which can supply plenty of serum. The Pasteur Institute at Lille has at present in its possession enough venom and sufficient completely immunised horses to supply the most pressing needs, and the serum, which is prepared in conditions ensuring absolute purity, will keep for more than a year without losing any of its curative properties.

In all countries where serpents claim yearly numerous victims, and particularly in India, where the annual number of deaths from poisoned bites reaches more than 22,000, the Governments should devote themselves to the foundation, at least in the principal agricultural centres and in forest or mining industries, of medical aid stations, where any person bitten could come in the least possible space of time to receive assistance. Each of these stations should be provided with a store of serum renewed each year, with hypodermic syringes, with a solution (always freshly made) of calcium hypochlorite, and with other drugs or implements necessary for the dressing of wounds. The expenditure necessary to render this organisation effectual would be very slight in comparison with the enormous services which it would render.

I ask of you, gentlemen, to take advantage of the reunion of so many English physicians and men of science in this Congress to pass a unanimous vote calling upon the Government of India to carry out this humanitarian work.

CHAMPETIER DE RIBES'S BAG IN PLACENTA PRÆVIA.¹

By SURGEON-LIEUTENANT-COLONEL OSWALD BAKER,
Indian Medical Service.

A EUROPEAN primigravida, in whom conception dated from October last, had, when six months pregnant, slight uterine hæmorrhage. Six weeks later a second attack of bleeding took place, and a week later still a third which was of a serious nature.

Being the reverse of a robust woman and having a small pelvis, it was thought advisable in the dual interest of child and mother to terminate the pregnancy.

The procedure adopted was as follows:—

The os was exposed with a small Neugebauer's speculum and its anterior lip seized with a volsella, the upper blade of the speculum was then withdrawn and a medium-sized laminaria tent, held in long forceps, introduced into the cervix.

Although the vaginal orifice was excessively tender, nevertheless owing to the use of Neugebauer's speculum, little or no pain was caused the patient. In eight hours labour set in and then bleeding began, the blood escaping from the vagina with each pain. The vagina was now firmly plugged through a Meadows's four-bladed speculum; half a yard of boracic lint, wrung out of glycerine and torn into eight strips, forming the tampon. The plugging, which was practically painless, put an absolute stop to the escape of blood. In six hours the plug was withdrawn, under chloroform. Its withdrawal was not followed by bleeding, and very little blood was found in the vagina. The tent came away with the last strip of the plug. The os then easily admitted one finger. On exploring within the uterus the vertex was felt anteriorly, and the placenta, separated from the uterine walls by coagulated blood, posteriorly.

The finger was swept round the cervical zone, but no adhesions existed. The os was now again seized with a volsella and a Champetier de Ribes's bag at once introduced. The bag was distended as fully as possible, and the labour allowed to pursue its course.

From the onset of labour pains the patient had repeatedly vomited, and, after the introduction of the dilating bags, sharp purging set in.

Two hours later symptoms of exhaustion supervened, rendering it necessary to bring the accouchment to an end. Chloroform was again given and the dilated bag, which had advanced but little, was slowly drawn out through the os and vagina. Forceps were then applied and a living child delivered with some trouble.

The following day the patient's temperature and pulse were normal. The child has done well.

REMARKS.—The procedure adopted in this case is not that which is generally advised and practised in placenta prævia. The method of treatment which finds most favour consists in dilating the os with a succession of Barnes's bags and turning the child. If turning had been practised in this case there is no doubt the result would have been fatal to the child.

Of every ten children delivered in placenta prævia nine are born dead², and if statistics were framed relating only to primiparæ, in whom no parous dilatation of the parturient canal has previously taken place, it is reasonable to suppose the mortality would be even more appalling.

The results obtainable by Champetier de Ribes's bag are at present uncertain because a sufficient number of cases to admit of a safe conclusion being drawn has not yet been placed record.

In face of the terrible infant mortality which occurs in placenta prævia it seems most desirable that methods of procedure resulting in the birth of living children should be made known.

Regarding the use of the vaginal tampon in placenta prævia there is considerable difference of opinion.

The practice of plugging the vagina for the arrest of uterine hæmorrhage has been said to be a painful, valueless and unscientific procedure, but in the case just related the introduction of the plug was not painful and its operation was most successful.

The patient unquestionably bled to a certain extent after the application of the plug, but the bleeding which occurred was slight owing to the compression exercised on the bleeding area by the child's vertex above and the plug below. Not only did the plug control the bleeding but it confined the blood within the uterus, where, by reason of the pressure to which it was subjected, it became spread out, and thus operated beneficially by separating the placenta from the cervical zone of the uterus, the seat of dangerous placental attachment.

To this latter circumstance is to be attributed the fact that the placenta and membranes within reach of the finger were found, on the removal of the plug, to be completely separated from this zone, and that, in consequence, no subsequent hæmorrhage took place.

Tamponing the vagina for the arrest of hæmorrhage, notwithstanding its condemnation by many writers, appears to have numerous supporters, and in a modern work on midwifery by Winckel, an eminent German gynaecologist, who strongly advocates and largely practises the procedure himself, Wigand is credited with saying that in placenta prævia he has used this method exclusively for many years and has never lost a child nor its mother.³

² *Difficult Labour*, by Herman, page 316.

³ *Winckel's Textbook of Midwifery*, translated by J. C. Edgar, page 324.

THE West Highland Cottage Hospital, situated at Glen-cruitten, Oban, was recently opened by Mrs. Parr, of London and Killichronan, Mull, the founder and donor of the institution. The hospital is a two-storeyed building, and comprises two public wards of 20 feet by 28 feet, and two private wards of 10 feet by 14 feet, together with bath rooms, two lavatories, operating room, and nurses' attendance room. There are also a kitchen, scullery, and usual offices, together with a washhouse, laundry, and mortuary. On the second floor there are nurses' sitting-room and bed-room accommodation.

THE SANITARY INSPECTORS' ASSOCIATION.—The annual general meeting of the Sanitary Inspectors' Association was held on October 3rd. In the report of the council attention was called to the work carried on during the past year, special reference being made to the formation of several provincial branches. The membership, it was stated, was increasing rapidly, the number having risen from 295 last year to 525 at the end of the period under review. They hoped in the course of time to enrol every sanitary inspector and inspector of nuisances in the United Kingdom as members of the Association when they would be able to command the attention of the Government, and demand from them security of tenure of office, fair salaries, and superannuation when incapacitated through old age and infirmities.

¹ Abstract of a paper read before the Burmah Branch of the British Medical Association.