

She was sitting on the edge of a bed in a room behind the shop and was feeling a little better. She had still great difficulty in breathing and in consequence was unable to lie down. Her face was very cyanosed, there were free running at the nose and watering at the eyes, and she was covered all over with an abundant urticarial rash. There was a history of one or two similar attacks in childhood which were brought on by drinking cold water when she was over-heated. In a short time she improved and could be taken home. The association of the urticaria with asthmatic symptoms is of considerable interest. It bears out the hypothesis of the late Sir Andrew Clark, which is not generally accepted, that asthma is due to a vaso-motor neurosis analogous to that which occurs in the skin in urticaria. It is well known that in rare cases of urticaria, particularly in the form known as giant urticaria, or acute circumscribed or angio-neurotic oedema, mucous membranes, such as that of the tongue, stomach, intestines, or larynx, may be involved. Angio-neurotic oedema of the larynx may cause sudden death by suffocation. The association of asthma with urticaria is a recognised but rare event; in some cases an attack of urticaria has appeared to take the place of an attack of asthma.

#### THE TREATMENT OF VIPER BITES.

THE bite of the only venomous snake of this country is rarely recorded in the medical journals, partly because this form of injury only occasionally occurs, but also partly because vipers are most numerous in out of the way parts of Great Britain. The entire absence of the viper from Ireland and the Isle of Man is very remarkable, whether we accept or reject the legend which ascribes it to the action of St. Patrick. Even should a person be bitten by a viper a fatal result is rare, though severe symptoms are always produced. Occasionally, however, death follows the bite of a viper, and it is desirable that all medical men practising in the country should be acquainted with the best treatment of this injury, for the earlier in the case the remedies are applied the more effective they prove. On another page of our present issue we publish an account by Dr. B. B. Sapwell of Aylsham of a boy being bitten on both hands by a viper. Much shock followed, with enormous swelling of the hands and forearms. The treatment adopted consisted in the application of a Bier's elastic bandage to each arm above the elbow, incisions into the swollen part, and the local application of permanganate of potassium. Later some antivenom serum was injected, and ultimately recovery followed. Several points of interest are raised by the treatment adopted. The use of the Bier's bandage doubtless served to restrict the absorption of the poison without interfering with its arterial blood-supply, and the incisions not only relieved the tension of the parts but allowed the draining away of the venom-infected lymph. It is probable that the employment of Bier's suction method to the bites would have been efficacious in abstracting the poison, especially as the bites were inflicted on fingers to which Bier's glasses could easily be applied. The value of the permanganate of potassium in snake bites has often been shown, but it can hardly reach much of the venom, though where the poison can be reached the permanganate is able to destroy it. The main interest, however, attaches to the use of the antivenom serum. This, as sold in this country, is prepared by the use of the venom of several of the more poisonous snakes, including the cobra and the daboia, and it has been shown to be efficacious against a very large number of them. In the case to which we have referred it appears to have been of use, and it is clear that it did no harm. It should certainly be injected in all cases of viper bites, and the sooner this is done after the infliction of the injury the greater the probability of success. The main

obstacle to its use is the difficulty of obtaining it promptly elsewhere than in the chief towns. We referred to this subject in THE LANCET of August 21st last, p. 585, when we summarised Professor Calmette's directions for the treatment of viper bites. We congratulate Dr. Sapwell on the success which attended his prompt and intelligent course of treatment.

#### THE WORKING OF THE MIDWIVES ACT.

AT an inquest recently held in the City by Dr. F. J. Waldo several points came under discussion in connexion with the operation of the Midwives Act, 1902. A medical man had been called in to a confinement under the advice of a midwife, given under her statutory obligation to do so, and he had attended, as he stated was his practice, without any certainty or, it might be added, any expectation of receiving a fee for so doing. This hardship has now continued for some years, although locally some attempts have been made to abate it. It is a matter in which the proper remedy must come from the legislature which has created the difficulty, and the Report of the Departmental Committee on the Working of the Midwives Act has endorsed this view so strongly that we can hardly imagine that the abuse will go long unheeded. The question of who may be adjudged ultimately liable should not affect the safety of the patient or the position of the medical practitioner. The midwife acting under the rules of the Central Midwives Board has been compelled to advise that he should be summoned, declining, meanwhile, to attend alone; and owing to the form in which the summons is sent it is in effect the midwife's appeal for medical assistance, although, strictly speaking, it is that of the patient or her relatives acting on the midwife's recommendation. At the inquest before Dr. Waldo it was not shown that any blame attached to the midwife in respect of her attendance, the body being that of a child for whose still-birth natural causes had been responsible. The qualification of the midwife was, however, inquired into, and it was found that she had been struck off the midwives' roll two years before, and her request for re-instatement had not been granted by the Central Midwives Board. She was an Austrian, and the father of the child was a German Pole. It will be remembered that at present this woman, as any other, whether enrolled as a midwife or not, is permitted to practise as such, but not to take or use the title of midwife or any other description or title implying that she is certified under the Midwives Act, 1902. After April 1st, 1910, however, a new state of affairs will arise and uncertified women will be forbidden by law to practise at all. The subsection dealing with the matter may be quoted, as the time is drawing near for its legal enforcement and, as will be seen from the wording employed, such a process is not likely to be altogether easy.

Section I., Subsection 2: From and after April 1st, 1910, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act. Any woman so acting shall be liable on summary conviction to a fine not exceeding £10, provided this section shall not apply to legally qualified medical practitioners or to anyone rendering assistance in a case of emergency.

It will be seen from this that the offence to be proved against an uncertified woman acting as a midwife will not be that she so acted in a single case, for hire or otherwise, but that she does so "habitually and for gain." The two essentials of habitual practice and of remuneration will often not be found easy to establish, and presumably if proof of two or three cases only is adduced the defence that "assistance was rendered in a case of emergency" will frequently be raised. It will be interesting to see how this section works in practice. It will not be forgotten that it involves a principle of great importance, affording, as it does, to parturient women