

managing director of the Provident and County Fire Offices), who had nearly completed his engagement of three years with Mr. Miers as his profile painter, and to this person I am indebted for my instruction, on his leaving for his present lucrative greatness.* On the death of Mr. Miers, in 1821, I was prevailed upon to join his son William Miers in partnership, to continue the profiles, he well knowing my own works to realise from twelve to fifteen guineas per week. I conducted them in the partnership for nearly eight years; they were sent out as the work of Miers and Field.

[He then mentions outlines of persons whose profiles were taken by him in the elder Miers' time, and for which applications were constantly being made for duplicate copies by the friends and relatives, without emolument to him as the original artist.]

I beg leave, in concluding, to observe that I have been appointed by her Majesty's warrant, bearing date the 24th of August, 1830, to be her Majesty's profilist, as also to his Majesty, as communicated by him to her Royal Highness the Princess Augusta, for whom I have executed profiles.

I am, Sir,

Your obedient servant,

JNO. FIELD,

No. 11, Strand.

To William Jerdan, Esq.

SIR DAVID BREWSTER.

Covered with tributes of honour from every quarter of the globe, an old friend has lately finished his mortal span. It is neither the time nor the place for me to discourse upon his many virtues and altogether most estimable character. In his elevated intellectual course he was all that might become a man. Gifted, diligent, persevering, he passed nobly through his long course.

Incidentally, within a few hours of hearing of his death, the annexed letter turned up among my papers, and I at once recognised it as well suited to these selections, and offer it to my readers as a striking trait of the writer's ambition to deserve honest fame, his devoted perseverance—truly *nulla dies sine linea*—and his cordial gratification in receiving the scientific distinctions which were showered upon him, and even extorted from an Arago, the last scientific man in France to acknowledge British merit. It is short and simple, but it tells its tale:—

MY DEAR SIR,—I beg to thank you for the copy of the "Literary Gazette," and for your very kind notice of my election as one of the Foreign Associates of the National Institute. I never saw the state of the election till I read it in your number. The event has been very gratifying to me on many grounds, but particularly from the liberal conduct of M.M. Arago and Biot, who were members of the Commission, who unanimously agreed to place my name on the *first line*, as they call it, for election.

I hope we shall meet at Birmingham, if not earlier.

I am, my dear Sir,

Ever most faithfully yours,



St. Leonard's College,
Jany. 23rd. 1849.
William Jerdan, Esq.

An anecdote, not less characteristic, may, I hope, add something of interest to this brief record. Dr. Paris wrote an amusing volume, entitled "Philosophy in Sport," and, as far as my experience goes, I know no

* With this gentleman I had the pleasure of a cordial acquaintance. His active benevolence and munificence in founding and fostering charitable and patriotic institutions are well known. His energy was untiring. I remember his strenuously urging me to espouse the cause against Lady Byron on the rupture with her husband, but I had had enough to do with his lordship, and no desire to take his part in a quarrel of which the mystery is yet unrevealed.

class of mankind who do enjoy recreative sport so cordially as the philosophers. But be that as it may, Sir David Brewster was one, and Mr. (now Sir Charles) Wheatstone (well deserving to be bracketed along with the foremost of the age) was another, who acted in the little drama. I can hardly describe it, so as to afford an idea of its merriment and laughter. It was after the Bristol meeting of the British Association. These eminent men were, by their country engagements, thrown into companionship with my daughter, her husband, and myself. We had to ascend a Monmouthshire hill together, and the humour veered into a proposition then mooted, that by a certain division of labour any body of people might climb an Alp without the expenditure of any muscular waste, or the sufferance of any physical fatigue. The experiment in proof was suggested by Brewster. He went in front; my daughter held on by his coat-tails, her husband laid hold of her gown, Wheatstone held fast by his coat-tails, and I communicated firmly by the skirts of the founder of the electric telegraph. Thus, in train, and all stooping in canine posture, we commenced, like John Anderson and his wife, to "climb the hill together." Of the success of the experiment I cannot speak positively. Like a good objector, I can only say it was not fairly tried; for very soon we all laughed so much as to be incapable (even if the London police had been there) to "move on." The problem, therefore, was left unsolved; but we demonstrated the philosophic truth of the *dulce desipere*. Oh, for a photograph to have pictured the scene!

