. Vigorous cleaning should be avoided.

This is a very useful form of dressing in cases of subacute dermatitis and some cases of chronic dermatitis.

(e) *Creams and Ointments.*—Ointments and creams contain less solid material than pastes and are much more greasy. They are made up in bases of animal, vegetable or mineral oils as well as new water-miscible bases. The latter are much more satisfactory to use, but are not yet freely available.

The ointment or cream, such as zinc ointment or zinc cream may be used by itself or with Ichthyol, tar or other materials. It should be applied in the manner described for pastes; ointments and creams may be used for some cases of chronic dermatitis or for the terminal stage of the treatment of a dermatitis where only a slight scaling of the skin remains.

They are commonly used in the scalp.

They should never be used in acute weeping eruptions.

In conclusion: the choice of the local application in the treatment of skin cases is of great importance but rapid recovery more often depends on efficient nursing treatment.

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