

OUR PRIZE COMPETITION.

DESCRIBE THE METHODS OF APPLYING DRY CUPPING AND WET CUPPING.

We have pleasure in awarding the prize this week to Miss L. Nunnerley, Registered Nurses' Society, 431, Oxford Street, London, W.

PRIZE PAPER.

Prepare a table with cupping glasses of various sizes, blotting-paper, or a piece of cotton-wool on a stick, spirits of wine, scarifier, a little oil, dry sterilized dressing, and towel. Place the scarifier in alcohol.

Dry Cupping.—The air is exhausted from the cupping glasses by either of the following methods: (1) Place a piece of blotting-paper, wetted with a few drops of spirits of wine, in the bottom of the glass, and then ignite; or (2) put a few drops of spirits of wine in the glass, and swirl it round until the inside is moist to the brim; then take the stick with a plug of cotton-wool dipped in the spirit, light, and pass quickly round the glass; this will produce a momentary flame. Smear the edge with a little oil, and apply immediately to the selected spot—generally the nape of the neck, or, in kidney disease, on the loins. The skin should now swell up in the glass. To remove, raise the edge with the tip of the finger nail. To avoid the cupping glasses breaking it is well to warm them first.

Wet Cupping.—The skin of the selected spot should be thoroughly cleansed, and compressed, or painted with iodine, and the glass applied as above. It is then removed, and several minute cuts produced by means of a scarifier. The air is again exhausted from the glass and re-applied, when a steady flow of blood fills the glass, which should be taken away, and the incisions dressed with a sterilized dressing.

Some doctors prefer to make the incisions first, and only apply the cupping glass once, thereby saving extra pain to the patient.

It cannot be too strongly emphasised that this procedure must be carried out under the strictest antiseptic precautions.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss E. Jenkins, Miss S. Simpson, Miss M. Punchard, Miss Macfarlane, Miss Flanagan, Miss G. Nash, and Miss Ellis. Miss Simpson writes:—

Dry Cupping.—A set of cupping glasses will be required; in a private house small wine-glasses will answer, as well. Wash and thoroughly dry the part to be cupped.

Pour into the bottom of the glass a small amount of methylated spirit, wash round with

a piece of lint or wool on the end of a probe, put vaseline round the rim, apply a light to the spirit, and quickly turn on to the part prepared; leave on for ten minutes. Four or five glasses may be applied at a time.

Fomentations may be ordered, so that the dilatation may be kept up.

Wet Cupping is usually done by the doctor, who may use a scarificator or scalpel. Have the part to be cupped made surgically clean, and dressings to hand. After the incisions have been made proceed the same as for dry cupping. The amount of fluid drawn off should be carefully measured. A gauze dressing may be applied.

Miss M. Punchard considers that the most important point to remember is oiling the edges of the cupping glasses to prevent burning of the skin, otherwise a troublesome blister may be caused.

QUESTION FOR NEXT WEEK¹

Describe the different ways in which drugs may be introduced into the system.

NOTES ON INFANT CONSULTATIONS AND SCHOOLS FOR MOTHERS.

The following interesting notes are those of a paper presented by Dr. Janet Lane-Claypon to the Health Committee of the National Union of Women Workers of Great Britain and Ireland.

Infant Consultations should be the central point of a School for Mothers. It is advisable for every Infant Consultation to have a School for Mothers attached, and no School for Mothers is complete without an Infant Consultation.

The *staff* of an Infant Consultation should consist of a Medical Officer and Health Visitors. The Medical Officer should, if possible, be salaried. The Health Visitors can be either voluntary or paid, but the really important point is that they should have been trained in the work they are to do. It is a fatal mistake to imagine that any willing worker can carry out the work of a Health Visitor. More harm than good may be done. If it is difficult to obtain other help than voluntary, then the Infant Consultation should be used as a preliminary training ground, and lectures can with advantage be given by the medical officer. In any case, the Infant Consultation forms an admirable training ground for Health Visitors, even if they have already had some training. One further disadvantage of voluntary visitors as a whole is that they frequently want to go away in the summer time at the same time, and the work usually done by them remains undone at the most crucial season of the year.

The duties of the medical officer are to personally see all the children who are brought up to the

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