last few years, owing to a paper contributed to the principal medical journal of Berlin by Professor F. T. von Frerichs, one of the leading physicians there. He wrote that he had been in the habit of sending lady patients to Franzensbad for thirty-two years, and, that after visiting it and undergoing the "cure" on his own account, he found that it was not the ladies' bath exclusively which he had supposed it to be. The truth is, that the benefits of Franzensbad waters appear to be conferred irrespective of sex, and that its value, as a place intermediate in other respects than position between Marienbad and Carlsbad, only requires to be understood to render it as popular as either.

Both Carlsbad and Marienbad lie in valleys, while Franzensbad lies in a slight depression on an extensive moor, surrounded by mountain ranges at the distance of many miles. It is 1,300 feet above the sea level, and the air is dry and stimulating. In pre-historic times, the land upon which Franzensbad stands, and for a long way round, was the bed of an inland sea. An extinct volcano, called the Kammerbühl, raises its round head at a short distance from the town. This natural phenomenon attracted the notice of Goethe, and has been the subject of much discussion since he wrote about it; the theory now prevailing, and the only one that seems to accord with the facts, is that this volcano became extinct under water.

Next in importance to the Kammerbühl, as a natural curiosity, is the peat deposit, which is utilised at Franzensbad for moor baths. The moor baths, which are now in use at many health resorts in Austria and Germany, were first used in Marienbad and Franzensbad during the first quarter of the present century. Whatever may be the effects and virtues of these baths, they are not, as is commonly supposed, merely peat baths such as might be easily employed in the north of England, in Scotland, and in Ireland, where peat bogs abound, and where peat forms the principal fuel. The peculiarity of the deposits of peat at and near Franzensbad is that it is impregnated with minerals from the springs, which issue from fissures in it, and spread themselves about till a large area is a saturated and friable mass. When this deposit is extracted, dried, and then mixed with mineral water till it has the consistency of a poultice, the person whose body is covered with it, is surrounded with a highly mineralised substance. Whether such a mineralised poultice be a specific for certain maladies (as is supposed) is open to question; but the fact is that moor baths are prescribed in good faith, and are taken by patients in the assured conviction that they will derive benefit from them. Other baths are also in common use here, these being formed of the mineral water which abounds, or being what are called gas baths—that is, an application of the carbonic acid gas, which escapes in large quantities from the ground, to the surface of the body.

At Carlsbad the "cure" is largely conducted by the internal use of the waters. At Marienbad there is a greater amount of bathing than at Carlsbad, while the patients at Franzensbad are expected and enjoined to drink and bathe in almost equal measure. That the patients benefit from the baths as well as the waters seems beyond doubt, yet the reason may be due rather to the bathing itself than to the mineral constituents of the baths. The Germans and Austrians who flock to Franzensbad during the season are not accustomed to bathe regularly at home. It is not the rule for hot and cold water to be laid down in a German and Austrian house, and it is possible that patients who take a warm bath daily during their stay at Franzensbad might be benefited, or at least greatly affected, by the unusual process, even if the warm water did not contain any mineral ingredient. This, however, is a consideration which would doubtless appear absurd, if not heterodox, if presented to a practising physician at Franzensbad.

That the mineral springs are powerful and efficacious is indisputable. Owing to the large proportion of sulphate of soda which some contain, they have a marked aperient action, yet as they are much milder than the principal springs at Marienbad and Carlsbad, they are better adapted for the more delicate patients, to whom they are prescribed in small doses. One, the Salzquelle, contains scarcely a trace of iron; another, the Franzensquelle, contains a small amount of iron in combination with sulphate of soda. The temperature of the springs is about 50° F., and all are highly charged with carbonic acid gas.

Quite as worthy of note as the value of the waters and the excellent arrangements of the bath-houses is the fact that the sanitary arrangements are fairly good. The houses number 150, and most of them are open during the season only. Each is a large mansion, the rooms being so many in each, that 3,000 visitors

can be accommodated at a time in the 150. Small open channels convey the sewage into a stream called the Schlada, and this runs into the river Eger. If the population of Franzensbad were as large all the year round as it is during six months, then the question of drainage might be a serious one; and if the place were to increase in size, then the same question might give trouble. For the present there is ample and comfortable accommodation for visitors, and not least among the attractions of Franzensbad is that most of the houses are built in or face a park. Even the principal street is lined with thick-foliaged trees, and grass or flowers or green leaves meet the eye in every direction. Franzensbad is a pleasant place in which to undergo a "cure."

