through tedious difficulties in gaining licenses, and resorting to the places where alone such experiments can lawfully be carried on. In looking over the reports, just published, given by the Inspector to the House of Commons for the last two years, it has struck me that the number of experiments has been greatly on the decrease—481 having been performed during 1878, and only 270 during the year 1879. No doubt the anti-vivisectionists will triumph in this fact; but is it not possible that those in whose hands the experiments would be the most safe and valuable have been withheld from making them? while, as we well know, the unscrupulous, who would not hesitate to evade the law, and carry on experiments in an underhand way, are the most likely to conduct them carelessly or with cruelty. I think I may, with propriety, mention, that a series of experiments likely to lead to important results have lately been arrested in a hospital with which I am acquainted, from a fear that, with the extravagant outcry of the anti-vivisectionists in the ears of the public, the interests of the hospital might be injured if a licence were taken out, by means of which alone such experiments could legally be carried on.

To show that the character of those who have practised vivisection has not been such as to lead us to suppose that they would be unmindful of suffering, or that the experiments had had a hardening effect upon them, we may allude to the man in honour of whose name we are assembled to-day. It is impossible to carefully study his life without being struck with the humanity, benevolence, and kindly feeling which under all circumstances he displayed. Those who have before me stood in this place have given us in full the history of Harvey's life and labours, so that we feel to have an almost personal acquaintance with him, can picture him in his daily and domestic life, and fancy we can see him feeding and talking to his pet parrot in a tender manner, which could scarcely be looked for in a man whose moral nature had been hardened by witnessing suffering which he had needlessly or carelessly caused.

(To be continued.)

THE METROPOLITAN WATER-SUPPLY.—In the annual report of Colonel Bolton, the Water Examiner, appointed under the Metropolis Water Act, 1871, it is stated that during the year 1879 "considerable advance has been made in extending the constant supply to the metropolis, upwards of one-fourth of the total number of houses supplied being now on constant service." Colonel Bolton advocates a public administration of the metropolitan water-supply under one authority. He adds:—"Under the system of proposed unification, and pending the establishment of other sources of supply, a project which has long been under consideration, for collecting and impounding the upper waters which flow into the river Thames, during the time when such waters are in a state of the greatest freedom from impurities, might be practicable. It would necessitate the acquisition of large areas of land at suitable places, which could not well be acquired by any individual company on account of the great cost and the difficulties of obtaining the necessary compulsory powers of acquisition and subsequent protection, all of which, however, could be readily accomplished by a public authority intrusted with the administration of the metropolitan water supply; and such impounded waters would thus be common to and available for the districts now supplied by the six companies drawing their supplies from the river Thames." Colonel Bolton concludes as follows.—"1. Unification of the metropolitan water-supply will insure a better supply of water, both as to quantity and quality, on more economical terms, and, consequently, at cheaper rates, than can be afforded by several independent companies. 2. It will ensure the introduction of constant service at an earlier date, and at a cheaper cost of alteration and adaptation of fittings. 3. It will effect a saving, immediately, of about half a million sterling, by rendering new works proposed to be carried out unnecessary, and will utilise for districts requiring extensions the spare power now existing in other districts. 4. By the redistribution of the several districts into zones of levels, not only will the supply be better regulated, and waste prevented and controlled, but a great saving will be effected in pumping and other distributory expenses, in addition to the economy secured by consolidation of administration. 5. It will enable the metropolis generally and the heart of London in particular to be better protected from the effects of fire, by the provision of an ample and immediate supply of water under pressure, besides the facilities for the concentration of the greatest available pressure on the most valuable and exposed positions. 6. Greater facilities will be afforded to the local authorities in carrying out these sanitary arrangements in their respective districts, which are dependent upon an ample and efficient water-supply."

