

on the same level as those obtained with diphtheria and tetanus, the evidence is in favour of the serum having protective and curative powers. It is also difficult to explain many of the clinical results in any other way than by attributing the favourable issues recorded to the use of the serum.

DOSAGE.

30 c.c. should be given at once in an acute case, and repeated daily until improvement is marked. Local injections into the primary focus are indicated.

AFTER EFFECTS.

RASHES.

Although rashes may occur in diphtheria and other toxic and septic diseases where no antitoxin has been used, there is no doubt that the serum treatment is the cause of a large number of rashes. The production of a rash is not due to anything connected with the immunisation, or to the antibodies in the serum, but is due to something inherent in the serum of the horses and other animals, for the injection of a serum from a normal healthy horse may be followed by rashes. These rashes may be accompanied by slight rise of temperature. Beyond this, and the nervous irritation produced by their presence, they cause no bad after-effects.

The commonest forms of these 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 suppuration. 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 therapeutic value. Sufficient excess is added to each bottle to compensate for any loss in antitoxic value which might occur during at least one year.

"Am I Called to be a Nurse?"

By Miss M. LOANE,

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(Concluded from page 207).

The following are some of the questions that the would-be probationer should ask herself, with an attempt on my part towards an interpretation of the answers. The questions refer almost entirely to physical and moral fitness, as I have dealt with the intellectual demands on the nurse in the second part of my pamphlet.

"Am I physically suited for a nurse?" A nurse must be thoroughly healthy; she must be the kind of person whose finger, if cut or burnt or scratched, heals up at once in the most matter-of-course fashion. She must not know what is meant by sore throat, and Nature or art must have kept toothache far from her. She must not easily catch cold, and she must be free from such constitutional peculiarities as requiring ten hours' sleep, or iron and absolute regularity of meals. Above all, she must not be one of those unlucky persons who spend a third part of their available time in catching and recovering from infectious complaints. At the same time, it is by no means necessary that a nurse should be possessed of great muscular strength. What is needed is the same kind of strength that enables a woman to spend her morning teaching, cooking and superintending housework, her afternoon in shopping, letter-writing, district visiting and calls, and her evening in needlework; which enables her to spring up in the middle of the night and spend an hour in finding out why Tommy or the baby is crying, and yet be awake to call the servants at half-past six, and start her husband off to work comfortably after a well-cooked eight o'clock breakfast. We all know what frail-looking women can do this, almost without intermission, from year's end to year's end.

"Am I a person of tact and discretion, and reasonably obliging, not only in intention, but in manner?" Ask yourself whether you are considered "easy" or "ill" to live with, whether you are on friendly terms with all your little world. If you have an ungracious manner; if you are inclined to lay excessive stress on unpleasant trifles in the conduct of others; if your conversation with E is chiefly made up of complaints laid against F, and your intercourse with F heavily interlarded with abuse of E; if you cannot keep a secret, whether confided to you or surprised at some disadvantage; if you are not essentially discreet—believe me you need much self-training before you can become a satisfactory nurse.

"Is my wish to become a nurse entirely dependent upon the hope that I shall rise high in my profession?" The ambition to occupy a position of influence and responsibility is a worthy one, and

[previous page](#)

[next page](#)