all folded neatly over and kept in place by a binder, which comes last. The mothers are kept in the hospital ten days. On the ninth day they are allowed up, when they leave the lying-in ward for a "rest" room, furnished with comfortable couches of a special antiseptic type.

THE SCHOOL.

Accommodation is given for 35 pupil-midwives at the same time. The course is for nine months, during which time they receive an excellent practical and theoretical training. In the splendid lecture-room lectures are given to male and female students, illustrated by the cinematograph. The head midwife gives one hour's instruction every day. The female students pay 600 marks (£30) for board, lodging and instruction.

The pupils appear to be very well looked after. Their bedroom accommodation is very good. Midwifery bags are not used. The steriliser serves the double purpose of a portable case fitted with all requisites; this is placed in an outside case of coarse washable canvas with handles; its simplicity, plus usefulness, is commendable. Lysol is largely used as an antiseptic.

I was interested to learn that there is a National Association of Midwifery Schools in Germany, of which there are ten branches. The fact that this magnificent institution belongs to the association is ample testimony that the educational standard is a high one.

One of the finest things, in connection with this hospital, is that post-graduate lectures are given to doctors and nurses. These lectures are free. There are seven trained midwives, besides the thirty-five pupils.

I am much indebted to the head midwife, who very good-naturedly gave up her rest, in order to gratify my wish to see the hospital on the only day possible to me. I had almost forgotten to mention what will undoubtedly interest midwives, namely, that the babies are bathed three times and changed six times in the twenty-four hours. Happy babes, happy mothers, who find themselves under such excellent care!

It was the Association of Teachers of Midwives connected with this school whose greeting was conveyed to the Congress by Dr. Franke on the opening day. It was here also that the nuns responsible for the housekeeping stayed up all night to make cakes for the Congress visitors.

BEATRICE KENT.

RUPTURE OF THE UTERUS.

The following notes and observations on a case of rupture of the uterus, as reported in the *Lancet*, were communicated by Dr. D. Shannon (Glasgow) in the Section of Gynæcology and Obstetrics at the recent Annual Meeting of the British Medical Association at Liverpool.

"The patient, aged forty, was admitted to the Glasgow Maternity Hospital in a collapsed condition, and presented the typical picture of concealed accidental hæmorrhage. Three weeks previously she had felt ill, but her condition had not been considered serious. On the day of admission she was seized with sudden acute abdominal pain and fell to the ground. Her condition was that rather of profound shock than of internal hæmorrhage. The nine months' pregnant uterus occupied the whole abdomen, was rounded and hard, and the fœtal heart was inaudible. No hæmorrhage had occurred into the vagina. Cæsarean section with subtotal hysterectomy was performed, but the patient never recovered from the shock, and died a few hours after operation. On opening the abdomen the uterus was found ruptured—small multiple tears extending over the peritoneal coat and a larger laceration, two or three inches long, situated between the bladder and uterus. Here and there blood was extravasated in the muscular wall, and there was a small rounded hæmatoma of about the size of an apple near the left cornu. Free blood was also present in the peritoneum. Two factors, Dr. Shannon said, must be considered in connection with the case: (1) The condition of the uterine wall, and (2) the effects produced by the hæmorrhage. In accidental hæmorrhage the uterus was usually abnormal, inasmuch as the fibrous tissue was increased and the muscular elements diminished. The placenta was also possibly the seat of inflammatory change but the essential lesion undoubtedly lay in the uterine wall. A normal uterine wall was capable of distention, but fibrous tissue would give way, as had occurred in this case. The uterine sinuses were lacerated and the placenta was separated. It was quite possible that the uterine wall was paralysed as a result of the sudden distension. Similar peritoneal lacerations had been noted in cases of volvulus or ovarian cyst into which sudden hæmorrhage had occurred. The blood lost was about two and a half pints, not sufficient to cause death. The condition was quite unlike that seen in placenta prævia, post-partum hæmorrhage, &c., and was undoubtedly due to shock, which might have been produced by interference with the nervous plexuses following on the distension. The treatment of concealed accidental hæmorrhage was always difficult, and the majority of the patients died. The first indication was to remove the shock, and this might be done by removing the pressure by rupture of the membranes. In the present case saline was first given, and it did more harm than good. Saline might be given *after* the membranes had been ruptured. It was well to let the patient rest before operation was performed, in order that she might rally from the shock. The trend of modern obstetrical opinion pointed to Cæsarean section, combined with supravaginal hysterectomy as the procedure of choice."

We regret to record the death of Sir William Japp Sinclair, Professor of Obstetrics and Gynæcology at Victoria University, Manchester; and who, for many years, was a member of the Central Midwives' Board, nominated by the Privy Council

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