AN ADDRESS ON NURSES AND NURSING: *Being the President's Address, delivered at the Annual Meeting of the Metropolitan Counties Branch.*

By S. O. HABERSHON, M.D., F.R.C.P.,
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I AM deeply sensible of the honour conferred upon me, in placing me in the position of President of this Branch of the British Medical Association, and I thank you for the confidence you have in me. I cannot be unmindful of the distinguished members of the profession who have previously held this office, and none more distinguished than the surgeon who this day resigns the chair. The knowledge of their character, and of their ability, the consciousness of their talents, and of the manner in which they have discharged the office devolving upon them whilst occupying the presidential chair, make me feel my own incompetence, and my insufficiency. I trust that that incompetence, and the shortcomings connected with my own service, will be lost sight of in the practical operations of this Branch of the Association, and that the year may be one of good success.

Nearly forty years ago, the British Medical Association began its useful career. Like the spring of a great river, its source was scarcely recognised; it might have passed by unnoticed and forgotten; but, as the distance increases from its source, the stream widens, till, like the great river before us, it becomes a mighty stream. So with the Association; each year its power has expanded, its breadth of usefulness has increased, and the effects of its beneficent influence have spread throughout the land.

There is a value in association which can be gained by no individual effort, however wise and energetic that effort may be. One drop of water may be charged with mighty influence and latent power, but it can never form a river, and myriads of drops must be combined with one another to form the Thames, or any of our fertilising streams. Association, combination, co-operation, are the sources of our strength and power.

The value of association is seen in its effects on the *interchange of thought*. A thought, however true and real it may be, requires embodiment in living action, that its power may be realised. If it exist alone, it may be lost, but, when planted in the minds of a hundred or a thousand others, it becomes intensified; thus with a galvanic battery, the increase in the number of cells augments the power; but not only is the power multiplied in the interchange of thought in our Association, but the pleasure is enhanced; and in the several meetings of the Association, this truth is continually manifested.

Need I refer to the British Medical Association in its *promotion of science*? Not only by its grants, by its general encouragement to the varied branches of professional knowledge, and its collateral sciences, does it effect this object, but the JOURNAL of the Association may be, and has been, a help to pioneers in science, and to those engaged in the advancement of learning; and it has also diffused the clinical researches and the labours of the members of the profession throughout the whole of its ranks.

The benefits that arise to the profession by the promotion of *kindly feeling and mutual confidence* are found, not only in the large annual meetings of the whole Association, but in those varied Branches, which I am glad to learn are constantly increasing. This Branch Association has grown to formidable proportions, and it is now subdivided into other Branches. These, during the past year, have had most valuable meetings, and I need only refer to the discussion on antiseptic treatment to illustrate the value of its work. The simple clinical detail of the cases that occur in everyday practice, with the practical lessons connected with them, are of inestimable value, and are full of interest.

With these several benefits from association, not the least is the power afforded for *united effort*; there is irresistible energy when elements of living force are combined, sometimes like the torrent that breaks forth, and carries everything before it; at another, like the continual dropping upon the hard stone that corrodes, the effect of which is seen after long action. But with the increase in power, there is the greater responsibility, lest it be misused, or directed into some injurious or unworthy channel. The larger the vessel, the greater is the impetus,

and the more important is the helm that guides the ship. If I were to refer to the good work that the Society has effected, I must have a longer period than is at my command. I might refer to its work in connection with Poor-law medical officers; with the laws connected with the Army and Navy Medical Services; with medical education; with professional representation; with the abuses of gratuitous medical advice; and, more recently, with the laws of vaccination, and the devising of means for the removal of objections to its universal use; but I wish to confine my remarks to some topic of general interest, and, amongst those subjects that are just now commanding universal attention, there is none, perhaps, more suitable at the present time, than the subject of *Nurses and Nursing*. My mind has been continually occupied with it, and many will share in my thoughts respecting it.

