

acts like a charm, at other times it produces only temporary benefit.

For very intractable cases, Allingham recommends the insertion of an ivory plug into the anus at bedtime. He considers that the undoubted benefit patients derive from this mode of treatment is due to the pressure which the plug exercises on the venous plexuses and nerve filaments of the anus.

Of the more heroic measures which have been adopted, such as thorough cauterisation with Paquelin's cautery, resecting the affected skin as recommended by Matthews, using strong carbolic, counter-irritants, &c., I have seen no *permanent* good result, and in my experience such measures are useless.

To recapitulate the main points, pruritus is generally due to some local or general cause, in which cases it is very amenable to treatment. The so-called idiopathic cases are comparatively infrequent. Here the treatment has to be conducted on more or less empirical lines, and hence is frequently prolonged. Even in the most obstinate cases a cure may eventually be looked forward to with a reasonable prospect of fulfilment.

## Serum Therapeutics.

### RASHES.

The commonest forms of these rashes are urticaria, erythema, and scarlatiniform eruptions.

These occur from four days to five or six weeks after the injection; they are commonest from the eighth to the fourteenth day.

### JOINT PAINS.

Joint pains, which may affect one or more joints, accompanied in certain cases by stiffness, slight swelling, and neuralgia, are much rarer after-effects than the skin eruptions. They occur usually at the same time as these, and, like them, are due to something inherent in the serum of particular horses. This condition of the joint never goes on to supuration. As a rule, it disappears in a few days, though rarely it may persist for a few weeks.

### DIPHTHERITIC PARALYSIS.

The increased number of cases of paralysis following the use of antitoxin has by certain individuals been attributed to the use of antitoxin. Experimentally it has been shown that the antitoxin, if given early enough, protects against the paralyzing substance. The increase in the number of such cases must, therefore, be attributed to paralysis occurring in cases which, had antitoxin not been used, would have proved fatal in the early stage of the disease.

### STORAGE.

The cases containing the antitoxin should be kept in a dry, cool, dark place. When kept under these conditions there is little deterioration in their therapeutical value. Sufficient excess is added to each bottle to compensate for any loss in antitoxic value which might occur during at least one year.

## Appointments.

### MATRONS.

Miss Catherine E. A. Thorpe has been appointed Matron of the West End Hospital for Diseases of the Nervous System, London. She received her training at the London Hospital, and has held the position of Sister at the Metropolitan Hospital, Kingsland Road.

Miss E. B. Farrow has been appointed Nurse-Matron at the Cottage Hospital, Little Hampton. She was trained at the Southwark Infirmary, East Dulwich, and has since been Charge Nurse at the Miller Hospital, Greenwich, and Night Sister at the General Hospital, Croydon.

### ASSISTANT MATRON.

Miss Emily Long has been appointed Assistant Matron at the Highwood Ophthalmic School, Brentwood. She was trained at the Wandsworth and Clapham Union Infirmary, and has been Charge Nurse at the White Oak Ophthalmic School, Swanley, Kent.

### SISTERS.

Miss A. M. McBean has been appointed Sister at the Fulham Infirmary, Hammersmith. She was trained at the Southwark Infirmary, East Dulwich, and subsequently was appointed Charge Nurse at the National Hospital for Paralysis and Epilepsy, Queen Square, Bloomsbury.

Miss Heliena M. S. Thornton has been appointed Sister at the Middle Ward Hospital, Motherwell. She received her training at the Brownlow Hill Infirmary, Liverpool, and the City Hospital North, Liverpool.

Miss M. O. Cumming has been appointed Sister at the City of London Union Infirmary, Bow, E. She was trained at the Hahnemann Hospital, Liverpool, and has held the positions of Staff Nurse at the County Hospital, Newport, Monmouthshire, Theatre Nurse at the Children's Infirmary, Liverpool, and Charge Nurse at the City Hospital, Grafton, Liverpool.

### SUPERINTENDENT NURSE.

Miss Ellen Elizabeth Dowley has been appointed Superintendent Nurse at the Swindon and Highworth Union. She was trained at Wandsworth and Clapham Union Infirmary, and has been Charge Nurse at Cardiff Union Infirmary, and Assistant Superintendent Nurse at Braintree Union Infirmary.

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