HINTS ON SICK-NURSING.

BY A DOCTOR'S WIFE.

THE portrait of Florence Nightingale will suggest far more than we need express in words; for her truly womanly mission in going out at the head of a small body of nurses, in the face of countless dangers, to tend our wounded soldiers in the Crimea, is known to every British subject. A testimonial fund of £50,000, raised in acknowledgment of her services, which was at her special request spent on the establishment and maintenance of an institution for training nurses, shows how generally her work was appreciated; but few, except her personal friends, know the self-devotion and energy she brought to bear upon her task, or the difficulties she surmounted.

Florence Nightingale, the youngest daughter of W. E. S. Nightingale, of Embley Park, Hampshire, and Lea Hurst, Derbyshire, was born at Florence in May 1820. She enjoyed all the advantages of education which wealth could command; it was said of her—"In knowledge of the ancient languages, and of the higher branches of mathematics, in general arts, science, and literature, her attainments are extraordinary. There is scarcely a modern language which she does not understand, and she speaks French, German, and Italian as fluently as her native English."

It is also recorded of her that "the schools of the poor round Lea Hurst and Embley first felt her kindly influence as a visitor and teacher." But from early childhood her great delight was to minister to suffering. The little girl would bind up the broken limbs of her dolls; the young maiden would visit and soothe the young and suffering on her father's estates. But when she attained womanhood she craved a broader scope for her special instincts, and she gathered fresh knowledge from visits to the reformatories and hospitals of London and Edinburgh. In 1851 she sought further

experience by spending three months in the German institution at Kaiserwerth. On her return to London she devoted her personal services and private means to re-organising the Hospital for Sick Governesses in Harley Street. In 1854, at the request of the War

rally far into the night before she again reached her quarters."*

After her return to England, in 1856, her health suffered so severely from all she had undergone, that she was debarred from active service, but her pen has been



From a photograph
by H. Lenthall.

Florence Nightingale

Secretary, she took the conduct of a body of nurses sent out to alleviate the sufferings of our soldiers in the hitherto woefully mismanaged hospitals at Scutari. What her ministrations were there is best described by the pen of an eye-witness.

"Night is specially trying to the sick and wretched; then on all sides arose the moans of pain or the murmurings of delirium. At this period there were no night nurses; but Miss Nightingale, lamp in hand, each night traversed alone the four miles of beds. How many lives this lady has been the means of saving during these rounds, by calling medical aid, or by administering little alleviations, is known only to herself and to the Unseen, who watches our steps. She was peculiarly skilled in the art of soothing; her gentle, sympathising voice and manner always appeared to refresh the sufferer. It was gene-

busily at work. In 1859 she published "Notes on Hospitals," and in the same year, "Notes on Nursing," a book rich not only in the dictates of good sense, but in such enlarged experience as few women possess. We earnestly wish the maxims of this book were more known and acted upon by English women. Every woman cannot be a Florence Nightingale, but every woman is more or less called to nurse the sick; and unfortunately it is a most fallacious idea that every woman is a born nurse. No one can be a nurse without a fair share of that most uncommon quality, common sense—and a professed nurse requires more; the ear, the eye, the mind, must be educated for this as for any other profession. The art of bandaging, dressing wounds, making sick-beds, applying

* "Experiences of an English Sister of Mercy."

blisters, leeches, etc., is best learned practically at a hospital; and here too the method, punctuality, and petty management required by the sick is best studied. Hospital training is now open to ladies whose natural tastes, health, and freedom from home claims leave them free to choose nursing as their vocation.* But comparatively few ladies can avail themselves of such opportunities; for one woman who can be taught nursing in a hospital, there are thousands of mothers, wives, daughters, and sisters who have to nurse sick relations, and hundreds of patients who are sacrificed unnecessarily to the ignorance and incapacity of their attendants. This applies as much

hardly have one child out of every seven in England, two children out of every five in London, die before they are one year old, if mothers knew and acted on those general laws of health which in God's providence cannot be broken without entailing illness or death.

