cumstances render going into hospital impossible? The grim presence of neglect often appears in horrible reality. How is it all to be changed?

In towns more trained nurses would greatly mitigate the evil. In rural districts the nursing of the poor and working classes is a more difficult problem to face.

In many a country parish there is not sufficient work for a nurse. In some districts, when work is plentiful, money is scarce, and difficulties arise in regard to a nurse's salary and rooms.

The provision of trained nurses for rural districts is a question which is exercising the minds of many kindly people. Sometimes it seems as if it was becoming too much the hobby of those whose aims are good, but who possess no expert knowledge to guide them. Much precious money may be wasted, which, if judiciously applied, might do untold good. Instead of keeping a parish nurse idle, more or less, for months of the year, I believe that more good would be done if medical men had it in their power to get nurses, as required, for needy cases, from some central home having a staff of suitable nurses for such work. This method of working would be quite unsuitable in busy industrial or remote highland or island districts.

The housing question is a difficult one. There is seldom any spare accommodation in a working man's house, and this is a point on which the working classes and poor are very sensitive. They wish to give a nurse common comforts. If they feel they cannot offer these they would rather suffer than ask a nurse to share discomfort.

It is no part of the equality of rich and poor in sickness that a nurse should reside in a poor man's house.

In the residences of the well-to-do there is accommodation, and a nurse is not in the way when she is "off duty." In a poor home it is different. A nurse must have sleep and rest; this is impossible when there is no apartment in which she can be alone and in quietness.

The *benefit* system, usually adopted by "cottage" nursing associations, is not the system which can best reach the poor. By the constitution of these associations, they are *mutual benefit societies*. Thus, members have always the prior claim on the services of the nurses.

The poor are often willing, and will make every effort, to pay a fee for actual nursing when they do not see their way clear to pay a yearly subscription entitling them to benefits they may or may not require. The benefit system is much more likely to work well among the well-to-do working classes or middle classes who are neither in a position to receive charity nor pay high fees for private nurses.

The nursing of the poor seems yet capable of great development. There are difficulties to face which can only be got over by efficient and widespread organisation, funds, and expert knowledge.

All authorities on district nursing tell us that a district nurse cannot be too well trained. "A woman of a higher stamp than would suffice for most other kinds of nursing is indispensable for district nursing," writes one. In district work a nurse cannot be too highly qualified, because in her work she is much "left to herself." She has no fellow nurse whose opinion she can seek. She may see the doctors who are attending those under her care only occasionally.

Not only in regard to her professional work is it desirable that a district nurse be of a high stamp. A cultured, reserved woman often quite unconsciously works wonders in directions where improvement is much wanted. She knows how, and treats the poor with respect. They in their turn quickly recognise this, and give her that honour which is her due.

Having given reasons why the poor should have the benefits of trained nursing in sickness, I shall pass on to the second division of our subject, namely, "The relation of Cottage Nurses to the Nursing Profession."

The Holt-Ockley system of nursing has been working in England for many years. In Scotland—on account of our proverbial "canniness"—we are usually slow to embark on new schemes till we prove them to be sound and trustworthy.

I have no exact information on the point, but I think the Sutherland Benefit Nursing Association must have been one of the first benefit associations floated in Scotland on Holt-Ockley principles.

The whole question of "cottage nurses" in relation to the nursing profession, as it stands at the present time, is extremely unsatisfactory. It is quite within the limits of possibility that "cottage" nursing associations could in course of time raise their standards of training, and introduce, as vacancies occur on their staffs, nurses with general as well as midwifery training. This need in no way detract from the value of the good services rendered by those nurses still working, who, although possessing only midwifery and short training

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