theria showed a decline of 4 from the number in the previous week, and included 2 in Glasgow, 2 in Dundee, and 2 in Leith. Two of the 5 deaths from scarlet fever were returned in Edinburgh. The deaths from the principal diseases of the respiratory organs, which had been 93 and 88 in the previous two weeks, further declined last week to 72, and were 3 below the number in the corresponding week of last year. The causes of 56, or more than 11 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 19.7, 21.3, and 22.2 per 1000 in the preceding three weeks, declined again to 18.6 in the week ending June 22nd. During the first twelve weeks of the current quarter the death-rate in the city averaged 23.7 per 1000, the mean rate during the same period being 16.1 in London and 16.7 in Edinburgh. The 126 deaths in Dublin showed a decline of 24 from the number in the previous week; they included 3 which were referred to diarrhoea, 2 to "fever" (typhus, enteric, or ill defined), 2 to measles, and not one either to small-pox, scarlet fever, diphtheria, or whooping-cough. Thus the deaths from these principal zymotic diseases were but 7, and corresponded with the number in the previous week; they were equal to an annual rate of 1.0 per 1000, the rates from the same diseases being 1.7 in London and 2.2 in Edinburgh. The fatal cases of measles, "fever," and diarrhoea exceeded the numbers in the previous week, whereas no death from whooping-cough was recorded. The deaths, both of infants and elderly persons, showed a decline from the numbers in the previous week. Three inquest cases and 2 deaths from violence were registered; and 33, or more than a quarter, of the deaths occurred in public institutions. The causes of 12, or nearly 10 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon-Major James Good has been granted retired pay (dated June 14th, 1889).

INDIAN MEDICAL SERVICE.—Surgeon-Major Hutcheson succeeds Dr. Richardson as Sanitary Commissioner, North-West Provinces.—*Promotions* (subject to Her Majesty's approval):—Surgeons to be Surgeons-Major: W. Owen, M.D.; D. M. Jack, M.B.; W. Conry, M.B.; G. J. Kellie; D. Basu; A. W. Mackenzie, M.B.; J. Mullane, M.D.; D. Mullen, M.D.; J. A. Nelis; A. M. Crofts; J. Croft, M.D.; W. Coates, M.D.; and J. Blood, M.B. (dated March 31st, 1889). Brigade Surgeon R. E. Pearse has retired on an ordinary pension of £700 per annum, together with an extra pension of £100. Deputy Surgeon-General A. J. Cowie has retired on an ordinary pension of £700 per annum, and an additional pension of £250 per annum. Deputy Surgeon-General A. Hilson, of the Lahore district, has been appointed Inspector-General of Civil Hospitals, Bengal, in succession to Deputy Surgeon-General A. Cowie. The services of Deputy Surgeon-General G. C. Chesnaye have been replaced at the disposal of the Military Department, with effect from the 19th ult., and those of Deputy Surgeon-General W. Walker from the 24th ult.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon John Brunt has been allowed to withdraw from Her Majesty's Naval Service with a gratuity.

VOLUNTEER CORPS.—*Artillery*: 3rd Volunteer (Duke of Cornwall's) Brigade, Western Division, Royal Artillery, Robert Garven Nesbitt, Gent, to be Acting Surgeon (dated June 22nd, 1889).—*Rifle*: 2nd Volunteer Battalion, the Lincolnshire Regiment: Harry Poole Berry, M.B., to be Acting Surgeon (dated June 22nd, 1889).

BECKETT HOSPITAL AND DISPENSARY, BARNSLEY.—

At the annual meeting of the governors of this institution, the report, which was adopted, showed that during the year ending May 31st, 1889, 2222 out-patients and 291 in-patients were attended, being an increase on the previous year of 59 and 49 respectively. There were 28 deaths of in-patients, of which 24 were surgical and 4 medical. The revenue was £1765, leaving a balance over expenditure of £22 8s. 3d., of which about £10 was expended in sending 4 in-patients to convalescent homes.

Correspondence.

"Audi alteram partem."