We venture, then, to throw out a few hints for nursing, gathered partly from observation, partly from the experience of Miss Nightingale and others, premising that they are only hints; for the requirements of the sick are as varied as their complaints, and nothing but practical observation, directed by ready tact and forethought, will make a woman a nurse.



LEA HURST, THE EARLY HOME OF MISS NIGHTINGALE.

to the rich as to the poor. In serious illness a poor patient is removed to a hospital, where he has not only the best advice, but the most skilful nursing, and hospital patients sometimes recover from diseases which prove fatal in private cases.

Can a woman, then, train herself, or be trained, in family life, for those duties to the sick which will infallibly devolve upon her sooner or later? We believe to a great extent she may, and ought to do so. Moreover, the knowledge required for efficient sick-nursing is as necessary for the healthy as the sick; it is chiefly the knowledge of those physical conditions, those laws of health, which are quite as needful to maintain health as to assist in its repair when broken. Child-life is the most delicate test of healthy conditions, and we should

* The Nightingale School has accommodation for eighteen free probationers, and five special or paid; these latter must be women of education and good social position, to whom the superintendence of the nursing and nurses in hospitals and general and workhouse infirmaries may be with confidence entrusted: no menial service will be required of them. Before admission, personal application should be made to Mrs. Wardroper, St. Thomas's Hospital, Newington, Surrey, S. The regulations and previous information required may be obtained by writing to the Secretary, H. Bonham-Carter, Esq., 91, Gloucester Terrace, Hyde Park, W.

I. *Pure Air.* Miss Nightingale tells us—"The very first canon of nursing, and the first and the last thing upon which a nurse's attention must be fixed, the first essential to the patient, is to keep the air he breathes as pure as the external air, without chilling him." If food and medicine be important, the air breathed is tenfold more so. We eat three or four times a day, we breathe sixteen or twenty times in a minute, and on that breathing depends the renovation of our whole system. Poisonous influences are more directly absorbed by the blood when breathed than when swallowed. Our own breath is poison even in health; the crowded work-room, the unventilated school, the close bed-room, are poisonous with carbonic acid gas; but also the air in an uninhabited room, if shut up, becomes stagnant and positively injurious. There must be a current of air to ensure healthy ventilation; one inlet is not enough: there must be a window and open chimney. It is always best to air from without, from the fresh open air. What is the use of airing a room by opening the door into a passage full of house smells, mustiness, and shut-up air? But nurses are so afraid of giving their patients cold by exposing them to a draught. Of course,

when the window is open the door must be shut; but there is little or no danger in opening the window when the invalid is warm in bed. The time to be careful about a patient's catching cold is when he first gets up after the continued perspiration of days in bed, and the effort of dressing, as at such times he is peculiarly susceptible. Then warmth is essential; but warmth may be secured by other means than shutting up a room, such as hot bottles, a good fire, and warm though not heavy clothing. And fresh air does not mean a draught. The window should be opened from above, or the room should be furnished with a ventilator near the ceiling. The simplest and best we know is one invented by Squire (the Queen's chemist); it consists of an oblong hole cut through the wall to the open air, close to the ceiling, furnished with a grating outside, and a valve which can be opened or shut at pleasure from within. This ventilator may be adapted to any flat-ceiled room for about fifteen shillings. The air as it enters clings to the surface of the ceiling, and only gradually diffuses itself, creating a pleasant freshness without any sensible draught. Another way of airing a room without draught is to have a piece of wood, some inches deep, fitted to the bottom of a sash window; the sash is opened and closed again upon the wood; the current of air which now steals in between the lower and upper sash is directed upward, and while no sensible draught is felt even under the window, the room is effectually ventilated.

