

The most important antidote is belladonna. A small dose of atropine—1 to 3 minims, hypodermically injected—may be given, which makes the heart contract more vigorously. Belladonna paralyses the *inhibitory* nerves of the heart, while morphia stimulates them.

Treatment for overdose is met with stimulants ordered. Hot coffee by mouth, or injected warm into the rectum; hot fomentation over heart; hot bottles to the feet; massage; local stimulation with wet towel; in mild cases, walking the patient about. A stomach wash-out may be ordered, or strong emetic of mustard or salt and warm water. The great object is to keep the patient awake. If breathing becomes shallow and irregular, artificial respiration may be resorted to. If the patient has vomited and is recovering, keep warm in bed, and stimulate. Alcohol in small doses may be given, or hypodermic injections of ether, or heart tonic ordered by medical man.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Addison, Miss S. Simpson, Miss F. Sheppard, Miss A. McCabe, Miss M. D. Hunter, Miss G. M. Cordell, Miss M. Boykett, Miss J. Sunderland, Miss T. O'Brien, and Miss M. C. Fair.

Miss Fair suggests coffee, injections of strychnine, emetics, electric bathing, and keeping the patient on the move, as means of combating the effects of an overdose of opium.

QUESTION FOR NEXT WEEK.

In washing a newly-born infant for the first time, what would you specially observe? What abnormalities might you find?

NURSING BENEFIT.

As we go to press the National Conference on the Nursing of Insured Persons is being held at Caxton Hall, Westminster, Mr. Charles Bathurst, M.P., presiding. The Conference opened with an address by the Chairman, and short addresses to open discussion were given by Miss Amy Hughes, Miss K. Stephenson, Dr. H. H. Mills (member London Insurance Committee), and Mrs. Bedford Fenwick. The following resolutions were down for discussion:

1. This Conference urges the Government to introduce a scheme for Nursing Benefit in the next Insurance Act Amendment Bill so as to provide an adequate nursing service for all insured persons in the same way that medical benefit is at present provided.

2. That a Standing Joint Committee of Approved Societies and Nursing Associations be formed to consider such arrangements for the nursing of insured persons as may from time to time be suggested.

ROYAL COMMISSION ON VENEREAL DISEASES.

At the third meeting of the Royal Commission on Venereal Diseases, held on November 13th, Dr. R. W. Johnstone, Medical Inspector of the Local Government Board, gave evidence which followed generally the lines of the Report on Venereal Diseases written by him and issued by the Local Government Board in August last.

He found much difficulty in arriving at a conclusion on the question of the prevalence of the diseases in the population. The figures given by the Registrar General could not be relied upon for information of the number of deaths from venereal diseases, and this was inevitable owing to the reluctance of medical practitioners to certify deaths as due to this cause.

Dr. Johnstone was impressed with the fact that the death rates from a number of diseases known to be caused in many instances by syphilis, instead of showing a decrease, as would be expected if syphilis were diminishing, were stationary or tended to increase.

Turning to the figures relating to venereal diseases in the Army, he agreed that they showed remarkable decreases, but he considered that they are subject to some qualifications, and in any case he was not satisfied that they could be taken as an exact reflection of the state of the civil population. He laid stress on the fact that the men in the Army through the instruction given by their officers, are much better educated with regard to these diseases than is the ordinary civilian.

For the purpose of obtaining trustworthy statistics of the prevalence of these diseases he thought that certification of deaths should be confidential, but that this change should be made with regard to all diseases and not only venereal diseases.

He was of opinion that information of value might be gained if a special return were obtained from general hospitals.

On the question of notification of the diseases he said that he was opposed to the introduction of any compulsory system at the present time. He understood that there was a possibility of a system accompanied by the names of patients being put in force in one of the Scandinavian countries, but in those countries treatment by quacks did not flourish to the same extent as in England, and he thought that there was not the same danger of notification leading to the concealment of the disease.

From the point of view of the public health of the country in relation to venereal diseases, the objects of primary importance to be secured were the prompt recognition of the diseases and their early treatment. To this end he advocated that facilities for laboratory diagnosis should be provided, and that the available hospital accommodation, which at the present time was entirely inadequate, should be supplemented. He was

[previous page](#)

[next page](#)