

BOTULISM ANTITOXIN SERUM. SUPPLIES AVAILABLE AT SIXTEEN CENTRES.

It is officially stated at the Ministry of Health that steps have been taken for depositing supplies of Botulism Antitoxin at sixteen centres, chosen with the view of having supplies of the remedy readily available (say, within two hours by motor) of any district.

These centres are as follows:—

Portsmouth	Manchester	Norwich
Plymouth	Liverpool	Cambridge
Bristol	Leeds	Oxford
Cardiff	Carlisle	Hull
Aberystwyth	Newcastle	
Birmingham	Nottingham	

To this list will be added any other district on application from its medical officer of health.

Arrangements are in hand for securing the storage of the Antitoxin under suitable conditions as regards temperature and light, and for the periodical withdrawal and renewal of supplies to prevent deterioration.

INSTRUCTIONS AS TO USE.

1. IMMEDIATE ADMINISTRATION.—The only remedy at present known for botulism is botulinus Antitoxin given by injection and even this is unlikely to save life if the disease has progressed to a late stage. It is therefore of the greatest importance to give the Antitoxin at the earliest possible moment, i.e., as soon as the earliest symptoms of blurred or double vision, giddiness, ptosis, difficulty in speech or swallowing, &c., suggest the diagnosis of botulism.

2. METHOD.—The effectiveness of treatment by Antitoxin for botulism is so greatly increased by intravenous injection that this method of administration should always be employed if possible (otherwise the intramuscular method should be used). The risk of serious symptoms arising in persons highly sensitive to horse serum must be recognised, and when, in the judgment of the medical practitioner, such risk is likely to be great, he should administer a preliminary injection of a small quantity of the Antitoxin (0.5 c.c. = 8 minims) *subcutaneously*. If this produces clear evidence that the patient is sensitive (that is, if a reaction appears in half-an-hour), then the Antitoxin must be given with particular caution, the first intravenous injection consisting of 0.5 c.c. of Antitoxin being diluted with 50 c.c. of saline, and subsequent injections being diluted less and less till the full dose has been administered.

3. DOSE.—Only large doses will save acute cases. The intravenous dose should be from 20-50 c.c. of the Antitoxin, previously warmed to body temperature, and injected very slowly. This amount may be repeated daily, if necessary.

Note.—All other persons who have consumed the suspected food, but have not yet presented symptoms, should be given a prophylactic dose of Antitoxin (i.e., 10 c.c.) intramuscularly, to be followed by larger doses intravenously should symptoms appear.

THE PROFESSIONAL UNION OF TRAINED NURSES.

THE STATUS OF TRAINED NURSE HEALTH VISITORS.

It is a case of "now or never" for nurses engaged in Public Health work. If they do not stand together and make it known that those employed as Health Visitors will not take a status lower than Sanitary Inspectors, they will deserve whatever treatment they may get in the future.

It came to the knowledge of the Professional Union of Trained Nurses that the Women Sanitary Inspectors' and Health Visitors' Association had agreed to the schedule of salaries in accordance with the London Whitley Scheme for Sanitary Inspectors and Health Visitors under Local Authorities, which recommended that in whatever grade under this scheme Sanitary Inspectors were placed, Health Visitors should be one grade lower. Resolutions were passed by the Public Health Section of the Union, protesting against the lowering of the status of Health Visitors, and the Secretary was instructed to forward a copy to the Minister of Health, the National Association of Local Government Officers, and the Women Sanitary Inspectors' and Health Visitors' Association respectively, and a letter was drawn up and sent to the authorities in the Boroughs where P.U.T.N. members worked.

In answer to this protest, at a special meeting of the Executive of the Women Sanitary Inspectors' and Health Visitors' Association, it was unanimously resolved that a letter should be sent to the Clerks of the Metropolitan Borough Councils drawing their attention to the "equity and desirability of similar salaries for Health Visitors and Sanitary Inspectors." Unfortunately, however, the mischief was done, and the London District Council for Local Authorities' Administrative, Technical and Clerical Services have issued an addendum to the draft scheme, placing Sanitary Inspectors in Grade C, and Health Visitors in Grade B. The matter is to come up again for consideration before the London District Council in December, and it behoves Health Visitors to bestir themselves and bring whatever pressure they can to bear in order that this grading may be altered.

The P.U.T.N. in July last, passed and forwarded to the Chairman of the General Purposes Committee of the London Whitley Council a strong resolution of protest. They have recently followed it up with a letter in view of the fact that Paragraph 5, Clause (ii) of Memo. 65-M.C.W., which sets forth the requirements of the Minister of Health with regard to the qualifications of women appointed as Health Visitors reads:—

Three years' training in a General Hospital, or full training in a Children's Hospital, together with at least one of the following qualifications:

- (a) The certificate of the Central Midwives' Board;
- (b) The certificate of a Sanitary Inspector;
- (c) The certificate for Health Visitor of one

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