An intelligent testimony to the value of open windows was given by a poor woman. "Ah! that was a wonderful evening when you told us what air we could live on, and what we couldn't. I says to Mrs. L., as we were going home, 'There, now, we've been a shutting up our windows, and thinking we were shutting the *pizen* out, instead of which we were shutting it in. I soon got my window made to open at the top, and it has never been quite shut since, for we always sleep six in this room. The neighbours did say at first that we should catch our deaths, but they soon saw that we were so much better, that half the people in the streets open their windows at the top now.'"

The nurse must be equally careful to remove from the room everything that can taint the air. Bed-hangings, window-curtains, carpets, are all absorbent, and noxious effluvia will cling about a woollen substance for months, being given out whenever the air is damp. Generally speaking, the lighter and more free from furniture a sick-room is, the better.

II. *Cleanliness.* Another all-important duty of the nurse is to look well to the cleanliness of her patient. The thousands of small pores which you may perceive on the surface of the skin are all the outlets of so many tiny pipes conveying waste matters out of the system. Every healthy person steams from one to one-and-a-half pint of moisture from the skin in twenty-four hours; in sickness, perspiration is often much increased, for in many important diseases nature relieves itself almost entirely by the skin. But perspiration remains on the skin, clogging its pores unless washed away; and if this be neglected, the patient will suffer from skin-poisoning. Every one knows the comfort and physical relief of a good wash; none experience greater benefit from it than the sick; but with them, as the power of reaction is small, care must be exercised not to expose too great a surface at once, so as to check perspiration, which would renew the evil in another form. It should also be remembered that soft water should be used, not hard.

For "water dressings" soft water is absolutely necessary; hard water produces an opposite effect. If soft water cannot be got, you must collect rain water, or, failing this, boil the water, which removes half its hardness.

In fevers great relief is frequently found in sponging the face and arms with quite hot water. Restless patients are often soothed by having their feet bathed with water as hot as they can bear, and dried with a hot towel; but the bed must be previously protected by a mackintosh and towels spread underneath the feet.

Cleanliness in bedding and clothing is not less essential. Much of the moisture of which we spoke saturates the bed-clothes and linen of the patient. Hence, frequent change of linen is necessary for an invalid. The poor, who cannot afford frequent change, should have at least two of each article in wear, *i.e.*, two night-shirts and two pairs of sheets, that those not in wear may be hung out of the window, or in a yard, and purified by exposure to the open air, being well warmed before they are again used. If possible, no soiled garment or bedding should be aired in a sick-room. If the invalid is able to rise, his bed should be entirely stripped and exposed to the air. A spring mattress is the most healthy and comfortable for the sick.

Again: *all the things about a patient should be kept clean.* The floor and furniture must be carefully wiped with a damp cloth, to avoid raising dust. The medicine glasses should be rinsed and wiped whenever used. In giving liquid food, see that none is spilled into the saucer, or it will drop on the sheet or bed-gown. Before every meal spread a clean napkin from the chin of the invalid to the tray, to catch any crumbs which may fall, and which are a great worry to the sick, if they get into the bed. These minute things make a real difference in a patient's comfort and his willingness to take food.

A nurse's duties are positive as well as negative; not only is watchful attention to ventilation and cleanliness needful to protect the sick from injurious influences, but any vital power they may have must be cherished and strengthened; for it is their best hope of throwing off disease or living through it. In nursing, it eminently holds good, "A penny saved is a penny gained." The doctor alone may prescribe tonics, but the nurse may economise the strength of her patient by attending to his warmth, rest, and food.

