

anterior rhinoscopy or in the throat. Posterior rhinoscopy was difficult of practice and yielded no result. Arterial degeneration was marked.

The patient was ordered counter-irritation, and dilute hydrobromic acid in drachm doses three times a day. She continued this treatment for a fortnight, during which time she slowly improved, both as regards vertigo and tinnitus. One month later the vertigo and tinnitus had disappeared. There was still some deafness in both ears, especially the left, but no perversion of hearing. The facial paralysis had so far improved as to be but slightly marked.—MACLEOD YEARSLEY, F.R.C.S., in *Medical Times*.

## Thoughts on the Final Training of District Probationers.

By Miss M. LOANE,

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(Continued from p. 331.)

### PERSONAL ECONOMY.

Every Superintendent who has the true interests of her probationers and young nurses at heart will try to impress habits of personal economy on them, and induce them to have some regard for the future. The future of which too many of them are utterly regardless is not only the dim future of twenty-five or thirty years hence, but the practically certain future of next week and next month, when their salaries will too often have been frittered away, and legitimate claims have to be met by borrowing, begging, or pleading poverty.

People of the wealthier classes are sometimes too tolerant of nurses' small but perpetually recurring extravagances. They are accustomed to see the future of their women—even if they choose to work in youth and early middle age—provided for by fathers, uncles and brothers, or by distant relatives if these should fail; furthermore, they ask with ready condonation, "What *can* they do on such a tiny income? Are the young ones to have no pleasures, and the older ones no comforts?"

But different things may very reasonably be expected from different persons. The vast majority of nurses at the present day come from classes where the only women fully provided for are wives during the lifetime of their husbands; where widows commonly have but a scanty maintenance, and unmarried women seldom have anything of their own and are not considered to have any definite claims on the men of their family; to them, therefore, it is no new thing that a woman must provide for her old age or live on charity.

The nurse's yearly income of £30, £35 or £40, to provide everything but uniform, board, lodging, washing, and advice, may well seem little to persons who would spend as much on a single dress or coat; but it is highly probable that in her own home

she never possessed more than £2 at one time, and that her mother handled even less. Take, on the other hand, the case of professional men's daughters. Many men whose incomes range from £500 to £1,500 a year expect their daughters to dress in a manner suited to their position, and to pay all their private expenses, postage, presents, short journeys, &c., on allowances which are rarely as much as £40 and certainly do not average £30. When these girls become probationers, as they sometimes do, they are accustomed to the management of a little money, and are seldom guilty of extravagance.

A nurse who has £30 and her uniform does not need more than from £8 to £10 a year for dress, and £5 to £10 for holidays and the expenses connected with them. Take the highest figure in both cases, and she has £10 left. Seven pounds ten shillings will pay her pension premium, and £2 10s. can go into the savings bank.

But, someone will object, how about illness, and the times when they are out of work? As to the cost of illness, few persons are allowed so many illnesses entirely at other persons' expense. And why should they be ill? Are they not all in the prime of life? Were they not all free from discoverable weakness or defect when they began their career? Have they not been taught far more carefully than other women to understand the laws of health? Are they not, under the modern conditions of nursing, placed in a position in which they can generally practise them? As to being out of work, the state of the market is such, and in all human probability will be such for many years, that every good, and moderately good, nurse is practically certain of continuous employment, of full travelling expenses if she changes her situations, and gratuities if she does not.

The one valid excuse for the wasteful personal habits of nurses is because they come from classes that save little because they have scarcely enough to live on, and their heads are turned by possession of larger sums than they ever touched in their lives before. They receive £8 5s., or whatever the exact quarterly sum may be, and, instead of buying at once what they seriously need, keeping a few shillings in hand for small current expenses, and putting the rest in the savings bank, they put it in a purse or hide it in a drawer, and never rest until it is all spent. If the money went in handsome clothes, in presents, in railway journeys to see distant friends, one could understand it; if it went to needy and not too scrupulous relatives, one could excuse it. But how does the money most frequently vanish? Am I alone in my experience as a Ward Sister and as a Superintendent when I say that the money goes in photograph frames, flimsy blouses, chocolate creams, bananas, grapes and strawberries, and that many nurses of mature age turn away from a well-cooked three-course dinner and then fill

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