THE REGISTRATION OF NURSES.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of June 15th last I have read an annotation to the effect that the registration of "trained" nurses has "advanced into the region of practical politics, that its enforcement by State authority is probably within a measurable distance," and that medical men are keenly feeling the importance of such a course and urge its adoption. A pamphlet by Miss Lückes, matron of the London Hospital, entitled "What will Trained Nurses gain by joining the British Nurses' Association?" is criticised in severe terms, and the question is asked whether the authorities of the hospital share the views of the matron, and, if so, they are asked to extricate themselves from "an altogether untenable position." As one who has been long interested in the training and well-being of nurses, may I crave a few lines of your space in which to state my opinion that the proposals to institute a register of "trained" (?) nurses have, in my opinion, not been adequately considered by the medical profession; that I deem the pamphlet of Miss Lückes to deal temperately with a very debatable question; and that the project of the British Nurses' Association, as at present intelligible, is fraught with danger to the best interests of the public, the medical profession, and the nurses themselves? Your annotation assumes that "trained nurses" only are to be registered. I learn from Bye-law 4 of the British Nurses' Association that not only those who are trained in a public institution, but "women who have been engaged in private nursing" during three years, will be eligible for membership. What evidence, therefore, of training is thus afforded? It is not even yet settled by the executive whether or not a theoretical and practical examination shall test the capabilities of candidates. It is true that after the granting of the Charter it is proposed that applicants shall be registered only "on terms satisfactory to physicians and surgeons as evidence of their having received systematic training." Who shall define these terms or explain this phrase? It is perfectly obvious that the conditions of training in various institutions will be very unequal. It must be equally obvious that if the scheme became successful, there would be a tendency to "level down" those who have been instructed at existing training schools. It appears to me a far more desirable course that through the length and breadth of the land good institutions for the training of nurses should be established and strengthened, all with a wholesome rivalry to excel in their methods of instruction, rather than that a minimum pass standard of efficiency shall be by any arbitrary method instituted. Practically, the superintendent of any nursing institution is afforded opportunity of judging the character and qualities as well as the educational status of her probationers; so she is enabled to recommend a suitable nurse for a given case with a discrimination that the authorities directing a general register could not exercise. So much for the question of training.

I can, moreover, foresee a grave possibility of danger in the event of the project of a general register for nurses being carried out. It is stated that such register is to be on the plan of the General Medical Register. It is to be established by Royal Charter. The British Nurses' Association is "to grant a certificate and to confer on those whom it regards as qualified to undertake the work of nursing, a status which no unauthorised person will be able to usurp." This must mean that a legal diploma is to be conferred. I need not stay to discuss whether the registration of duly qualified practitioners of medicine and the registration of nurses can be considered as similar questions. The answer is obvious. I simply ask whether there is no danger that, supposing the scheme were successful, the cordial relations which should subsist between patient and doctor would be disturbed. I assume that at the present time, when a sick-nurse is required in a private family, the usual course of action is that the medical attendant should be consulted. He recommends a nurse from personal knowledge, or he sends to an institution at which he knows the nurses to be well trained. Is there no danger that if a register of nurses were printed and issued, the friends of the patient would in the first instance consult such register

and choose the nurse, and the medical practitioner be thus placed in a somewhat uncomfortable position. And is there no danger that a still more harmful competition may ensue? A nurse with a legal diploma is scarcely the same person as the nurse the watchful servant of the patient and the obedient and trusted assistant of the doctor. There are many among the public who would take no very particular trouble to investigate the difference of significance between two legal diplomas, and the step might be a very easy one between the administration of medicinal means and the advising as well as administering them. These are questions which should be considered without fear and without reproach.

I cannot trespass on your columns so far as to present a full exposition of the issues, but I would ask your readers who are interested in the matter to read the pamphlet of Miss Lückes and that of Mr. Henry Bonham Carter, Secretary of the Nightingale Fund ("Is a General Register for Nurses desirable?"), then to consider the strictures expressed in the "Nursing Record," which calls itself "the representative organ of the nursing profession," especially the numbers of June 13th and 20th, 1889, and to draw their own conclusions.—I am, Sirs, yours truly,

A. ERNEST SANSOM, M.D., F.R.C.P.

Harley-street, June 25th, 1889.

A NEW TREATMENT, AND POSSIBLE CURE, FOR CANCER.

To the Editors of THE LANCET.

SIRS,—In view of the very grave danger and responsibility of making a statement which may hereafter be held to have misled the profession and the public in respect to the curability and actual cure of cancer, I will not venture to do more than ask you to let me make known the following inferences from clinical facts.

In the attempts which have from time to time been made to bring tissues infiltrated with cancer cells or the seat of malignant disease, in either of its forms, under the influence of the disintegrating power of papain, it seems to have been forgotten that the condition of success is the preliminary or simultaneous reduction of the vitality of the part to be "digested." This condition of lower, or temporarily lowered, vitality exists in the case of those proliferative or exudative growths in which papain has been shown to exert a powerfully destructive influence.

The point I wish to make known to the profession is that by combining the action of a strong depressant with papain, given internally, and, where possible, at the same time applied externally, the action of the papain seems to acquire a marked degree of potency.

