

OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW ABOUT THE RESULT OF TAKING THE FOLLOWING DRUGS, COCAINE AND MORPHINE, AND HOW THE PATIENT SHOULD BE NURSED.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 2nd Northern General Hospital, Leeds.

PRIZE PAPER.

The habitual use of morphine leads to a tolerance of the drug, which often results in its employment in increasing quantities. The habit is usually begun for the relief of pain. In those accustomed to morphia the ordinary narcotic effect is replaced by a sense of exaltation, with quickening of the intellectual processes, but this is succeeded by profound depression as the effect passes off. The main symptoms are a sallow, cachetic appearance, a hard and wrinkled skin and emaciation, variable appetite, occasional colic, alternating constipation and diarrhoea, restlessness, exaggerated sensibility, disturbed sleep, palpitation or dyspnoea, indolence, irresolution, and untruthfulness. The reflexes are at first increased, later abolished; the pupils, contracted just after a dose, are dilated in the intervals. Death may be due to progressive emaciation, to inter-current disease, or to an accidental or intentional overdose. The morphia habitué ordinarily presents a fair surgical risk.

Cocainism, a less frequent but yet prevalent habit practised among those who, having found pleasure in the medicinal use of nasal or laryngeal sprays containing the drug, continue it after the need is passed. Emaciation, mental disturbance, and moral perversion develop more rapidly than with morphia, and a sensation of grains of sand or small shot under the skin is complained of. If unchecked, cocainism leads to melancholia or mania.

The treatment of both conditions is on similar lines. There is no hope but in complete withdrawal of the drug, and treatment in an institution is essential.

In morphinism sudden withdrawal is attended by agonising suffering; the reduction must be gradual, and should be spread over a period of several weeks. Narcotics may occasionally be necessary for sleep or pain, but care must be taken lest one habit be merely replaced by another. Warm baths are useful in allaying restlessness, cardiac tonics to support the heart, and the gastric condition must receive attention. Alcohol must be resolutely avoided, and the cured morphinomaniac should be a total abstainer from both opium and

alcohol. The process of cure may occupy from three months to a year or more.

Cocaine—poisonous dose causes excitement, incoherence, nausea, vomiting; later, marked depression, with small, rapid pulse, slow respiration, cyanosis, dilated pupils, and syncope or collapse.

Treatment.—Lavage of plain water (if taken by mouth). In collapse, recumbent position, external heat, alcoholic stimulants, coffee enema, amyl nitrite inhalations, artificial respiration, saline infusion. The physiologic antidote is opium, given as morphin sulphate by hypodermic injection.

In acute morphine poisoning the most important symptom to watch is the rate of respiration; where the rate does not sink below ten or twelve the chances of recovery are good, and any improvement in the rate of respiration is always a favourable symptom.

Treatment.—Chemical antidotes, permanganate of potash, or tannic acid, given as lavage or in a weak solution by mouth. The treatment aims at stimulating the respiratory and cardiac centres, and the urgency of the treatment is guided by the condition of the respiration and pulse. If both are good, the patient is allowed to sleep off the effects of the poison. Commonly drastic treatment is necessary. The patient is kept awake by constant movement, cold water dashed in the face and over the spine; black coffee by enema and mouth; fresh air is supplied freely; artificial respiration and electricity may be necessary. Atropin is the physiologic antidote, and is given by hypodermic in doses larger than the average. If the urine is not voided, the bladder must be emptied to prevent re-absorption of the drug from the bladder.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss H. M. Henderson, Miss J. Anderson, Miss F. James.

Miss Dora Vine writes:—"The care of drug patients is most arduous, and calls for highly trained nursing, for, when the poor abused body recovers a little from the drug, then the mind must be directed into new channels and trained to a higher plane. Nurses should be able to diffuse hope into their patients, and must endeavour to induce their loyal co-operation in the treatment."

QUESTION FOR NEXT WEEK.

State what you know about the conveyance of infection by insect carriers. Name the diseases which may be caused in this way, and the insects responsible in each case.

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