The medical profession cannot stand alone; it requires help; and a well trained and efficient nurse is one of its most valuable assistants. Who is there that has not felt the need, and who amongst us, that has seen anything of professional life, that has not felt that he might be infinitely more useful, if his efforts were seconded by the constant watching of a sensible nurse? Sometimes, the medical man feels that he is almost powerless, unless he can become nurse as well as doctor; at another time, he is thwarted by the meddlesome interference of a conceited and ignorant busybody, called a nurse.

Perhaps it may enable us to understand what we really desire, if we consider some of those specimens which are objectionable; and first let us recognise a *conceited nurse*. She appears most attentive and conciliatory, but quickly shows that she is quite satisfied with her own attainments; she was trained at such an institution, and received a certificate; she has nursed under Dr. or Mr. —, men of the highest talent and world-wide fame; she had seen similar cases, and "brought them through", and well understands nursing in all its details; the doctor is all very well, he may give his directions, but as soon as his back is turned his orders go with him, and are set at naught, or even laughed at. "Oh, that may be very well, but I know what will be best." The nurse follows out the doctor's directions only as far as she chooses; and, if the patient recover in spite of her folly, she will chuckle that she has been the means of his restoration; and if the contrary, who is there to tell us what has been done? In a case of acute disease of the kidney or of the lung, where warmth is necessary, and ventilation has to be effected by the fire, and door, and other collateral means, the doctor may be no sooner out of the door than the window is opened. Ventilation is most important, but the nurse measures the temperature by her own feelings, and does not regard the draught on the patient. The doctor may think that the skin should perspire, but the nurse feels the room very oppressive, and she "ought to know", from her long experience and training. In a case of acute mania, exhausted with constant talking and want of rest, requiring nourishment and quietness, I have known the nurse, as soon as the doctor left, persuade the friends that a dose of calomel would be most effective; it was administered, the full purgative effect followed, and in a few hours the patient died from exhaustion. A conceited nurse is a terrible nuisance to a doctor, and a grievous injury to the patient.

Some nurses are, however, most *pretentious*. Let us watch one. An eminent surgeon a short time ago, at his time of consultation, found that the nurse had arrived with two stethoscopes, two thermometers, and a case of instruments—pretty well for a beginning. The surgeon justly said to his colleague, he thought that their presence was not needed. Worse, still, is the *meddlesome and officious* nurse. The doctor may give his directions, but he cannot enter into every negation. The patient may require absolute rest, but there must be constant washings; in how many cases is the life of the patient sacrificed, if the rules have been given to the nurse in her official training, that the back is to be washed and dusted? The doctor may order, as in a case of acute cæcal disease, that the legs are not to be moved, that the patient is to remain perfectly quiet; but the patient is pulled about, raised, and his back washed; or he is taken out of bed, and his bed made; and if it be objected that the doctor is disobeyed, it is at once stated, "You did not say that he was not to be so treated." As well might oysters be prescribed, and the shells be also administered; the contrary was not ordered. We have known a patient's life sacrificed when, having acute cæcal disease, she was directed to take a walk round the garden to relieve the so-called stomach-ache. And a case of general peritonitis would have little chance under one of these meddlesome nurses. Such a nurse would be very likely to administer a dose of castor-oil after an operation for hernia, or to give food on a liberal scale after concussion of the brain, or in serious injury to the chest, or in pneumonia.

A *lethargic* nurse is equally to be deprecated, where constant watching is required. It may be, in great prostration, food is to be administered every half-hour or less; but, because the patient remains quiet, it is not given; or the patient hesitates, and the nurse has more lethargy

than tact, and allows precious time to be wasted. She quietly goes to sleep, because the patient does not ask for nourishment, or perhaps she places it at the bedside, in order that the patient may help himself. Willing, but obtuse, a nurse of this character is out of her proper sphere; but, unfortunately, instances of this type are not very rare; and some of the obstetric nurses, whose only training has been that they have had children themselves, are good illustrations of what is meant.