III. *Warmth.* If some substances, such as starch, fat, and sugar, are burned in the open air, they disappear, changing into carbonic acid and steam. Such changes are always accompanied by light and heat, or, if more slowly effected, by heat only. Now, such changes are continually going on within us, and are the continuous natural source of our animal heat. While part of our food, the gluten, fibrine, and curd goes to repair our wasting frames, a scarcely less important part, the fat, butter, sugar, etc., forms fuel for the vital fire on which our warmth depends. Any cause, then, which reduces the temperature of the animal makes a demand upon its substance. Now, "in certain diseased states much less heat is produced than in health, and there is a constant tendency to the decline and ultimate extinction of the vital powers by the call made upon them to sustain the heat of the body. Cases where this occurs should be watched with the greatest care from hour to hour, almost from minute to minute. The feet and legs should be examined by the hand from time to time, and whenever a tendency to chilling is discovered, hot bottles, hot bricks, warm flannels, with some warm drink, should be made use of, until the temperature is restored. The fire should be kept up. Patients are frequently lost in

the latter stages of disease from want of attention to such simple precautions. A patient may sink from want of a little external warmth. Such cases occur even in summer; this fatal chill is most to be feared towards early morning.*

Warmth must be *judiciously* applied; for instance, blankets should never be doubled over the chest, as weak patients are always oppressed by weight of bedding. Again, hot bottles must not be filled with *boiling* water, nor left in the bed when cold. You should always be able to touch a hot bottle with your naked hands; if it is required to keep hot some hours, it should have a flannel cover or bag.

IV. *Sleep.* Who can estimate the renovating power of sleep? During sleep all the processes of life go on more slowly; the wear and waste of substance is so much less than in waking as to justify the expression "nourishing sleep." Never allow the sick to be waked; if you let them be roused out of their first sleep you secure a bad night for them. Be absolutely quiet while a patient is *trying to get to sleep*; whatever has to be done must be left rather than risk his night's rest by fidgeting about. Far better wake him after some hours of sleep than rouse him when drowsy; for sleep perpetuates itself, and in sickness the more a sick man sleeps the more power he will have to sleep. A good nurse ought to be able to change warm bottles, and even to give nourishment during sleep, without rousing the invalid. A comfortable arrangement of the pillows helps to sleep. This requires some little knack. "Every weak patient, be his illness what it may, suffers more or less from difficulty in breathing. To take the weight of the body off the poor chest, which is hardly up to its work as it is, ought therefore to be the object of the nurse in arranging his pillows. Now, what does she do, and what are the consequences? She piles the pillows one a-top of the other like a wall of bricks. The head is thrown upon the chest, and the shoulders are pushed forward so as not to allow the lungs room to expand. The pillows, in fact, lean upon the patient, not the patient upon the pillows. It is impossible to give a rule for this, because it must vary with the figure of the patient. But the object is to support, with the pillows, the back below the breathing apparatus, to allow the shoulders room to fall back, and to support the head without throwing it forward. The suffering of dying patients is immensely increased by neglect of these points."†

All noise is painful to the sick, but sudden or unnecessary noise is far the worst. Any noise which excites expectation, such as a slow, shuffling step, or a whispered conversation, is to be avoided. A nurse should have a light, quick step, and a noiseless dress; the rustling of silk, the creaking of hinges or shoes, and the rattling of window-frames or flapping of blinds are peculiarly irritating to nerves rendered sensitive by fever or weakness. It needs but little care (a touch of oil, a wedge of paper, a stout stick to stir the fire, etc., etc.) to avoid them, and the patient should never have to tell you of them. Never speak to your patients while they are moving, or keep them standing, or interrupt them when occupied, or jar their bed or chair by leaning against it.

V. *Food.* Thousands of patients, we are told, are annually starved in the midst of plenty, not from neglect but from ignorance. A patient may only be able to take food at particular hours, or he can take some particular kind of food at one hour which he cannot at another.

Chronic cases of illness tax all the ingenuity, perseverance, and observation of a good nurse, and in careless hands become cases of protracted starvation. "As a general rule, weak patients cannot take solid food before 11 A.M., and yet require liquid food to sustain them from hour to hour; a spoonful of beef-tea, arrowroot and wine, egg-flip, every hour, will give them the requisite nourishment and prevent them from being too much exhausted to take at a later hour the solid food which is necessary for their recovery. Every patient who can swallow at all, can swallow those liquid things if he pleases."