NOTES

ON

SOME GERMAN UNIVERSITIES.

BY WALTER K. SIBLEY, M.B., B.C.CAMB.

II.—THE UNIVERSITY OF BERLIN.

(Continued.)

The Charité Hospital.—Professors Leyden, Senator and Bardeleben.

THE Royal Charité Hospital of Berlin was founded in 1727, with 500 beds; in 1785 it contained 864 beds. In that year a new building, now called the Old Charité, was added; later still a lunatic asylum, and in 1834 a second building, the New Charité, was completed, which is now used for nerve cases, syphilis, and sick convicts. In 1836 was added an isolated small-pox department, which in 1854 was converted into a lying-in hospital. In 1856 followed the pathological institute, and in 1865 a spacious barrack for the surgical department, in 1877 the midwifery building, and 1878 an additional surgical division. Since that time there have been added a washhouse, a gynaecological pavilion, and four isolated pavilions for diseases of children; one each for scarlet fever, measles, and diphtheria; and one for the doctors and nurses and any obscure or doubtful cases.

The old buildings are on the corridor system, with large painted wards, heated by means of earthen stoves, and ventilated through window lattice valves, Börschen ventilation stoves, and suction through flues by means of gas burners, together with extraction shafts in the roof. The new part has all the modern hygienic arrangements, and is warmed by hot water, steam, and hot air, and has in conjunction with these central ventilation contrivances.

The Charité has now 1,800 beds, the average number occupied being over 1,600 daily. The number of cases treated annually in the wards is 20,000, with 570,000 days in hospital. The expenses amount to 1,263,500 marks (£63,175) yearly. The money paid by the patients is—for adults, 1s. 9d. daily; for children, 1s. 3d.; for lunatics from Berlin, 3s.; from outside, 4s. daily. The Poor-law administration of Berlin has at its disposal the right of occupying beds on 100,000 days yearly, into which pauper or non-paying patients are sent.

The hospital, with its numerous departments, forms a small village, and only the most important of them can be mentioned in passing. There are three medical clinics. The first was founded in 1810, and has now about 155 beds; patients are seen from 11 to 12. Professor Leyden, the present head of the clinic, was appointed in 1885. He was originally a military surgeon; then he became professor and director of the medical clinic in Königsberg; on the foundation of the University in Strassburg in 1872 he was appointed to the corresponding post there. In 1876 he succeeded Traube in Berlin. His best-known publications are those on *Grey Degeneration of the Posterior Column of the Spinal Cord*, and on *Diseases of the Spinal Cord*. In 1879 he started the *Zeitschrift für klinische Medizin*, in conjunction with v. Frerichs.

The second medical clinic, which is under Professor Gerhardt, was originally established for diseases of the chest. The third, which has 84 beds, is under Professor Senator; the clinic is held on three days weekly, the Professor also holding a poliklinik (out-patients) on the other three days in the Dorotheenstrasse.

The surgical clinic, founded in 1816 especially for the training of military surgeons, now has 305 beds. It is under Professor Bardeleben, who attends daily from 9.30 to 11. The professor,

who was born in 1819, was at one time assistant to Naegele at Heidelberg, and was called to Berlin in 1868. His most important work is the well-known *Textbook of Operative Surgery*.

In addition to these there are clinics for lunacy and diseases of the nervous system under Professor Westphal; that for midwifery and diseases of women, under Professor Gasserow; for diseases of children, under Professor Henoch; for syphilis, under Professor Lewin; for skin diseases, under Professor Schweninger; for diseases of the eye, under Professor Burchardt, etc. In addition to these, several polikliniks are held by the same professors.

MEDICAL DEFENCE UNION.

A MEETING of the East Anglian and Midland Division was held at Norwich on June 19th at the Norfolk and Norwich Hospital.

Dr. BARNES, of Eye, the President of the division, presided, and congratulated the members on the success of their division and the Union generally.

A vote of thanks for the valuable and efficient services rendered by Dr. Barnes in the formation and organisation of the division was carried unanimously, and he was re-elected President by acclamation.