Other nurses, almost of the same class, we might regard as *obstinate*; but, perhaps, it may be from want of apprehension. The directions are given and repeated, but not carried out, and the excuse is made, "I thought so and so", instead of implicitly carrying out the orders of the medical attendant. One attempt is made after another to explain to the nurse, and the reason of the treatment is laid down, but still it is of no avail. A patient, for instance, may be almost dying from hæmorrhage, from the stomach or some other part, and the nurse is directed not to raise the head of the patient, lest syncope should be induced; not to allow the patient to move; not to give spirits by the mouth, but by enemata; but the thoughts of the nurse run counter to the express injunctions of the doctor. So, in aneurismal disease, and many others, the reasons for the plans adopted are not understood and are set aside. It is often difficult to say how much is perversity and how much is ignorance.

A trying type of nurse is one who is *worn out*, it may be, by advancing years and long service; but the senses are failing; the sight is so imperfect, that directions for the medicine are mistaken; the memory so defective, that ordinary things connected with the patient are forgotten; the hearing so blunted, that the patient's call for help is unheeded, because unheard.

How often has the doctor, and, still more, the patient, been tried by an *intemperate* nurse? We have known a private nurse found helpless on the floor of the room adjoining the patient, having taken all the wine or spirit left for the sufferer; or in such a helpless state that no directions could be given about the patient. These things occasionally happen in institutions, but far more frequently in private practice.

It is equally bad to have an *unsympathising and heartless* nurse, one who takes no heed to the little wants of the patient, but is put out by the irritability of the sufferer, or by the restlessness consequent on weakness. I have sometimes been most indignant to find that the cruel heartlessness of the nurse has aggravated the trials of the one laid low on the bed of suffering and death. But, whilst these are some of the characters of nurses familiar to every medical practitioner, they are but isolated instances—often bringing out, in brighter relief, the zealous care and the untiring devotion of those who have sympathy, combined with skill, and whose attention receives the warmest thanks of the sufferer. Often, in the wards of Guy's, have I seen the most attentive care and gentle watchfulness to the sick. Although untrained, according to modern notions, they were worthy patterns of what a nurse might do and be.

If such be the hindrances, how are they to be remedied? We would answer: By the training of proper nurses; by the employment of persons of good and worthy character; and by the encouragement of those who are suitable for this noble service. It is a service becoming the most educated minds and the most refined intellects; but it is not confined to one sex—nor to any class of society; for the gentleness and the refinement are not always in proportion to rank and position. Some of those who have been in the lowest ranks of life are examples of the gentleness and kindness, the skill and tact, which go a long way to produce the efficient nurse.

There is a great difference between the training of women and the training of nurses. Unless a woman have a good character, and be sober and cleanly in her habits, neat in her person, orderly in her ways, able to restrain herself and to use tact and kindness, and especially sympathy and gentleness, no amount of nurse-training will be of any avail. There are some nurses who, under the peevishness and fretfulness of disease, become angry and disturbed; for oftentimes the weakness of disease brings out the bad traits of character. The power of mind is then unable to govern and restrain the temper and the words. In these states, a nurse of proper character, who can sympathise with the weakness of the patient, will try to soothe, and will bear rather than resent.

The actual nurse-training is acquired by practice. How to move a patient, and to make the bed comfortable without aggravating disease; how to feed the sufferer; how to attend to those appliances which sick persons require—such as poultices, fomentations, bandages, etc.; how to keep patients clean, without augmenting disease and torturing them. Cleanliness is good, but to use turpentine to cleanse the feet is bad and needless. To wash a patient is good, but to persist in it may be a great nuisance. An old man, who had seen better days, and had fallen into neglect and affected with disease, was nursed by trained attendants.

The first day, they washed him well, and probably with advantage; the second day, the process was repeated; and on the third day, since the washing was a requirement of the nursing, the old man preferred being without the services of the nurses, and dismissed them. It is important to prevent bed-sores, and this may in most cases be done; but, unless the greatest care be used in attending to the especial need of a patient in other respects, a bed-sore may be prevented, but life may be sacrificed. It is the duty of the medical man to direct, in these matters, in all cases of acute disease; and, by nurses arrogating to themselves what is out of their province, they may thwart the medical attendant, and do more harm than good. Again: it is necessary that a good nurse should be able to observe the changing states of the patient, so as to report to the doctor; but this requires much practical experience.

