the world: "Your risk is so-and-so; the statistics prove it." If he is a sensible man he knows better; he knows that his risk, in a well-found boat, is almost entirely limited to the results of possible human frailty on the part of the captain and officers.

It is important, too, I think, to insist upon the evidence that can be had from large public charities in support of the view that the total average puerperal mortality in England as well as in New South Wales is higher than it ought to be. If it be true that the mortality in 71,122 parturient women can be reduced to about 1 in 500, no one ought to be content with a mortality, say, of 1 in 250 or 300. Nor can it be argued that the conditions surrounding the London and Irish poor are specially favourable. We know that in some important respects the reverse is the case, and yet the results are good. The explanation of the apparent anomaly is probably found in this: that in large towns expert help can be had when wanted without great delay, and that subordinate assistants, midwives, and nurses can be trained and disciplined in towns more readily than where they are more independent and are working practically without supervision. It is likely that from these causes the ratio of mortality in childbirth will at the best always be higher in the country than it is in towns of a considerable size, but it is not desirable that we should accept as inevitable a mortality in the colonies or in country places at home twice or three times as high as that which is shown by the foregoing tables to be attainable.—I am, etc.,

E. GARRETT ANDERSON, M.D.

Upper Berkeley Street.

STATISTICS OF MIDWIFERY CASES OCCURRING WITHIN A PERIOD OF THREE MONTHS IN THE GLASGOW MATERNITY HOSPITAL.

SIR,—In reference to a letter which appeared in the BRITISH MEDICAL JOURNAL of September 10th on the Teaching of Midwifery, I have felt urged to write a short summary (from a statistical point of view) of the cases, normal and otherwise, that occurred during a period of three months while I acted as house-surgeon in the wards of the Glasgow Maternity Hospital.

On comparing previous journals I find that what occurred in my time may be taken as a fair average of the nature and number of the cases during such a course. The list includes merely those cases which were treated in hospital, and in no way deals with the very large number of cases attended by the out-door department.

Total number of deliveries ...	118
Abnormal and with complication ...	38
Percentage of normal to abnormal ...	$3\frac{1}{8}$: 1

From the abnormal cases the following table may be drawn up:

1. Laceration of cervix. Too strong pains; specific history; no instruments used ...		2
2. Abortion at fourth month with severe hæmorrhage...		1
3. Contracted pelvis cases ...		13
(a) Slight general contraction (forceps at brim)	2	
(b) Flattened pelvis, T.C. = $3\frac{1}{2}$ inches (forceps at brim)...	1	
(c) Kyphotic pelvis (forceps at brim) ...	1	
(d) Flattened pelvis (craniotomy) ...	3	
(e) Flattened pelvis (induction); 1 delivered with forceps, 1 turned, 2 had a natural delivery ...	4	
(f) Slight general contraction, T.C. less than 4 inches; natural delivery, large amount of moulding of the head ...	1	
(g) Flattened pelvis T.C. = $1\frac{1}{2}$ inch (Cæsarean section) ...	1	
Total ...	13	
4. Uterine inertia (forceps in cavity and outlet) ...		8
5. Transverse presentation ...		1
6. Face presentation ...		1
7. Labour complicated by marked renal and cardiac disease ...		1
8. Labour complicated by pneumonia ...		1
9. Funis presentation and prolapse ...		1
10. Accidental hæmorrhage; 1 with breech, 1 which was premature ...		4
11. Retained membranes ...		3
12. Eclampsia; 1 premature child, mother died; 1 twins, mother recovered ...		2
Total ...		38

Certain other complications may be mentioned which were a part of cases already recorded:—

1. Placenta prævia marginalis ...	3
(a) Induction case, eighth month version.	
(b) Transverse presentation case version.	
(c) Where forceps were applied at the brim.	
2. *Post-partum* hæmorrhages ...	8

Some of these were only slight, indeed the only severe case of *post-partum* hæmorrhage occurred in the eclamptic case, where transfusion was performed with recovery to the woman. It occurred in:

(a) Laceration of cervix ...	2
(b) Retained membranes ...	4
(c) Eclampsia ...	1
(d) Induction case, 8th month, placenta prævia marginalis, version ...	1
Total ...	8

Surely then with material like this, the experience and advantages gained by dealing with such cases should not be limited merely to the visiting and house surgeons of the hospital.

I do not suppose there is any town in the country where rickets, and consequently contracted pelvis cases, are more prevalent than in Glasgow. Why, then, should not Glasgow form a large post-graduate obstetrical school, where with the means at its disposal it could instruct practitioners in the methods of coping with the most serious obstetrical cases, and thus prove a source of good, both to science and humanity?

I have just heard that most probably there will be an extension made to the present hospital, and so allow of a greater number of cases being treated indoors. If there was a system in Glasgow on somewhat the same lines as that at the Rotunda in Dublin, numbers of students, doctors from other towns, and even foreigners, would be attracted to our obstetrical school.—I am, etc.,

Glasgow, Sept. 13th. J. SOUTTAR MCKENDRICK, M.B.

MEDICAL EDUCATION OF WOMEN IN EDINBURGH.

SIR,—In the correspondence between the officials of the Edinburgh School of Medicine for Women and the Court of Edinburgh University which recently appeared in the BRITISH MEDICAL JOURNAL, there was a paragraph which suggested that those responsible for the management of the Medical College for Women, Edinburgh, were disregarding the orders of the Court of the Edinburgh University; and further, as the said correspondence might lead strangers to form the impression that the medical education of women in Edinburgh had received a serious check, or had been entirely suspended, may I be allowed to point out:

1. That the classes, and in fact all the arrangements in connection with the Medical College for Women, Minto House, Chambers Street, are conducted entirely in conformity with the regulations which the Court of the University of Edinburgh have from time to time issued in regard thereto.

2. Ladies desirous of studying medicine in Edinburgh will find every facility for doing so in the Medical College for Women, at which there were eighty-five students during the session just closed.

The Secretary of the Medical College for Women is Miss Mackay, Medical College for Women, Chambers Street, Edinburgh, from whom all information as to curriculum, fees, etc., may be obtained.—I am, etc.,

ALEC. T. HUNTER,
Clerk and Treasurer.
Scottish Association for the Medical Education of Women,
Edinburgh, Sept. 9th.

"A NEW AND ORIGINAL METHOD OF MAKING CASTS."

SIR,—The method described by Professor Peters, although original in its completeness, can hardly be termed new, as the method of making casts by the application of paraffin, etc., in such thin layers as to rapidly harden is well known. In the *Process Year Book* for 1897, Joseph Lewis, of Dublin, describes his method, and gives several photographic illustrations, including one of a bust. I have used Mr. Lewis's method frequently, and found it easy and accurate.

His method is to melt two parts of spermaceti and one of wax in a double saucepan, and, having oiled the surface, to apply a thin layer rapidly with a flat camel's hair brush. This hardens almost instantaneously, and causes no pain. Another layer is then brushed on, and then another, until the mould acquires some thickness. Mr. Lewis strengthens his moulds by placing slips of net or open muslin on them, and brushing on more solution. By this means a mould which can be safely

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