On the motion of Dr. BARNES, seconded by Dr. HOLDEN, Dr. Beverley, of Norwich, President of the East Anglian Branch, was elected President for Norfolk, in the vacancy caused by the retirement of Mr. Cadge, whose official position in several of the governing bodies of the profession rendered it advisable he should not take an official position in the Union, although fully sympathising with its objects. The vacancy in the list of vice-presidents, caused by Dr. Beverley's appointment, was, on the motion of Mr. WAYMAN, seconded by Dr. BARNES, filled by the election of Dr. Manby.

Dr. MANBY proposed, and Mr. WAYMAN seconded, a motion that Mr. Plowright, of Lynn, be requested to act as Vice-President for Norfolk.

The other Presidents and Vice-Presidents were unanimously re-elected.

Dr. BARNES proposed, and Dr. HOLDEN seconded, the motion that Dr. Charles Scott Kilner, of Bury St. Edmunds, be a Vice-President for Suffolk.

Dr. KILNER proposed, and Dr. OWENS seconded, that Dr. Mead be requested to continue to act as Honorary Secretary, and that a cordial vote of thanks be given to him for his successful efforts in organising the division. Carried unanimously.

Dr. MEAD thanked the members, and expressed his willingness to continue to act until the General Council had fully defined the duties of the position, when he would consider if they were compatible with his engagements. He read extracts from a correspondence with Dr. Campbell Pope, the courteous and energetic secretary of the Metropolitan Division.

Dr. BARNES proposed, and Dr. HOLDEN seconded: "That it is advisable that the organisation of the division be completed, and active steps taken to do so. That the duties of honorary secretaries of divisions be clearly defined on the lines suggested in the correspondence between Dr. Campbell Pope and Dr. Mead. That in cases of emergency four constitute a quorum."

THE CHOLERA.

SPAIN.

THE accounts received up to Wednesday morning from Madrid continue to be encouraging, indicating that this particular outbreak of cholera is subsiding rapidly. Though it has hitherto been confined to the province of Valencia, it has been within that area more severe than the meagre details that have reached us would have led one to believe, for we now learn that at Gandia, a small town on the sea coast about forty miles south of Valencia, and twenty east of Jativa, which in the last epidemic was a focus of infection, there have been since June 15th no fewer than 144 cases, and 36 deaths, while on Tuesday last there were three cases and two deaths. Gandia has not previously been, so far as we know, mentioned particularly, and if other towns have suffered in like manner, the total mortality, when published, will probably be found to have amounted to several hundreds at the least. If, as we suggested, the epidemic in Valencia be the consequence, not of a recent importation, but of a recrudescence or "unearthing" of the germs of that of 1885-86, we shall probably see the like in other districts, for the Spanish towns, with very few exceptions,

are like tinder boxes awaiting the spark to kindle a conflagration. Only Seville, Jerez, Malaga, and Madrid are provided with pure water supplies, while sewers of any kind exist in very few. Those of Madrid are on the Parisian plan, one that cannot be recommended, and Valencia has pervious brick drain sewers, and Granada retains to some extent those constructed by the Moors—huge vaults or subterranean chambers; in fact, enormous stagnant cesspits and reservoirs for sewer gas. Everywhere else cesspools and wells, or cesspools overflowing into rivers whence the drinking water is drawn, are the rule.

FRANCE.

The *Journal Officiel* publishes a decree prohibiting the importation from Spain into France of rags, *débris* of flax, bedding, blankets, etc. Disinfecting stoves, similar to those at Cerbère and Hendaye, are now in working order at Behobia, in the Lower Pyrenees, and at Perthes in the East Pyrenees. The *Compagnie du Midi* has placed at the disposal of Dr. Netter a building to be used as an infirmary. Dr. Charrin has been asked to organise a surveillance service at Nouvelle, in the Department of Aude, a locality where an abundance of Spanish merchandise arrives; a quantity of tomatoes sent from Gandia have already been seized. The administration is devising means to prevent passengers from escaping inspection by leaving the train at Irun, and reaching Hendaye by carriage. Dr. Charrin has organised a sanitary post at Foz, a direct route between Spain and Toulouse. At Cerbère Dr. Cassan and Dr. Galangau await the arrival of the trains and inspect the passengers. Two women and a man remove from the trunks all the linen that has been worn, and place it in the disinfecting stove. After the inspection and the disinfection of the linen the doctors and the others wash their hands in an antiseptic solution. An infirmary is organised in a wooden house; the two men and women who disinfect the linen will act as nurses. At present there are not any patients. The Bordeaux Medical Student Society, as soon as it was known that cholera had appeared in Spain, asked M. Pitres, the Dean of the Bordeaux Medical Faculty, to be allowed to start for the frontier in order to co-operate with the Sanitary Service. Several of the students and members of the association and its president are at Hendaye, and the others are ready to start. More rigorous measures are to be observed henceforth at the Trompeloup lazaretto during the Spanish cholera epidemic. The Spanish vessels are to be submitted to a quarantine fixed by the director of the lazaretto; the mayors of the communes for which the passengers are bound will receive a notification from the director of their coming arrival; each will have a sanitary passport stating their condition, and will in their homes be visited by a local doctor during the day, who will daily send an official report of their condition.