But, where should this training be effected? Partly in private practice, but still more thoroughly in public institutions. This training, however, ought not to interfere with the staff of efficient nurses required for the hospital, but there should be an auxiliary band to the regular nursing staff. The remark has been made, and it is quite correct, that women who have borne the brunt of rougher work are more suited than those who have been brought up in the lap of luxury for the enduring fatigues of a nurse's life; but this does not interfere with the wide sphere of useful service for those who have received more intellectual training. The training of nurses must necessarily come from the doctors, just as right nursing must be under their control. The doctor must, in his practical knowledge of disease and its requirements, be the director in the details of nursing: as to the position of the patient, whether in heart-disease or aneurism; how the pain of pleurisy, or injured chest, may be lessened by gentle pressure; how the head is to be placed in syncope, or raised in cerebral disease; how the patient can be moved, if moved at all, with the greatest gentleness in peritoneal affections; so, also, how the room is to be ventilated; how the food is to be regulated—in its kind, its quality, the mode and time of its administration. These, and a hundred other questions about the nursing, must spring from the knowledge and be under the direction of the medical attendant. The nurse learns these things from him, and from him only. Another nurse may have personally acquired the knowledge and again communicate it; but the lessons vary with individual cases and particular modes of treatment. A nurse, who had not received her lessons on antiseptic treatment from the surgeon, would have no knowledge how to act in such cases. The training of nurses is one question, but the administration of hospital nurses is quite of a different character.

In hospitals and in public institutions, the nursing arrangements are drawing increasing attention, and various are the means adopted in securing an effective staff. In small hospitals, containing a comparatively few beds, the matron has directly under her control the several nurses, whether day or night, that constitute the active working staff of service; and it is considered, and that most justly, that, whenever possible, the household work—of cleaning, etc.—should be separated from the actual nursing. Where, however, the institution is larger, other arrangements are required; and several modes of operation are found in different hospitals. In some, there is the *central* system; and in others, what is called the *ward* system; and, again, there are modifications of these. In reference to the first, we may describe its general characters in a few words: the matron is the head of the whole of the nursing staff, and everything comes under her direct cognisance and control; whilst in each ward there is a presiding sister or lady-director, herself under the control of the matron, who has the supervision of the nurses, day and night, head-nurses, and probationers, helps, and ward-assistants, whatever they may be designated. The authority, however, is purely a central one, although the sister of the ward receives the directions of the doctor, and sees that his orders are carried out; but any wishes, or complaints, or charges concerning the nurses must be made to the matron by the doctor. Still, in this system—central, as it may be called, as regards its presiding genius—the matron is governed by a committee, as we see at King's College Hospital, University College Hospital, Charing Cross, and I believe some others; upon which committee the medical men are strongly represented, in order to direct the nursing arrangements. This is the case at King's College, even although the nursing of the hospital is farmed out (if I may use such a term without in the least having any invidious meaning) to St. John's Home.

Other large hospitals—as St. Bartholomew's, the London—are under what may be termed the *ward* system; the matron is still the head of the nursing establishment, but the individual sisters of the wards have more control in the wards; the nurses, probationers, and various other women employed are more directly under them, although appointed, engaged, and dismissed if need be, by the matron. The sister would receive any complaints or directions from the doctor, and be the channel of communication with the matron; the sister of the ward being as the

colonel of the regiment, the matron as the general of the army or of the division. In a large hospital, this ward system works, we believe, better than the central one; it is more efficient, and works more harmoniously. The doctors are still consulted, as in the London and, I believe, at St. Bartholomew's hospitals, in the nursing arrangements as regards the medical requirements.