The *times* for taking food must be carefully planned, and punctuality in sick-room meals is essential; life often hangs on minutes in taking food; but it must not stand by the bed-side, or a capricious appetite will be disgusted. The *quantity* of food must be watchfully regulated; if a teacupful ordered every three hours is thrown up, try a tablespoonful every hour. The *kind* of food must be judiciously selected. Jelly is of little nutritive value: one hundred teaspoonfuls only contain one teaspoonful of gelatine. Beef-tea has a restorative power peculiar to itself, and can be relished when all other food is rejected.*

Cream is the lightest form of nourishment, and is much more easily digested than milk; but great care is needed to ensure its being perfectly sweet. Wenham Lake ice is an excellent preservative. Tea and coffee, like beef-tea, have a remarkably restorative power. Chemists have found out why. They have weighed the man, and found that the infusion of one ounce of roasted coffee daily will lessen the waste going on in his body by one-fourth. As a rule, however, tea and coffee are too exciting for the sick after 5 P.M., and interfere with sleep. Sleepiness in the morning, on the other hand, is often caused by exhaustion, and is relieved by an early cup of tea or coffee. A patient must not be talked to, or allowed to attend to anything else while at his meals: all his nervous strength will be needed for digestion.

A nurse who is true to her vocation will study the tastes and feelings, as well as the physical wants, of her patient. We do not need psychologists to prove the intimate connection between mind and body: it is patent to every-day observation. What invalid has not felt the better for a bunch of fresh flowers brought into the room? It is an exploded fable that a few flowers will deteriorate the air. A bouquet or a growing plant refresh both mind and body. You can hardly realise the weariness of constant confinement within four walls, without occupation, till you experience it. The sick should be indulged with as much variety as possible; only let it be a slow variety, which may amuse without fatigue. Invalids should be able to see out of the window, and the sunshine, with its cheering, renovating power, should not be excluded from their room. In public hospitals it has been noticed that almost all the patients lie with their faces towards the light.

A glad, pleasant face is peculiarly welcome to the sick. A cheerful word is a positive tonic. An instance occurs to us. "One of the Light Brigade, who had escaped from the Balaclava charge, long after was kicked by a horse in the chest, and sent to the Scutari Hospital. He was depressed in spirit, which prevented him from throwing off the disease engendered by the blow. The

* If the essence of beef-tea is wanted, cut a pound of raw beef into small slices, put it in a covered jar without any water, cover it and stand the jar in a saucepan of water to simmer for six hours. When you take it out you will find about a teacupful of the strongest beef-juice. For other receipts, see "Plain Words about Sickness, addressed to the Mothers and Wives of Working Men."

* "Notes on Nursing."

† *Ibid.*

doctor remarked he wished the soldier could be roused, and among other remedies leeches were prescribed. While watching them I tried to enter into conversation, but received only monosyllabic replies. A copy of Tennyson's poem having been sent to me that morning, I took it out and read aloud—

“ ‘Half a league, half a league,
Half a league onward,
All in the valley of death
Rode the six hundred.
' Forward, the Light Brigade!
Charge for the guns!’ he said.
Into the valley of death
Rode the six hundred.

“ ‘Forward, the Light Brigade!’
Was there a man dismayed?
Not though the soldiers knew
Some one had blunder'd;
Theirs not to make reply,
Theirs not to reason why,
Theirs but to do and die.’

The man at once forgot his pain, and entered into a spirited description of that terrific gallop to and from the cannon-crowned height. In a few days the invalid requested the doctor to discharge him for duty, being now in health; but, whether the cure was effected by the leeches or the poem, it is impossible to say. On giving the card, the medical man murmured, ‘Well done, Tennyson!’”*