The governor of Algeria directs that merchandise from Spain, the Balearic islands, the port of Melita, and the Zafarine islands are to undergo five days' quarantine in the Oran ports, and four days in the Algiers and Constantine ports.

The prefect of Morbihan, in answer to questions concerning rumours of cholera at Auray, states that hitherto there has not been one case of cholera throughout the department. It was also stated that there was a case at Mines; this city is entirely untouched by cholera. Sanitary precautions are rigorously observed. Several baskets of tomatoes sent from Spain have been seized at Mines and destroyed. The report current in the London newspapers that a case of cholera has occurred at Lyons is officially stated to be untrue.

The prefect of the Seine has directed that Chamberland filters be used in the schools of the ninth and tenth arrondissements, where Seine water will be temporarily used in place of spring water.

One case of cholera is reported from Cuxac, near Toulouse, doubtless an immigrant from Spain, but while quarantine has been established on the Spanish frontier, the real danger—the filthy condition of the harbours of Toulon and Marseilles, and the insanitary condition of these towns generally—is, and has been ever since the last epidemic, absolutely ignored.

AUSTRIA.

On June 18th, as soon as the news of the outbreak of cholera in Spain was confirmed, the Minister of the Interior sent a circular to all local authorities urgently calling on them at once to remedy whatever sanitary defects existed in their districts, and in particular to take steps to prevent the contamination of wells and

water conduits and of the soil of dwelling houses by excrementitious matter, special attention being given to the condition of public buildings, barracks, etc. The Supreme Sanitary Council of Austria held a special meeting on June 21st to discuss these measures. While approving of them it urged that in addition thereto the importation and transmission of rags, old cordage, old clothes and used body linen and bedding from cholera-smitten countries (including Asiatic Turkey as well as Spain) should be prohibited. The authorities at Trieste have ordered that all ships which have left Spanish ports since June 16th shall be subjected to medical inspection on their arrival. Dr. v. Klodzianowski, the Austro-Hungarian delegate to the International Sanitary Council in Egypt, has been instructed to keep strict watch at Suez and Port Said on pilgrims returning from Mecca. Similar measures have been adopted by the French and Turkish Governments.

PORTUGAL.

On June 17th, the Portuguese Government declared the port of Valencia to be infected with cholera, and all the other Spanish ports between Castellon and Alicante inclusive were declared suspect. On June 18th vessels coming from Malaga were ordered to be kept in strict quarantine for eight days. On the 21st the importation into Portugal of fruit and vegetables from the affected ports was forbidden. The Junta of Public Health has met every day since June 16th. Two of its members have been requested to select suitable sites for land lazarettoes. It was resolved to inquire into the state of the drainage of Lisbon, and to take steps to have the rivers Alges and Cruz Quebrada cleansed. The Santa Martha Hospital, which was used for influenza patients during the epidemic, has been set aside for cholera cases, if there should be any. A system of sanitary visits of the various districts of Lisbon has been organised. The local authorities throughout the country have been instructed to use the utmost vigilance and to insist on strict compliance with the law enjoining the immediate notification of cases of epidemic disease. A system of medical inspection has been established at various parts of the Spanish frontier. Goods and samples from the infected districts are refused admission, and the postal service through Ayamonte is suspended. Two gunboats and two steam launches have been told off for the sanitary defence of the coast of Algarve. These precautions are adopted, not against cholera alone, but also against yellow fever, of which there have been some cases at Malaga.

ITALY.

Professor Pagliani, Director of Public Health, in making his periodical report to the Consiglio Superiore di Sanità a few days ago, said, with reference to the outbreak of cholera in Spain, that the sanitary conditions were at present excellent throughout Italy as regards infectious diseases both among men and animals. The Council passed a resolution approving of the measures taken by the Minister of the Interior,¹ and expressing the belief that these precautions would be the best safeguard even if the danger of an outbreak of cholera should become more imminent.