In other cases, there is a modification of these; but, at Guy's, an unique plan has been adopted during the last few months. The matron is made by the treasurer of the hospital supreme; not only to take the whole control of every ward, so that every complaint of an unfit nurse is to be taken directly to her, but varied regulations directly affecting the wellbeing and impinging on the treatment of the patients are introduced and arranged by the matron, sanctioned by the "sole executive authority" without any consultation with the medical staff. As one by one these wonders of nursing skill were propounded and found injurious, they have been dropped, or set aside, or modified; but still the power is maintained, and the medical staff are *practically* placed at the mercy of the matron. I say, this is an unique plan, and I know not its equal in the civilised world: in former times, the treasurer consulted the staff, and the matron was subordinate; but now science is placed on the lower scale, and arbitrary rule tries to enforce its orders and to control the requirements of the physician.

How long this state will last, I cannot tell: it is like one of those excrescences which we sometimes observe in the unnatural workings of perverted force—loathsome when it is witnessed, and injurious in its effects. We trust that it will, like some early abortions, speedily cease to exist.

In the hospitals, nurses are trained and have been trained well, and we desire most earnestly that this good work should go on and increase; but the new and inexperienced ought not to take the places of the old and efficient staff. The nurses which are necessary for the requirements of the sick should be permanent in their character, both for the sake of the patients, with whose maladies they become acquainted, and for the necessary observations and attentions of the medical men; in special wards, and where peculiar modes of treatment are carried out, this continuance of the nurse is especially desirable. To change a nurse in the midst of a critical case, or to place one who has been with contagious malady—as scarlet fever or erysipelas—to nurse a patient who has undergone a surgical operation, would be most disastrous. There are occasions when we must require a change in the nurses; but, as a rule, the responsible nurses in a ward should remain attached to one sphere of work, at any rate for a considerable period.

Many nurses who apply are too young; it is better to have those who have seen and experienced more of the roughness and work of life than those who have just attained to womanhood; and it is, I think, especially desirable that the sisters of the wards, who have the control of nurses and other attendants, should be married women, and at least over thirty years of age. To have the very young and inexperienced, is almost as great a mistake as to employ the aged, the infirm, and decrepid.

I think there can be no doubt that the training of nurses is best effected in public hospitals; for in them there is greater variety of disease, important surgical operations are more frequently performed, and the opportunities of watching special forms of disease are more numerous. But, as I have before said, these nurses should be, as far as possible, independent of the requirements of the hospital; otherwise, patients will be injured or lost by the mistakes of these inexperienced attendants. Probationers there must be; but they should not be placed in responsible positions till they have acquired sufficient knowledge. The duration of this training must vary according to circumstances: a whole year is not too long a period when it can be so arranged; but very efficient nurses have been trained in six months, or even in three months. The careful Bible nurses, whose services consist in kindly help rendered from house to house of those who are lying in beds of sickness amongst the poor, have been most valuable; but they do not require the training of those who have to take charge of cases of serious operation, as ovariectomy, or amputation of a limb, or tracheotomy; and, again, where a nurse is expected to know both how to attend to medical and to surgical cases—to diseases of the womb as well as to those of the eye—a longer period must necessarily be taken in her training. To train a nurse only in a surgical ward, and then place her in charge of a case of acute disease of the lung, would be as injurious as to apply the rules of ventilation adapted to a ward full of wounded soldiers to one containing acute disease of the bronchial tubes, the lungs, or the kidneys, acute rheumatism, and the like: in the former, fresh and cool air is beneficial; in the latter, a pure but warm atmosphere is indispensable. This danger of imperfect training is greater than may be supposed, for the nurse very frequently does not thoroughly appreciate the different condition in which the patient is placed: the surgical

case requires absolute rest to the limbs; the medical, rest to the injured or inflamed internal viscera.

