

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A PATIENT ADDICTED (1) TO THE ALCOHOL HABIT. (2) TO THE MORPHIA HABIT? WHAT ARE THE PRINCIPAL POINTS TO OBSERVE?

We have pleasure in awarding the prize this week to Miss Elizabeth Brodie, King George Hospital, London, S.E. 1.

PRIZE PAPER. THE ALCOHOL HABIT.

In nursing a patient addicted to the alcohol habit, treatment would be based largely upon the patient's physical condition. If suffering from loss of appetite and sleeplessness, with greater or less degree of collapse—whilst restricting the use of stimulants to that ordered by his medical attendant—the first effort would be to build up the general health.

Feed liberally with light nourishing diet. Pay particular attention to the excretory organs. Combat insomnia by warm baths, hot milk at night, and, if the patient can stand it, gentle exercise in the open air. Such drugs as chloral and bromide may be ordered.

A large airy room is imperative. If suffering from delirium tremens, the same careful nursing will be required, coupled with great tact. Insomnia and restlessness will certainly be a marked feature, and, in all probability, food and drugs will be refused. The patient will then have to be fed, either by stomach or nasal tube. Prolonged warm baths (temperature 100°) are very soothing, if the patient can stand them, but drugs will probably have to be resorted to. Never forget the danger from suicide in these two types. In the state of collapse, from depression of spirits, intentional suicide; and in the state of delirium, accidental suicide. Unremitting supervision is therefore necessary. Poisons and sharp instruments should be under lock and key; windows and fires should be guarded, and the rooms occupied should be on the ground floor.

As strength and sanity return, the craving for alcohol may be very acute, and lies and various devices to obtain it must be guarded against. As convalescence increases, every effort should be made to amuse and occupy the patient. Games, concerts, and especially outdoor sports ought to be encouraged.

For those who can afford it, travel in strange lands, with the variety it entails, is one of the best means of breaking down old habits, and of making a good foundation upon which to build new.

THE MORPHIA HABIT.

In nursing a patient addicted to the morphia habit, even greater vigilance is necessary than

in the case of the alcoholic. Morphinomaniacs rapidly become demoralised, will lie glibly, and resort to any means to get their favourite drug. Quite frequently, too, when deprived of morphia, feeling the need for some stimulant, they will console themselves with alcohol.

Sometimes the treatment consists in breaking off the morphia gradually, and substituting some other drug to give sleep. But more often the morphia is stopped absolutely, and the insomnia treated according to its degree.

Nursing this case will be hard work. Building up the general health, trying to interest and employ the patient, and being constantly on the watch against any temptation to the patient to give up the hope of permanent cure.

Complete change of interests and occupation will work wonders.

Never forget the tendency to suicide.

Several points are of great importance in nursing these cases: chief amongst these are the necessity for removing the patient from accustomed habits and harmful associates, and for endeavouring to awaken a real desire to overcome the habit.

Teach your patient to cultivate self-reliance. Gain the complete confidence of the patient, so that, as convalescence goes on, you will be told not only when you may, but when you may not, repose your trust.

Finally, be always on your guard against attempts at self-destruction.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss M. Baker, Miss P. Thompson, Miss J. Irvine, Miss N. Pattison.

Miss Dora Vine writes:—The *only* way to cure an inebriate is to re-educate the will in such a manner that what is right and good will be *voluntarily* chosen in future, when temptation in some form or other assails the patient. Any treatment neglecting this must fail. Mere elimination of the poison from the body can certainly be effected in the short periods so often advertised as being sufficient for a "cure"; but the patients are left in such a state of neurasthenic misery that they are absolutely unfit to cope with the trials and temptations of everyday life. Generally speaking, the symptoms caused by excessive indulgence in alcohol or morphia occur when the poison is withheld.

QUESTION FOR NEXT WEEK.

What would you do in a case of (a) severe hæmoptysis, (b) angina pectoris, (c) fainting, respectively.

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