

## OUR PRIZE COMPETITION.

### WHAT IS A COUNTER-IRRITANT? NAME THREE AND THE METHOD OF APPLYING THEM.

We have pleasure in awarding the prize this month to Miss G. K. Bush, St. George's House, 6, North Hill, Highgate, N.6.

#### PRIZE PAPER.

A counter-irritant is a means adopted to produce a superficial irritation in order to counteract a deeper-seated inflammation. There are different degrees of irritation and various methods in use to obtain each degree as required. First, an increase of vascularity produced by a hot application which draws an increased supply of blood to the surface and in consequence lessens the supply to the internal organs, e.g., a counter-irritant applied in the region of the loins to counteract inflammation and pain in the kidney. Secondly, an increased vascularity accompanied by some inflammation, such as may be produced by the use of a mustard plaster. The third degree is that which produces true inflammation resulting in a blister. Three common counter-irritants are cupping, the application of leeches and the use of a blistering fluid.

1. *Cupping*.—(a) Dry method: The cupping glasses are made in various sizes. A suitable size being selected, the air is exhausted from the glass by holding it over a spirit lamp for a few seconds. Then the rim of the glass is smeared with oil or vaseline and the warm glass placed rapidly on the selected spot so that the edges fit closely to the surface. The vacuum causes the flesh to rise into the glass and when it is to be removed the tip of the finger inserted under the rim will quickly release the glass. Care must be taken not to apply the glass too warm. (b) Wet method, which is very seldom used now, is performed in exactly the same way as above, but on removal of the glass, the skin surface is broken by means of a scarificator or small scalpel, sufficient to cause oozing and the cup is then reapplied.

2. *The Application of Leeches*.—The part is washed with soap and water and the leech applied in a test tube, the end of which has been stuffed with cotton wool. If the leech will not bite, the skin may be smeared with a little milk or sugar and water. Once the leech has fastened itself it must be left undisturbed until it drops off, but if it is necessary for any reason to remove it, a little salt sprinkled upon it will make it relinquish its hold. The wound is then swabbed and a small light sterile dressing left in position to absorb any oozing, and a watch kept for this possibility. If the oozing does continue, the usual steps are taken to stop it, i.e., a tight pad and bandage or a cold compress applied. After the leeches have been used, they are put into salt and water which will cause them to vomit the blood. They are then transferred to fresh water.

3. *The Blistering Method*.—This is done by the use of a blistering fluid. First the area to be painted with the fluid is outlined with olive oil or vaseline which will prevent the fluid going to a part where it is not required. The fluid is then painted on with a brush, and a light dressing of lint or gauze applied and kept in position by a loose strip of strapping, to allow for the blister rising. The blister takes from six to twelve hours to rise, but sometimes the natural oil in the skin will prevent it

rising, in which case the part should be first cleansed with a little ether. The blister is dressed by snipping the lowest, or most dependent, part with a pair of sterile scissors, care being taken not to let any of the serum run over the skin, but straight into a receiver or swab. When all the serum is expressed, a dry sterile dressing or one of zinc oxide or some similar application is applied. The part will generally heal rapidly if all aseptic precautions are observed. Blisters applied to joints are more effective if placed in the region of the joint and not immediately over it. Thus, a blister for the hip joint is applied in the region of the groin, for the knee joint it is applied in the shape of two half-moons above and below the knee, for the ankle between the joint and the heel.

#### QUESTION FOR NEXT MONTH.

Name the diseases which can be conveyed by food. What precautions can be taken to prevent the spread of disease in this way?

### THE FLORENCE NIGHTINGALE SCHOLARSHIPS FUND APPEAL.

The following Donations have been received with gratitude since our last issue in support of the Florence Nightingale Scholarships Fund Appeal of the National Council of Nurses of Great Britain:

	£	s.	d.
The Nursing Staff of the Royal Mental Hospital, Glasgow ... ..	35	0	0
Miss G. Hovenden, Dawcroft, Cootham, Pulborough ... ..		10	6
	£35	10	6

### FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION.

#### THE NORWEGIAN NURSES' ASSOCIATION.

Sister Bergliot Larsson, President of the Norwegian Nurses' Association, and a Delegate I.C.N. on the Grand Council, Florence Nightingale International Foundation, informs Mrs. Bedford Fenwick that a National Florence Nightingale Committee for Norway has now been formed, composed as follows:—

#### *Red Cross.*

Nicolai Paus, M.D., Medical Chief, County Hospital, Tönsberg. Vice-President, Red Cross Association.

Mrs. Elinor Bachke, Member of the Board of the Red Cross.

Sister Karen-Elise Moe, Superintendent, Red Cross Nursing School, Oslo.

Sister Charlotte Landmark, Superintendent, Red Cross Nursing School, Trondheim.

Sister Mimi Dietrichson, Superintendent, Red Cross Nursing Home, Lillehammer.

#### *Norwegian Nurses' Association.*

Sister Bergliot Larsson, Superintendent, President, Norwegian Nurses' Association.

Editor—"Sykepleien," Norwegian Nurses' Journal.  
Sister Marit Berg-Domaas, Instructor, the Nursing School, Ullevaal Hospital.

[previous page](#)

[next page](#)