But, when the training has been acquired, how is the nurse to be known by those who require her services? What is to be the connecting link between the patient and the nurse? The one requires the service; the other is willing to render that service. There are several methods to answer these ends: first, those adopted by private nurses; secondly, the formation of associations of nurses; and, thirdly, the formation of sisterhoods.

1. As to *private* nurses, the difficulty is to publish their addresses, the times when they are free, and the extent of their qualifications. Medical men who have known their skill are glad to employ them in other cases; and patients who have been benefited by their attention and watchful care are glad to recommend them to their friends, that they may receive similar benefit. Many private nurses are fully occupied; whilst others have months of continuous work, followed by an equal or longer period of absolute idleness. All their savings are wasted; and they quickly lapse into a state of depression and anxiety, or, despairing of future employment, join some public institution, or unite themselves in some association of nurses. Another disadvantage also is that, during the time that a private nurse is away from her home, the expenses of rent, etc., continue; and sometimes she may return home to find her room cleared of its valuables, and herself comparatively destitute. On the other hand, there is often more than corresponding advantage in the nurse having the whole of the money which she has so well earned for her own requirements. It would be a great boon, if there could be a registry home of private nurses, where persons could apply for them, where an account might be kept of their recommendations, the pay expected for their services, and whether they were free for fresh work. It would greatly assist many poor but most valuable nurses, if such an office or registry could be provided for them. A small fee for registration might be paid by the nurses, and another small fee by those who employ them, in order to meet necessary expenses.

2. A second plan for making nurses known, and for meeting the requirements of the public, is found in the various *associations* of nurses. Some of these are admirable institutions, of great value to the nurses, and certainly of great benefit to the public. In some, arrangements are made for training; in others, there is merely the association of those who have been already trained for the work. In some of these associations, the arrangements are strictly for the mutual benefit of the nurses; as small a sum as possible is taken from their earnings for the payment of the expenses of the institution, and for their board and lodging when not employed. In others, the nurses are engaged in such a manner that only about one-third of their earnings is really received by them; the nurses are let out, but the real profit is to the proprietor. This is a method that is much less to be advocated; for if in any case the labourer is worthy of her hire, this is certainly true in work so self-denying and arduous as that of a sick-nurse. There are, however, great disadvantages in the rules that are laid down by some of these associations, which may act injuriously upon the patients, and which make many persons shrink from asking for nurses from such sources. I refer to rules regarding the times for rest and for recreation, and sometimes for the removal of the nurse after a certain time. The necessary removal of a nurse after three months' attendance on one case is very objectionable, and may be most injurious to the patient; and the rules as to times of rest and recreation should not be of such a rigid character that they cannot in any case be set aside. I have known a nurse go for a walk as soon as she reached the patient's house, saying that she would see the doctor on his next visit; and another has left the patient at a most critical period of illness, when her own rest might easily have been postponed. There is always the danger lest the welfare of the nurse and her comfort be considered before that of the suffering, or it may be dying, patient. In some of the nursing institutions, and in some instances where the training of nurses is looked upon as the *primary* object, the patients certainly suffer, and their wants and requirements are disregarded. Disease will not conform to the rigid rules of any association; and, unless there be some liberty in the carrying out of these rules, the value of the association as a means of tending the sick and promoting their recovery must be lessened. The last phase of nursing associations is the formation of a company of limited liability. It may be very valuable; but I should think the patients will be anxious to be free from the liability of being badly nursed and injured whilst these limited liability nurses are being trained. I believe, however, that some of the associations of nurses are of the greatest public benefit. They are well conducted; the nurses are of excellent character, and all confidence may be placed in them.

