

patient, will give relief to any abdominal pain.

Kaolin, $\frac{1}{2}$ to 1 oz. or Tincture of Opium, 30 minims, given orally together with bed rest is usually sufficient to promote rapid recovery in the mild cases. Nothing should be given by mouth except small quantities of glucose and water until the gastro-intestinal symptoms subside. Frequent toilet of the mouth with the application of a little glycerine to the tongue and lips should be carried out. When marked dehydration and collapse are present intravenous infusion of glucose saline may be ordered.

Barbiturate Poisoning.

Drugs which are classified under the heading of Barbiturates include the following: Veronal, Dial, Nembutol, Amytol, Soneryl and Phenobarbitone. Overdosage causes increasing drowsiness, ataxia (failure of muscular co-ordination) and deep coma. Due to the respiratory depressing effects of the drug the breathing is slow and shallow. In severe cases there is a complete absence of reflex action.

Treatment.

Gastric lavage, using plain water and saving the contents of the gastric evacuation for laboratory examination are of primary importance.

Specimens of urine may be needed for testing in an effort to establish diagnosis in doubtful cases. Respiratory stimulation can be achieved by administering a Carbon dioxide (7 per cent.) and Oxygen (97 per cent.) mixture via a B.L.B. mask. A clear airway should be maintained and artificial respiration performed as necessary.

Phenobarbitone is mainly excreted in the urine and to assist its excretion a copious fluid intake should be given. A half- or quarter-hourly pulse chart and an intake and output chart will require to be recorded.

Picrotoxin and Amphetamine Sulphate, because of their action in stimulating the medulla and cortex of the brain respectively, may be given. The initial dose of picrotoxin is often as high as one cc. per minute until twitching of the eye muscles is observed. The strength used is ten mgm. in one cc.

Lumber puncture may be performed at intervals to assist in the excretion of the poison and also to relieve any intracranial pressure which may be present.

Lead Poisoning.

Workers in the various lead industries are obviously the people most susceptible to this form of poisoning. The lead is absorbed either via the lungs, due to the inhalation of particles of the metal, or via the alimentary canal, due to contaminated foods. Workers in contact with Tetra-ethyl lead may become poisoned through skin absorption. In addition to the industrial risks, absorption of lead can take place by drinking soft water which has remained static in a lead container for a considerable period. Children are sometimes found to be suffering from plumbism after playing with lead toys, or in very young children who have eaten paint.

The Symptoms of Acute Lead Poisoning.

A dry metallic taste in the mouth, nausea and severe abdominal pain followed by diarrhoea or constipation indicate these symptoms, or the appearance of a blue ring round the gums. This ring should not be confused

with a similar mark which appears on the gums of patients undergoing treatment with a bismuth preparation.

Treatment.

The stomach should be washed out with a Magnesium Sulphate solution. (One teaspoonful to each pint of water.) Local heat and the intravenous injection of Calcium Gluconate will afford some relief to the pain. A high calcium diet (plenty of milk, eggs, and fresh vegetables) should be encouraged. After the acute symptoms have subsided, treatment for the elimination of lead from the body should be commenced. To achieve this, a complete reversal of the dietary treatment is introduced, the patient being kept on an extremely low calcium diet. The reason for this complete reversal is that calcium serves to immobilise the space in the bone tissue. When the acute stage has passed, and the patient is feeling better, the reduction in calcium slowly releases the lead and allows it to be excreted. Regular small doses of Magnesium Sulphate will also assist this excretion.

CARE OF THE EYES



SIGHT IS THE MOST precious of our five senses. Through it we obtain most of our knowledge of the world, most of our impressions of beauty, and most, perhaps, of our delight in living. We need our eyes to earn our living.

Some knowledge of the working of our eyes and how to care for them is essential and this is why the Ministry of Health has issued a new display set entitled "Take Care of Your Eyes". The series of 12 panels shows firstly the simple ways in which the eyes can be kept in good health and simple home treatment for common complaints; and secondly how to take care of spectacles if these are necessary. The latter is an important consideration for the individual because he wants his spectacles to do their job efficiently and has to meet part of the cost of his glasses and their repair.

This set of panels is the eighth in the series on hygiene produced by the Ministry, with the help of the Central Office of Information, for the use of local authorities, voluntary organisations, welfare centres and others.

OUTINGS FOR THE BLIND

One of the things which home visitors of the blind do, outside their usual official duties, but with official consent, is to take parties of blind persons, mostly members of local pastimes and social clubs, for a day's outing to the seaside. The blind people taking part meet most of the cost involved by saving a few pence each week over a period of months. These outings are greatly appreciated by the blind, the more so as they know their own savings go much of the way towards meeting the cost. The outings could not, however, be held without the organisation and assistance of the London County Council's blind welfare staff.

The Welfare Committee have agreed that the outings may continue until further notice and they have authorised grants towards their cost at the rate of 3s. for each blind person and 5s. for each deaf blind person who takes part.

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