THE ELECTION AT THE COLLEGE OF SURGEONS.

At 4 P.M. the ballot was declared closed, and the papers being then counted the result was as follows:—

	Votes.	Plumpers.
MR. W. MITCHELL BANKS ...	378	53
MR. MARCUS BECK ...	237	14
MR. JOHN LANGTON ...	185	4
Mr. Lawson Tait ...	160	12
Mr. R. Brudenell Carter ...	145	3
Mr. W. Rivington ...	131	3
Mr. E. Bellamy ...	74	3

Mr. Mitchell Banks, Mr. Beck, and Mr. Langton were therefore declared duly elected. Of voting papers, 372 were received, besides one which was judged invalid and twelve which came too late; some of the Fellows who sent the latter appeared and voted personally. The election of a distinguished provincial surgeon—Mr. Mitchell Banks—and his appearance at the head of the poll are most satisfactory.

¹ JOURNAL, June 28th, p. 1501.

THE SELECT COMMITTEE ON HOSPITALS.

THIRTEENTH AND FOURTEENTH MEETINGS.

[SPECIAL REPORT.]

THE House of Lords Hospitals Select Committee held their thirteenth sitting on Monday last, Lord SANDHURST in the chair, when the first witness called was

Miss ELLEN MARY YATMAN, who stated that she had been a nurse at the London Hospital for eighteen months, and commenced as a paying probationer. As a nurse she was in the hospital from April, 1888, to October, 1889, and the matron determined when the nurses were fit to be in a ward. Unqualified persons were sometimes placed in a responsible position in a ward. Very often inexperienced nurses had responsible duties entrusted to them, and in consequence injuries to patients sometimes resulted. She had known probationers do things to patients in an untrained and clumsy way, resulting in harm to the patients. In many cases recovery was retarded thereby.

The CHAIRMAN: Was an unqualified probationer actually sometimes left in charge of a ward?—Yes. I mean that at certain times they are put in a ward as staff nurses. The witness added that she had suffered very much in health whilst at the London Hospital. Most of the nurses had suffered in health during the time of the overwork.

Is that the reason you left?—Yes. I went off duty as the result of blood poisoning, evidently due to sewage gas. She complained to the sister of the ward as to a distinct smell in the sink, but did not know whether any steps were taken to prevent it. In giving information as to the hours of duty and food of the nurses whilst she was at the hospital, the Witness said that the food was not as a whole good. The nurses had talked very much about the matter among themselves, and the home sister knew about it, but she (Miss Yatman) did not think it was any use complaining of the food. The meat for dinner was, as a rule, badly cooked and not good. The only alternative was to leave the food. From her experience, the night staff of nurses was inadequate, especially for the children; and the adult patients often complained of being awakened. As a probationer, when she had been in the hospital only three months, she was left in charge of the women's medical ward. She did not know if the surgeons or physicians inquired into the question of the inadequate staff of nurses. The insufficiency of nurses she considered had led to a number of bad results.

The CHAIRMAN: Do you consider the London Hospital overcrowded?—I consider the wards very often overcrowded, although the hospital itself was not.

In reply to the ARCHBISHOP of CANTERBURY, the WITNESS stated that the patients at the London Hospital did not have the luxuries which some witnesses said were given in hospitals. There was no fancy diet, and she had never seen chicken. Fish diet was sometimes ordered. Children were never given grapes unless brought by the visitors. Replying to other members of the Committee, the witness complained of hurried dressing of patients, and she had heard patients say, "Don't be in such a hurry, nurse, you will hurt me." After about three months, the nurses began to break down. She had never written to the matron complaining of the work and food of the nurses, nor had she heard of any other nurses so writing. The nurses had to clean the rooms, except so far as scrubbing was concerned, and of course whilst so employed they could not be attending upon the patients. Her complaint was that the nurses on night duty had not sufficient food, and that the day nurses had not sufficient for supper, and that all the food was badly cooked and badly served. An uncertificated probationer might be in charge of a division of the ward.

Lord MONKSWELL: Have any of the evils you complain of been since redressed?—The drains have, I think, been attended to, but the food is just the same, and there is just the same overwork; there are as few nurses; uncertificated probationers have been since made nurses, and uncertificated probationers put in charge of the wards. The nurses are not, I understand, any better looked after. I believe the state of things is exactly the same as when I was there.