3. The last method of making known the nurses, and of rendering them available, is by means of *sisterhoods*. Earnest women, often of the highest intellectual ability and training, are associated together;

there is a strong bond of self-devotion to the work. With many, a true interest is taken in the discharge of the duties, and the greatest self-sacrifice is willingly offered. It is true that sentiment may sway the feelings and guide the imagination; but, for all that, some of the sisters connected with these associations are most efficient in their service, most watchful in their care, and they act under a high sense of duty. Kindness and gentleness are often combined with attention to the patient and a careful carrying out of the wishes of the medical attendant. Whilst allowing all this, there is, I think, the greatest objection to these religious sisterhoods. The same devoted nurses would be better without the bondage, and would be of more real value because more free. Religious observances are associated with the nursing duties; in fact, in these sisterhoods, the bond is of a religious character, and the rule is of the most rigid kind. In the association of nurses, the comfort of the nurse is often placed before the wellbeing of the patient; *here*, religious observances are placed above the duties of the nurse, and she must conform to the requirements of the order. It is a state where religious feeling and sentiment have sway. The dress, in all its detail, is of great moment; and badges must be worn, and the cross made into an idol, and worn as an ornament. It would seem sometimes as if the form of the nurse's cap was of especial value—it may be, extending to broad lengths of stiff starchy material. Would that it benefited the patient to the same extent as it panders to the pride of the wearer! Unfortunately, these sisterhoods are often a bondage to those who are entrapped by them, and but few have the moral courage to break the bond. When a hospital hands over its nursing to such an institution, it does so bound hand and foot, and with eyes blinded, I almost think. The control is outside the hospital; the appointments, the arrangements, the changes, are all made by the "mother" of this sisterhood; even the very names of the nurses are withheld, and their names are often changed. It is, unfortunately, too often a religion of externals. But mere external religious service becomes a bondage; and, although beautiful to man, it has no acceptance with God, and the reward is only that of human praise.

The more that nurses are actuated by truly Christian principles, the better will they discharge their daily duty; the higher their training, the more efficient will they become; and the more the mind is educated, the more humble will that mind be found, for increase of true knowledge leads to humility. The work of the nurse is a most important one, and its value is becoming more and more appreciated by the public; but it must be kept in its proper place. The nurse is not, or ought not to be, the doctor; nor can the medical man bear the offensive interference of conceited attendants. In private practice, the nurse may thwart the surgeon; and, in public institutions, those who ought to be an efficient help may become an unbearable hindrance. If the medical profession takes its proper place, the question is more easily settled; and the hearty co-operation of the nursing with the medical staff will enhance the value, promote the usefulness, and greatly increase the benefit of any institution.

I hope that the British Medical Association will be able to assist this great public requirement by the experience and the suggestions of its Fellows; namely, the providing of well-trained and efficient nurses in our public institutions and in the homes of the sick.

A NEW SANATORIUM FOR LONDON.—On Thursday last week there was opened a sanatorium and hydrotherapeutic establishment of a very superior character in the immediate neighbourhood of London, and many eminent members of the profession testified their interest in the undertaking by their presence; among these were Mr. Luther Holden, Dr. Roberts, Mr. Streatfeild, Dr. Garson, Mr. Parnell, etc. The house was formerly the residence of Lord Liverpool, and is known as Coombe House, Coombe Wood. It has fifty acres of ground, with fourteen acres of pleasure-ground, adorned with a very fine collection of forest-trees and shrubs. Attached to and adjoining are vineries, orchid houses, and a conservatory, opening on to a garden, and overlooking a rose-walk and terrace. There are a good billiard-room and a library; and the bedrooms not only look out on extensive lawns and land belonging to the house, but command a fine view of the Surrey hills. The establishment is under the charge of Dr. MacGeagh, who has already gained valuable experience at Bishop's Down Sanatorium and at Matlock, who has fitted the place with complete sets of baths for hydrotherapeutic treatment. The charm of this place, however, is not only in the facilities afforded for this therapeutic method, but the opportunities which are afforded here for country quiet and the soothing influences of rest, bracing air, fine scenery, and a healthy mode of life. Persons can be treated here under the charge of their own medical man, or can be placed, if desired, under the treatment of the medical superintendent. The establishment of Coombe House is an undoubtedly valuable acquisition to the therapeutic resources of the metropolis.