pride, and can often help where others would be excluded. The pittance she receives would scarce supply many of the more distinguished of her profession with ribbons. It is for the country physician to say whether such women as we mention exist and whether they wish them replaced. It may, of course, be objected that this is all generalization on our part. It must be remembered, however, that the proposition for the Victorian Order has been under consideration for nearly a year, and that many of the ablest financiers and statesmen have given it their attention, and it is not fair that we should be expected to array our facts in the same definite, clear-cut way that the plans of the Victorian Order have been placed before us.

Until lately many leaders of the profession were bitterly opposed to the scheme and led the profession at various meetings in the fight against it; now, however, they consider it most necessary and beneficial. It should not be urged against them that they have during the champagne and truffles stage changed their mind. Rather should it be a warning to our leaders to be more careful and not give hasty opinions. For when they said the scheme was bad we followed them; now that they said it is good, we must follow them, without grace of meat, or anything, else to ease our self-respect in making our "Volte face." Having convinced ourselves that the scheme is good, why hesitate to eat the leek. Here is a noble philanthropic proposition that is to bring light and happiness into the homes of our poverty-stricken peasantry; why should we, who are a philanthropic profession, battle against it. Under the most distinguished patronage a million dollars is to be raised. Dives, in fear of a prospective drouth hereafter, has opened his pockets and money is rolling into the coffers of the order. Plans have already been laid, a permanent organization formed and the central institution discussed. There must be a better system of training especially adapted for this work. It is special work and it cannot be expected that the hospitals of outlying colonial towns can supply correct training. It is hoped to overcome this defect by importing nurses from Europe and the United States. It is beyond all things, first necessary to have a proper central home and training school. Considering the cost of such institutions elsewhere, we will presume that suitable grounds and buildings could be secured for $150,000. This, it will be objected in the light of experience, is too small an amount, but we expect the details to be much more closely looked after here, as the prospectus of the order would indicate. Such an institution should be run for, say, with all cost of salaries, food, heating, etc., etc., $20,000 a year; this to include interest on capitalization of buildings and equipment. This leaves us $500,000 of the million to provide trained nurses, whose duty (as set forth by the promoters) it will be to go, on call, to any place from Halifax to Vancouver. Calculating the interest on this fund at 4 per cent. as formerly, it of course being impossible to obtain a safe investment for a million dollars at any higher rate, gives us another $20,000 a year to pay salaries and travelling expenses of our visiting nurses. We will put the cost of the maintenance of each nurse, including salary, living, travelling, etc., at $500.00. This gives us forty nurses; that is, the million dollars, when all is collected and invested, gives us forty nurses to do the work from Halifax to Vancouver, or one nurse to each 100,000 square miles of territory. We have seen exceptional nurses who would feel crowded in this space, but it is safe to say that the average nurse would feel somewhat lonely. We hope the elucidation we have given to the scheme may help to allay further opposition. The average practitioner is not expected to be able to grapple with large financial propositions of this kind. All are unanimous in pronouncing it a very large scheme. It is.