

*Dermatitis*, by which almost all workers are attacked, consists, in its mildest form, of irritation and roughening of the exposed skin. More serious is a papular eruption; in the severest cases there is acute oedema of the whole face, closing the eyes and making the features unrecognizable; any variety of eczematous eruption may be seen. The attack may occur at any time, but usually after a fortnight's exposure.

*Conjunctivitis* may occur with or without dermatitis.

*Nasal irritation* manifests itself in excessive sneezing and in epistaxis, but is never severe enough to keep a worker at home.

*Pharyngeal irritation* has occurred in a few cases. Asthmatic attacks compelled two workers to leave.

*Constitutional symptoms* are almost absent. Insomnia perhaps occurs out of proportion to the cutaneous irritation. "Biliousness" at the monthly periods has been noticed. It has not been found necessary to give the workers rest days on this account. The appetite is excellent, and the general health of some delicate women has certainly improved.

#### TREATMENT.

If the symptoms are slight, the worker is encouraged to remain at work, perhaps changing to a room where tetryl is not used. The symptoms will then, as a rule, subside in the course of a few days and not recur.

If the symptoms are more severe—if, for example, there is oedema or a papular eruption, or conjunctivitis of moderate degree—the worker must stay at home. She should not return until quite well, as a convalescent seems unusually susceptible. If, after recovery, the worker gets a second severe attack, I advise her to find other work. In some cases, however, where the worker has remained at her own risk, she has gradually improved, and the skin, apart from pigmentation, has become practically normal.

For the dermatitis, in the severest cases, steaming the face with subsequent application of wet cloths reduces the swelling and allays the irritation. Later on, and in less severe cases from the first, calamine lotion acts well, though some prefer an ointment composed of zinc ointment, lanoline, and castor oil, equal parts. I have avoided lead lotion, as lead has a dangerous affinity for tetryl.

For conjunctival irritation colloidal silver acts well, though it smarts on application. For nasal irritation we use liquid paraffin.

## OUR PRIZE COMPETITION.

MENTION SOME OF THE DIFFERENT AGENTS EMPLOYED IN APPLYING COUNTER-IRRITATION, AND DESCRIBE THE METHODS OF THEIR APPLICATION.

We have pleasure in awarding the prize this week to Miss F. Sheppard, Dudley Road, Tunbridge Wells.

#### PRIZE PAPER.

Counter-irritants include (1) those that redden the skin surface, (2) those that produce blistering, and (3) those that destroy the soft tissues.

Blisters afford a powerful form of counter-irritation which is often used; the cuticle or superficial part of the skin becomes raised, from the part beneath, by an effusion of fluid or serum, drawn from the blood by the action of the "blistering material."

*The two methods.*—(1) Blistering ointment, which is spread, applied on leather or stiff paper, and cut the size required to form the plaster ordered, viz., "Emplastrum Lytæe."

(2) Method is by painting the part with blistering fluid ("Liq. Epipasticus"). The part desired to vesicate must be outlined with oil or vaseline, and it must be applied where the fluid is not required, to prevent any unnecessary discomfort. The blistering plaster should be secured in position by a bandage or handkerchief, instead of plaster, which drags when the blister rises. In order to vesicate, the plaster should remain on the skin from eight to ten hours; three or four only reddens the skin. When vesication has taken place, the plaster should be gently removed without breaking the blister.

*Method of Dressing Blister.*—The vesicle should be opened in the most dependent part by finely pointed sterilized scissors, and the fluid allowed to escape into a sterilized test tube or on to sterile absorbent wool, and kept for examination if necessary.

The surface is dressed with simple ointment, and a thin layer of sterile wool, secured by a bandage in position.

*Liniments.*—The strong ones chiefly employed for counter-irritation include croton oil, large spots appearing after use; belladonna, and iodine. All should be painted on with a brush, not rubbed in, and the fluid used sparingly at first over a small surface to test the effect, as some delicate skins of invalids cannot tolerate it.

Cupping abstracts blood locally, and is usually done by the surgeon. The wet or dry method may be used. The part to be cupped should be carefully cleansed and sponged with sterilized hot water. Four or five special small

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