Lord THRING: Is it the quality or quantity of food of which you complain?—I complain of the quality most, but of the quantity to the nurses on night duty.

Lord SAYE and SELE: Was the meat Australian meat?—I do not know, but it was very coarse.

The WITNESS added that she had known probationers of a

year's standing sometimes sent out to nurse private patients.

LORD KIMBERLEY: Do you then consider the advertisement in which the hospital offers to supply thoroughly-trained nurses misleading to the public?—Yes.

MISS RAYMOND, who was a certificated nurse at the London Hospital, but who has recently left, said, in answer to the **CHAIRMAN**, that she corroborated all that the previous witness had stated with regard to the overcrowding, insufficient and bad quality of food, the inadequate staff of nurses, and that inexperienced nurses were given too large a share of responsible work. The witness spoke to the overcrowding of the wards and complained of the dismissal of nurses. Many of the nurses suffered from sore throats and fingers.

LORD KIMBERLEY:—Your evidence comes to this, that there is more work to be done than can be done with the present staff, whether medical or nursing?—Quite so. She believed that hospital patients suffered from the nurses being taken away for private nursing.

MISS DICKINSON, who in 1888 entered the London Hospital as a probationer, and was a paying probationer for three months, said she agreed with the previous witness as to the inadequacy of the nursing staff and improper use of inexperienced probationers. The food, too, she said was bad in quality and insufficient in quantity. The wards were sometimes overcrowded.

MISS PAGE was then examined, and stated in reply to the **CHAIRMAN** that she had been a nurse for some time at the London Hospital. She corroborated the evidence of Miss Yatman as to overwork of nurses and bad food. She could not speak too strongly of the insufficiency of the nursing staff.

The **CHAIRMAN:**—Were you the lady dismissed for applying to an outside physician?—Yes. She did not know of any rules applying to that question. It was the custom of the nurses to see the hospital physicians. She knew of uncertificated nurses being sent out to nurse private patients.

The **WITNESS** continued that it was not an outside doctor she consulted but one not usually consulted by the nurses. Her experience at Highgate Infirmary was that the cooking and the nursing there was better than at the London Hospital.

The **Rev. H. T. VALENTINE**, late chaplain and now a governor of the London Hospital, and vicar of St. Paul's, Walden, Hertfordshire, spoke of the duties of the chaplain at the hospital, and read some correspondence he had had with the hospital authorities with regard to what he considered faults in the administration of the Hospital. He wrote to the effect that no probationer should have her apprenticeship cancelled until after her case was submitted to the Committee, and there had been a careful investigation of the case; that greater care should be taken of nurses in times of sickness; the number of nurses who stayed for three months should be reduced, and there should be an increase of the number of efficient nurses. There had been a reply to the letter which was submitted to the house committee, but it was stated that there was no real cause for the complaints he made.

The **CHAIRMAN:** Have you ever raised these questions when they came before you as chaplain of the hospital?—Not officially; but I have complained unofficially without effect. There had, he continued, been some modifications in the rules in consequence of his complaints of the dismissal of one of the nurses, but those modifications he did not consider sufficient. It was, he considered, simply tyranny that the nurses should not see any doctors they chose.

The **WITNESS** continued that he was constantly about the hospital, and the result of his observations was to convince him that there were grave abuses in the present nursing system. There were four points upon which he desired to lay special stress. There was an inadequate staff of nurses, and too many paying probationers were engaged. The nurses did not receive proper medical attention when ill. Probationers of much less than two years' service were sent out to private houses as thoroughly trained nurses, and he thought it wrong that a hospital advertising to supply skilled nurses, and receiving substantial fees, should send inexperienced probationers instead. His last point was that probationers' apprenticeships were often cancelled for insufficient reasons, and without due investigation by the house committee, while nurses were dismissed without proper notice and on insufficient grounds. So strong were his feelings upon this point that he had felt it his duty, as ex-chaplain and a governor of the hospital, to communicate with the committee on the subject.

After some questions as to whether the witness was on good

terms with the matron, and why he resigned his chaplaincy, the inquiry was adjourned until Thursday.

