at the earliest possible moment is the object of all nursing. The practical difficulty of finding trained nurses willing to exercise their profession in workhouse infirmaries is, I think, the chief reason why every workhouse infirmary or at any rate why the majority of these institutions are not at the present moment fully staffed with trained nurses.

For some time past I have been closely studying the possibility of providing trained nursing throughout the Poor-law institutions and have come to the conclusion that there is not sufficient opportunity for training a sufficient number of nurses in the present institutions. Only about 10 per cent. of the provincial infirmaries of the present time are of a sufficiently large size (200 beds as a minimum) to give the requisite experience to the probationers, though a far larger number train, or try to train, on a far smaller number. The remaining 90 per cent. of the workhouse infirmaries are in great part very small. Some 67 per cent. contain on an average less than 45 patients. Not only is it impossible to train nurses in these small places, but it is impossible to keep up a staff of trained nurses in them. This is a matter of common knowledge, and due partly to the monotony of the life, partly to the infirmaries being within the workhouse walls, and partly to causes connected with the want of accurate knowledge, to put it mildly, on the part of boards of guardians as to the conditions under which trained nursing can alone be carried on. The provision of training schools in sufficient number and of sufficient size, complete separation of the sick part of the workhouse from the repressive part, and the adoption of measures which will have been found best to retain well-trained nurses for a considerable period in general hospitals and in other parts of the Poor-law service must, therefore, be generally adopted if the throwing away of the ratepayers' money upon an inefficient and wasteful system is to cease.

A long study of the relative position of workhouses as they lie scattered about England and the distribution of the patients in each has convinced me that the infirmaries may be reduced to between one-fourth and one-fifth of the present number without obliging the sick to be carried, or the friends or guardians to have to travel, an undue distance from their own unions. This reduction in numbers would cause a considerable increase in the number of infirmaries large enough to be utilised as training schools without being of unwieldy size, that is, between 200 and 500 beds. It would almost entirely do away with the small infirmaries—the crucial difficulty. Economically, it would do away with a considerable number of nurses and it would reduce very considerably the expense of maintaining so many different establishments as at present—at least, so far as the sick part is concerned. The institutions would then be capable of supplying their own vacancies with their own probationers and of having a large surplus of trained nurses for other purposes. The other purposes would be the supply of trained nurses to those smaller institutions, from 100 to 200 beds, which were sufficiently modern and well managed to make it possible to nurse properly in them. Again, the acutely sick, who could only be removed to the nearest union, would be attended to by a trained nurse sent down from the surplus staff of the larger institution to which it sent its patients. There would be a few isolated and very small infirmaries which would also be dependent on these large institutions, and as the infirmaries found in Wales are, with two exceptions, too small to train and too isolated to be abolished they would also be dependent upon the surplus staff.

This scheme is, therefore, a union of unions; but instead of those being isolated from one another they would be all united together by the aid of a central body, who would be charged with the duty of keeping up the standard, acting as intermediary, and, like a guard ship, retaining the names of those nurses on the books of the service while they were on leave, or, as a temporary measure, while they were on a central list to which the guardians could apply for nurses to fill vacancies. The saving in the cost of advertisements alone by such a list would be very large.

Finally, the attractions which will have to be held out—firstly, to suitable women to enter as probationers, and secondly, to trained nurses to remain in or to enter the service—will have to be very much increased if the services of these women are to be obtained in reasonable numbers. With this brief sketch of the remedies I suggest,

I am, Sirs, yours faithfully,

F. R. HUMPHREYS, L.R.C.P. Lond.

Fellows-road, N.W., August 29th, 1901.

THE COMING ELECTION TO THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—May I venture to ask you to do me the favour of allowing me to announce that I mean again to be a candidate for the post of Direct Representative for Scotland in the General Medical Council? On a future occasion I hope to be able fully to explain my views on current medical topics to the Scottish profession who have hitherto so handsomely trusted their interests in the Council to my hands.

I am, Sirs, yours faithfully,

WILLIAM BRUCE, M.D., LL.D. Aberd.

Dingwall, Sept. 7th, 1901.

“THE PATHOLOGY AND TREATMENT OF FIBROID TUMOURS OF THE UTERUS.”

To the Editors of THE LANCET.

SIRS,—In your able leading article on the above subject in THE LANCET of August 31st, p. 602, you mention me as giving liquor strychninæ in three-minim doses thrice daily in order to avert shock and heart failure. Permit me to point out what is, in my opinion, most important—viz., that the dose should be administered *hypodermically*. Since adopting this treatment I have performed 82 consecutive hysterectomies without a death.

I am, Sirs, yours faithfully,

Harley-street, W., August 31st, 1901.

WILLIAM DUNCAN.

BERMONDSEY SETTLEMENT.

To the Editors of THE LANCET.

SIRS,—At this time of the year, when many medical students are coming to London, I venture to ask if you will allow me to call attention to the fact that we have a few vacancies for residents at the Bermondsey Settlement. Farncombe-street, Jamaica-road, S.E.? The Bermondsey Settlement, established for carrying on social work among the poor by university men and others, is conveniently situated for Guy's, St. Bartholomew's, and the London Hospitals. Residence here enables medical students to obtain considerable insight into many of the social problems affecting the poorer part of the population, without involving too great distraction from medical studies. Indeed, Professor Macalister, some time ago, speaking on behalf of this settlement, called attention to the important advantages, which medical students might derive from residence in such an institution. Our appointments are good and our terms reasonable, and I should be glad to supply further information to anyone who may write to me.

I am, Sirs, yours faithfully,

J. SCOTT LIDGETT,

Sept. 10th, 1901.

Warden of the Bermondsey Settlement.

IRISH SURGICAL QUALIFICATIONS.

To the Editors of THE LANCET.

SIRS,—The following letter, signed “Erinensis,” has appeared in two of the leading Dublin papers:—

At a time when so much discussion is being provoked over hospital appointments in England as to the relative merits of the higher qualifications in surgery of the Colleges of the United Kingdom it is, indeed, gratifying for Irishmen to recall the fact that the Royal College of Surgeons in Ireland is the only surgical corporation which is bound by its charters and by-laws to carry out a public examination for Fellowship.

Amongst other provisions it is expressly laid down by the Royal Charters of 1844 and 1885 that a candidate for the Fellowship of our Irish College must be examined “in the presence of the President or Vice-President, and two members of Council.” The carrying out of such a provision must effectually silence those critics who would deny the high standard of examination for the F.R.C.S.I., and who endeavour to exclude holders of such qualification from the higher hospital appointments of England, as being of an inferior professional standing to the Fellows of the surgical colleges in England and Edinburgh.

If the writer of this letter be correct in his statement that the Irish College of Surgeons alone possesses this safeguard to collegiate integrity it must considerably enhance