Many fancy a nurse is only needed to spare her patient *bodily exertion*; but it is far more necessary to spare him *mental effort*. If the sick have to think for themselves, they might as well have no nurse. They must not have to remind you of their medicines, their meals, their night-light, etc., nor require to answer the same questions again and again when once would suffice. You must plan for them, remember for them, and anticipate all their wants, and all this without expatiating on what you are doing or mean to do. “A nurse ought to understand every change of her patient's face, every change of his attitude, every change of his voice. And she ought to study them till she feels no one else understands them so well. She may make mistakes, but she is *on the way* to being a good nurse. Whereas, the nurse who never observes her patient's countenance at all, and never expects to see any variation, any more than if she had the charge of delicate china, is on the way to nothing at all. She will never be a nurse. ‘He hates to be watched,’ is the excuse of every careless nurse. Very true. All sick people and all children hate to be ‘watched.’ But find a nurse who really understands her children and her patients, and see whether these are aware that they have been ‘watched.’ It is not the staring at a patient which tells the really observant nurse the little things she ought to know. The best observer I know, the man whose labours among lunatics have earned for him the gratitude of Europe, appears to be quite absent. He leans back in his chair with half-shut eyes, and meanwhile sees everything, hears everything, and observes everything.”†

This habit of correct observation will enable you to give a concise and serviceable report to the doctor; you can tell how many hours the invalid slept, and at what hours of the night; you will be a fair judge of how many ounces of food he swallowed; you will learn to distinguish the indication of the pulse, so valuable when rightly interpreted, so fatally delusive to a novice; and you will notice many other points on which we cannot here touch.

Yet observation alone is not sufficient, without thought and judgment, to make use of the details with which it supplies us. A nurse should be a thoughtful, responsible person; nor must her thoughtfulness benefit her patients only while she is in actual charge over them. Her own health requires that she should leave the sick-room for rest and daily fresh air, and it is during her absence that so many *accidents* (?) occur; the visitor is injudiciously admitted, the afternoon rest is broken, the medicine omitted, and the meal delayed. All this might be prevented by previous arrangement; and it is the duty of a nurse not so much to do the things which are actually required, as to know they are done. Indeed, the same principle applies to every person in charge; we should so conduct our affairs as to be able to devolve them on others when needful.

Have we sketched too high a model? Yet, less than this will not meet the wants of the suffering and helpless. For this, as for every other vocation, we must through prayer obtain a strength beyond our own. This will help us to meet patiently the irritability of nervous invalids, calmly and promptly to fulfil duties of critical importance, and to reflect Heaven's own light to those walking in the shadow of death.

At this time, when so much is said about the employment of women, and the difficulty of procuring it, it is well to know that in the nursing department the demand far exceeds the supply, and this although ample remuneration is offered. Even probationers at St. Thomas's Hospital are allowed a stipend during their year of training, after which, immediate employment is obtained for them, commencing at not less than £20 a year, with extras. Will not some of the women of England, then, come forward and embrace this truly womanly vocation?

INDIAN THIEVES.

COMMUNICATED BY MAJOR-GENERAL SIR THOMAS SEATON.

IN that most interesting work, “Modern Egyptians,” by Lane, the translator of the “Thousand and One Nights,” I met with this paragraph:—“Even the common thieves used not many years since to respect a superior, who was called the Sheikh. He was often required to search for stolen goods and to bring offenders to justice, which he generally accomplished. It is very remarkable that the same strange system prevailed amongst the ancient Egyptians.”

I think it is equally remarkable that not many years ago—1823—a somewhat similar system prevailed in various districts in India, and may possibly prevail in a modified form to this day. The thieves in those districts were banded together under acknowledged leaders, to whom they all paid implicit obedience, and through whose influence stolen property might be recovered. But the strange feature in these Indian brotherhoods of thieves was that they and their leaders were always ready to earn an honest livelihood, and their peculiar and favourite line was that of chokeydar, or watchman. To sober-minded Englishmen it may seem a strange and most dangerous plan to employ a professed thief to watch and guard property from thieves—his own comrades, in whose company he had robbed and plundered many a time; but it is one of the many remarkable anomalies that are to be met with in that most remarkable, and still little known country. I have never known these chokeydars other than honest and faithful; the goods and chattels of any person entrusted to one of these thieves were respected by the band; his house was never robbed. Sometimes a thief, disappointed, perhaps,

* “Experiences of an English Sister of Mercy.”

† “Notes on Nursing.”