The examination of the **Rev. H. T. VALENTINE** was resumed on Thursday. In reply to the **CHAIRMAN** (**LORD SANDHURST**) he stated that he had written the letter of complaint as to the treatment of nurses at the London Hospital, quite independently of Miss Yatman, with whom he had had no communication. What he complained of was that, whilst the probationers had to sign to stay two years, there was no contract on the side of the hospital. The Witness was then examined as to the cause of his resignation, and he said he should not have resigned if he had not received an offer of preferment. He wished, he said, to be allowed to go into detail as to one of the cases which amongst others he had taken pains to work up. It was the case of Probationer Page. The work of Miss Page in the hospital for a year showed that inefficient women were put to responsible work, and also that probationers were dismissed without proper trial. The staff nurses and sisters might, as was shown by his evidence, be placed in great difficulty by sudden and arbitrary dismissal, and an apprentice might be professionally ruined.

The **CHAIRMAN:** And therefore you say that the nurses and probationers were absolutely without protection?—They have been without sufficient protection.

LORD CADOGAN: Not according to the standing orders, but according to practice?—Not according to the standing orders.

The **WITNESS** proceeded to complain as to the status of house-physicians and house-surgeons, and of nurses being left to the charge of untried young men. Ladies did not care to consult lads upon their cases, especially if upon demand they could not see their seniors. It was said that the nurses were likely to malingering. He did not believe that; but, if true, a more practised doctor would discover it more quickly than one of the young men.

LORD CADOGAN: You say nurses are afraid to make complaint. Has any nurse suffered in position or prospects from making reasonable complaint of the management of the hospital?—I am afraid it is not within my knowledge that any nurse has made complaint. I am convinced that they feel sure that they would get no redress, and that worse things would happen. I have heard so from the nurses themselves.

LORD CATHCART: Have patients made complaints to your knowledge?—Oh yes; they have made complaints to me.

Would you represent that to the authorities?—Only in an unofficial way. On the subject of arousing patients, the Witness said he had found the washing of children in full swing at a few minutes after 4 A.M. in winter. As to the question of male attendants, he said that from personal observation he did not think they were required, unless in very exceptional cases. Experienced sisters scarcely ever wanted them, for they could as a rule manage the patients better than the male attendants, who in extreme cases only used force, and were naturally not liked. Whilst he did not object to paying probationers *per se* because from amongst them were some of the best of nurses in the hospital, still many of those who came for three months came for quite improper reasons and never made nurses.

MISS YATMAN was recalled to supplement her evidence, and spoke in regard to the duties of the night nurses in the children's ward. She said there was not sufficient assistance given the nurses, who had too much to do to perform the work efficiently, and the children were aroused at unearthly hours. She would like to corroborate the evidence given as to nurses working in an unfit state. She knew of a case of a nurse working with poisoned hands and arms who was constantly kept on duty.

LORD CADOGAN: And in spite of that the authorities insisted on her working?—She was left to work.

MISS ELIZA HOMERSHAM was next examined, and stated that she was on the General Council of the British Nurses Association. For three months she was a paying probationer, and for seven weeks house probationer. She complained that upon applying for leave to attend her father on his deathbed she had been refused, and was told that the only way to obtain an "honourable release" from her engagement was to remain two years, and pay another 13 guineas, on the assumption that she had continued a paying probationer with the option of resigning. After reading a long correspondence on the subject with the hospital authorities, she said she considered the work at the hospital was too heavy and responsible, for after being there only a fortnight she was put in charge as special nurse of a tracheotomy case. Whilst at the hospital she enjoyed good

health; but she attributed that to never trusting to the food of the hospital—always getting her own food—and to plenty of exercise. The Witness said that some of the wards were overcrowded, and that in several cases when Sir Andrew Clark—who strongly objected to overcrowding—visited the hospital, a number of patients in his ward were wheeled out, and within half an hour after he had gone they were wheeled back again. When she was given charge of the tracheotomy case she had experience of private nursing, but not of surgical cases.

LORD CADOGAN: Are you aware of any of the complaints made by you having been repeated since you left the hospital?—I was forbidden by the matron to cross the doors.

Can you tell us anything of your own knowledge since 1885?—No.

The Witness was examined at some length as to a charge she made of having been insulted by one of the medical staff, who she said was the worse for drink, while she was on duty as night nurse. She also read from a published work of lectures to nurses by Miss Lückes, the matron. What she said was considered to be one of the unwritten laws of the hospital—namely, that implicit obedience was the clear duty of the probationers, who should not grumble at matters of which they thought there were grounds of complaint, but should complain to those who had the power to alter that of which complaint was made. There was no excuse for disobedience.

