But-and here is the point to which we most strongly object on principle-this annual bonus is not paid directly to the participating Nurse, but is invested by the managers of the Institution for her benefit with the National Pension Fund for the purchase of a pension to commence at the age of 55. Nurses are not allowed to obtain possession of the sums annually invested in this fund, although, Nurses are not allowed to obtain possession should a Nurse die before attaining the age at which her pension falls due, the money standing to her credit is paid out of the fund to any person whom she may nominate. It is claimed by the managers of the Institution that this scheme is not only novel, but that, "amongst other obvious advantages, it appears to be consonant with the sound principle that the earnings of Nurses should be equitably divided amongst themselves, and at the same time to afford adequate security that these earnings should be so utilized as to furnish due provision for their declining years."

Now, we must, with all due respect and with every wish to do justice to the good intentions which have, doubtless, animated the managers of this Institution in the initiation of this scheme, take the gravest exception to their proposals. It is obvious that, when put into plain English, the results will be to enrich an Insurance Office, and to do so with, or without, the consent of those whose money is thus employed. It cannot be regarded as an equitable arrangement, because it proposes to dispose of the Nurses' bonus in an arbitrary manner. We would not for a moment dispute the benefits of providence, nor deny that all Nurses would be wise to make provision, should they need to do so, for their declining years; that, however, is entirely beside the question.

Our contention is that the Managers of this Institution have no right to invest, on their own authority, and according to their own ideas, the money which they admit to belong to other people. Let it be granted that every Nurse, now on their private staff, has consented to this application of the funds as regards her own share in the profitsfor it must be taken for granted that they have done so-it remains a fact that the scheme must be binding, and is clearly intended to be binding, upon all those Nurses who hereafter become members of the staff. This is an interference with the liberty of the subject which cannot be approved of. It is a laudable wish that Nurses should be comfortably provided for in their old age, but it is totally unjustifiable to insist upon their making such provision, and a still greater interference with their liberty of action, whether they wish or even require such provision or not, to take measures to make it for them. It is treating Nurses either as children or idiots, or, at any rate, as persons of irresponsible judgment, incapable of taking care of themselves, and, therefore, manifestly unfit for their responsible duties, and for assuming the charge of other people.

LADY MEDICAL STUDENTS.

An interesting letter from Mrs. Dr. Dickenson Berry appeared recently in the *Lancet* under the heading of "What becomes of Women Medical Students." She takes the fifteen years from the foundation of the Women's School of Medicine, 1874 to 1888 inclusive, and finds that, during that time, a hundred and ninety students entered for the full hundred and ninety students entered for the full course. Of these, 159 have become qualified medical women, 32 abandoned their studies, and 9 are still students. Of the latter, who are now, therefore, at least, in their sixth year, it may be reasonably inferred, that only a small proportion will attain to a diploma. The result has been that fourteen per cent. of the whole number have retired from the work. Of the 166 students who have become qualified, another 14 per cent., have relinquished their profession. It is interesting to compare with these figures those that were given by Sir James Paget in his well-known article on Medical Students. Out Ins wear-known article on Medical Students. Out of 1,000 students, whose careers he investigated, 8 per cent. never qualified, and 8 per cent. more left the profession within twelve years. Considering the difference, therefore, between the conditions under which men and women work in training for a medical life, the disproportion of steadfastness and success chows rather for yourship for women and success shows rather favourably for women medical students in England, although, as was recently pointed out in these columns, the percentage of failures at Geneva was very markedly greater.

MIDWIFERY ENGAGEMENTS.

A case which was recently brought before a County Court teaches a lesson which it would be well for all Nurses engaged in midwifery work to take note of and remember. A doctor who had been engaged to attend a case of confinement, but who was, after all, not called in, sued the patient's husband for his fee. On the ground solely that the contract, being a verbal one, could not be proved, the doctor lost his case, and a could not be proved, the doctor lost his case, and a medical contemporary, in commenting upon the fact, wisely advises medical men to have such contracts always in writing. We would give the same advice to Obstetric Nurses, of whom many, during the course of each year, write to consult us as to the steps which they should take when placed in a similar position to that of this doctor. We would advise them always to obtain a memorandum of their approximate and of the obtain a memorandum of their engagement and of the date at which they will be wanted, signed by the patient's husband, because then there could arise no dispute as to the legal liability of their employer to pay for their services, whether they were actually required or This is the more necessary in their case than in not. that of the doctor, because of the uncertainty which so often exists as to the exact date when the services of a Monthly Nurse will be required ; and it is by no means uncommon for patients to keep their Nurse waiting for days or even weeks after the date for which she was engaged before her services are called into requisition, and for such patients subsequently to refuse, or at any rate to demur, to pay for the time during which the Nurse's time had been unoccupied. Such people are oblivious to the fact that the Nurse's time is her livelihood, and that if she is engaged for a definite date she is thereby prevented from accepting other engagements, doubtless, in many instances, to her great disadvantage.