I will not at present say more, but simply ask the profession to make calm and unprejudiced trial of the following formula: R Papain, gr. 3; thallin, gr. 2; glycerini traganthæ, q.s. ut fiat pilula. One pill to be taken every third or fourth hour, and, if well tolerated, the dose to be increased to two pills. If there seems to be need of a further increase, it is well to give the pills singly every hour instead of giving more than two at once, as the thallin is not generally well borne in doses exceeding four grains. The papain may be increased somewhat more rapidly than the thallin, but I do not think that it does much good in greater proportion to the thallin than as three to two. For external use the same proportion of the two drugs may be applied, either sprinkled on an open sore or gently inuncted with lanolin as a vehicle.

I will not ask you, Sirs, to publish my name, because I do not wish to be more than an indicator in this matter, the trial of value and truth resting with the profession.

I am, Sirs, yours faithfully,

June 24th, 1889.

J. M. G.

SHORTHAND FOR MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—As a writer of Pitman's shorthand, who, as a student, was able to take verbatim notes, I should like to be allowed to make a friendly criticism of one portion of the memorandum on Shorthand in Medical Study. Referring to the manifold uses to which shorthand may be put by the student, the memorandum advises that the student *should never attempt a full report or write out in longhand notes for his own use*. I agree that, as a rule, a full report is not desirable. To every rule, however, there is an exception,

and an exception in this case must be made as regards the reports of clinical lectures. My own experience is that a full report of a clinical lecture repays the student for his labour. The memorandum goes on to say—"clinical notes may be copied in shorthand into some special book." No doubt the practice of different individuals varies in note-taking as in the details of any other work; but if instead of copying his notes into another book the student would go over his pencil-taken notes with pen and ink, and convert the easily erasable pencil shorthand into indelible ink characters, he would save much time occupied by transcription, he would fix the meaning of his shorthand before the subject matter had passed from his memory, and he would lessen the number of his note-books by half. If intending students were aware how much their labours would be lightened by shorthand, few would enter the schools ignorant of it; and, to quote my own words written more than five years ago, if those in authority over us had an adequate conception of its advantages, it would be placed among the optional subjects of the preliminary examination.

I am, Sirs, yours faithfully,

NORMAN PORRITT,

June 19th, 1889.

Hon. Surgeon, Infirmary, Huddersfield.

* * We have submitted Mr. Porritt's letter to the notice of those who are chiefly concerned in the present shorthand movement, and they desire us to say that the exceptional cases mentioned were not forgotten, although not referred to in the memorandum. They fully agree with Mr. Porritt that there must be exceptions to the rule not to report in full. They would, however, rather refer the exception to the rapidity of the speaker than to the kind of lecture. Some slow lecturers do not utter a superfluous word. As regards clinical *teaching* (at the bedside) Mr. Porritt's remarks are strictly true. His second suggestion is a very useful one.—ED. L.

TWO EXAMINATIONS: A CONTRAST.

To the Editors of THE LANCET.

SIRS,—I happened not long ago to visit one of the older universities, and curiosity led me to enter the schools, where an examination for the degree was being conducted. Several visitors were seated on benches at one end of a large room open to the public, whilst at the other three or four students were writing at desks. These were candidates who, having barely satisfied the examiners, were being offered a further chance by a second set of questions. In the middle of the room was a large table, on one side of which were three examiners in academic robes, and opposite to them the candidate. Whilst one of the examiners asked him questions, another was reading his written papers and the third listened to question and answer. Nothing was asked which might not be learnt from the schedule, and when the candidate showed weakness in one subject, he was taken to another, ample time being given him to think, to answer, or to explain. There was no pressure, no hurry as to time; every effort appeared to be made to ascertain if the candidate had sufficient knowledge of the subjects set to warrant his obtaining a Testamur. The hour at which the examination commenced was sufficiently early to allow of the whole number of candidates being taken in the course of the day, even if some took longer to examine than others. The examiners were for the most part tutors, who, term being over, were free to devote their whole time and attention to their work, and were intimately conversant with the text-books from which questions were asked.

Not long ago I was permitted to visit the building on the Thames Embankment where an examination was being conducted at a late hour in the afternoon for the diploma of F.R.C.S. In a large room I found a number of persons congregated; some were examiners, some were patients whose cases were to be investigated, and others were lookers-on who, being themselves Fellows of the College, have the right to be present at all examinations. A bell was struck by a porter, and the batch of candidates under examination were hustled out, some without being allowed to finish the sentences they had commenced, and another batch was ushered in, and each candidate was quickly directed to the various examiners, who stood in pairs. One of these acted as