LORD CADOGAN: Is the work authorised as governing the rules and practice of hospitals?—The matron reads those lectures to the nurses.

LORD KIMBERLEY: It would be a very rash person who would not regard them as rules?—A very rash person indeed.

MR. W. C. HOMERESHAM, brother of last witness, corroborated some of her evidence as to an interview with the matron of the hospital.

Miss RAYMOND was recalled, and stated that she was dismissed by the matron in the first year of her (Witness's) service at the hospital. She said she was dismissed on general grounds, and no special reasons were assigned.

LORD THRING: What was said about the matter?—It was said I was incompetent.

And you were dismissed by the matron?—Yes; she said I was quite incompetent to become a nurse.

And after that what happened?—There was some correspondence. My friends took up the matter, and I afterwards remained and finished the full term of my two years and then received a certificate of competency.

Although you were dismissed first for incompetence, you remained, and at the end of the two years you received a certificate of competency?—Yes.

MR. ROBERTS, the secretary of the London Hospital, was then called, and, in reply to the CHAIRMAN, stated that he had been secretary three years and a half. In giving evidence as to the governing body of the hospital—who he said were non-professional men—the Witness stated that on the medical side all the members of the staff met together in the medical council when summoned to do so to deal with matters in which their interests were affected. In addition to that there was a College Board for the management of the medical school and for the appointment and arrangement of officers. Their duties were restricted to the management of the Medical College.

The CHAIRMAN: Supposing a case of something wrong with the nurses, or affecting the medical officers, what course is pursued?—In the first instance it is brought before the house governor, who is responsible for the supreme control of the hospital, and he reports weekly to the house committee. The matron also reports to the house committee.

Who dismisses the nurses when considered necessary?—The dismissals are made by the house committee.

We have had a great deal of evidence to show that dismissals have been carried out by the matron?—It is not the fact. There are many cases in which they are told they are not suitable for further training, and, if they think fit, they leave the hospital.

Has the matron the power to give this delicate hint without reference to the house governor or house committee?—I do not think so.

The Witness was then examined with reference to the course pursued in regard to dismissals, and especially as to the position and power of the matron. He also read minutes and correspondence as to the resignation of the late chaplain, Mr. Valentine.

The inquiry was adjourned until Monday.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 16th day of July next, at 2 o'clock in the afternoon.

June, 1890.

FRANCIS FOWKE, *General Secretary*.

NOTICE OF QUARTERLY MEETINGS FOR 1890.

ELECTION OF MEMBERS.

Meetings of the Council will be held on July 16th and October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, September 24th, 1890.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

GRANTS FOR SCIENTIFIC RESEARCH.

The Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

BRANCH MEETINGS TO BE HELD.

NORTH OF IRELAND BRANCH.—The twelfth annual meeting will be held in the Board Room of the Royal Hospital, Belfast, on Thursday, July 10th. Business: To receive the Secretary's report and the Treasurer's statement. To elect office bearers for the ensuing year. To appoint two members as representatives of the Branch on the Council of the Association, and also two members on the Parliamentary Bills Committee. The President (Dr. George Gray) will deliver an address. Dr. J. A. Lindsay will show a Cancerous Liver, and give an account of the case. He will also read the notes of a case of Diabetes Insipidus successfully treated with Valerian. Dr. Dempsey will describe a New Method of Treating Placenta Prævia, and will read notes of a case. Dr. H. O'Neill will read short notes of a case of Paget's Disease of the Nipple, and will show Photographs of the Breast before and after Operation. Dr. Byers will give a short summary of Fourteen Abdominal Sections, and will show a boy, the subject of Athetosis (Post-hemiplegic Chorea). Dr. E. C. Thompson (Omagh) will read: 1. Notes of Two Recent Ovariectomies; 2. One Case of Trephining the Skull for Sub-cranial Abscess; 3. Successful Removal of a Large Epithelioma from the Dura Mater; and 4. A Case of Excision of the Knee (the last three cases will be exhibited). Gentlemen who wish to read papers show patients, etc., are requested to communicate, as early as convenient, with the Honorary Secretary, JOHN W. BYERS, M.D., Lower Crescent, Belfast.

NORTH WALES BRANCH.—The forty-first annual meeting will be held at the Sportsman Hotel, Portmadoc, on Tuesday, July 8th, at 2 P.M. prompt. After