

profession on its honour to elect representatives that will be a credit to the profession. Such advantages cannot lightly be set aside.

"In view of these arguments, your Committee recommend that at the next election the restrictions on voting, other than those which relate to the representatives of nurses registered in the Supplementary Parts of the Register, should be removed, and that the eleven places allotted to nurses on the general part of the Register should be thrown open to any Nurse registered on the general part of the Register."

The vote covers all, and when, in the next election the Registered Nurses have the power to freely nominate and vote for the whole 16 Direct Representatives, the government of their profession will be in their own hands if they choose to exercise it, and they can return to office Registered Nurses pledged to work to secure to Nurses in training a Syllabus of Training prescribed by Rule.

Two other important recommendations of the Committee are that "in all training schools probationers should be guaranteed a minimum amount of student hours," and that the adequate inspection of all hospitals approved as Training Schools should be carried out with the least possible delay.

The Committee "are of opinion that much of the criticism as to inadequate training and failure in examination would be met if a better balance were struck, particularly in the first year, between the time allotted to instruction and that spent on the routine work of the wards, on which great stress is necessarily and properly laid."

Members of the Nurses' Organisations which have worked to secure an unrestricted election of Direct Representatives will, we are sure, desire to express their sincere thanks to Major Sir Richard Barnett, without whose wise advice and practical aid it is very improbable that justice would have been secured. The whole Nursing Profession is to be congratulated on possessing in Parliament so skilled and generous an advocate.

## OUR PRIZE COMPETITION.

HOW WOULD YOU KNOW THAT A PATIENT WAS SUFFERING FROM AN OVERDOSE OF (a) ARSENIC; (b) OPIUM; (c) SALICYLATE OF SODA; (d) INSULIN, AND WHAT WOULD YOU DO PENDING THE ARRIVAL OF A MEDICAL PRACTITIONER?

We have pleasure in awarding the prize this month to Miss Beth Kennedy, Mary Ward, St. Bartholomew's Hospital, London, E.C.

### PRIZE PAPER.

#### OVERDOSE OF ARSENIC.

(a) A patient who was suffering from an overdose of Arsenic would have the following symptoms:—

- (1) Vomiting.
- (2) Acute epigastric and abdominal pain.
- (3) Diarrhoea.
- (4) Muscular weakness or twitchings.

Until the medical practitioner arrived the nurse should do the following:—

Put the patient to bed and keep as warm as possible with extra blankets and hot water bottles. Give him brandy in hot water, as he will be very collapsed, and

apply fomentations or poultices to epigastrium and abdomen to relieve pain and check vomiting.

#### OVERDOSE OF OPIUM.

(b) A patient who was suffering from an overdose of opium would have the following symptoms:—

- (1) Pin Point pupils.
- (2) Cold clammy skin and profuse sweating.
- (3) Slow, deep respirations.
- (4) Extreme drowsiness—great difficulty in rousing; patient may become comatose.

The important thing is to keep the patient moving about. On no account allow him to lie down. Flick him with wet towels, keep shouting at him, and if possible, get someone to help you to keep him walking. Mustard and water should be given, followed by strong coffee.

#### OVERDOSE OF SALICYLATE OF SODA.

(c) The symptoms of a patient suffering from an overdose of Salicylate of soda are the following:—

- (1) Deafness. Buzzing in the head and ears.
- (2) Evidence of a severe cold in the head.
- (3) Rash.
- (4) Vomiting.

Stop medicine. Keep the patient in bed and poultice epigastric region if pain and vomiting persists.

#### OVERDOSE OF INSULIN.

(d) The symptoms of a patient suffering from an overdose of Insulin are very varied. Those who are having treatment under supervision are always carefully watched, but so many outside hospital give it to themselves, and go about their work as usual, and really are in great danger, and should always have a notice on their person saying they suffer from diabetes, giving the number of units they have daily.

The patient may complain of a sinking feeling in his abdomen, seeing double and numbness in his hands. Sometimes no warning is given. The patient's face is very flushed with profuse sweating. Choreic movements of head, arms and legs, this may be very marked. There is often hysteria, crying and laughing alternately with grimacing. Sometimes persistent vomiting.

If possible a cup of tea with two lumps of sugar should be given, and a tomato. Should the patient not be able to take this, then other means must be tried. Sometimes, while taking the tomato or tea patients fall over in a coma and go into a succession of fits. These fits vary in character, but mostly resemble epilepsy. Nurse can now, until help comes, give glucose per rectum. In the event of not having any, ordinary cane sugar will do. Of course, when vomiting persists in other cases, the sugar must be given by rectum also.

Patients suffering from diabetes going about from home should always carry a box of sugar in case of an emergency.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss M. James, Miss B. Turner, Miss P. Thomson.

#### QUESTION FOR NEXT MONTH.

Give the cause, symptoms, treatment, and dangers of "White Leg."

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