

"an inferior order of female medical practitioners," as you style them. Whilst I say this, I do not suppose for an instant that they will be so extremely professional that they will refuse to act in the absence of a medical attendant, in a case of emergency. I expect them to act just as our mothers, our aunts, and other nurses do—render what assistance they can until the medical man arrives.

As to the jealousy—or, rather, fear—which pervades your whole article, that these nurses will supplant or drive medical men out of the profession—it is so narrow, so picayune, that I am sorry to see it in print in a medical journal (and I am sure the profession at large does not dread them.) I have never known a trained nurse attempt to do such a thing, but many untrained ones do, and when they succeed, it is simply "the survival of the fittest," at least in the opinion of the people.

That there are too many medical men and too few nurses in this Northwest is a fact. Is it not true that a larger percentage of those who graduate at Manitoba Medical College annually go out of the country? A certain number settle at various points, simply with the hope of cutting into—getting a share of—the not too extensive practices of medical men already settled, whilst the remainder are hanging around, not knowing where to rest their feet. How is it as to nurses?

In the whole province of Manitoba, outside of Winnipeg, Brandon and Morden, there is only one trained nurse (Miss Miller, of Neepawa,) following her profession. I stand open to conviction if there are others. do not know of them at present.

If the services of a trained nurse are valuable, and we know they are, we anxiously solicit them in all important cases. Why should we denounce a scheme to provide a modicum of the same to the people of this country outside of these three localities?

The services of trained nurses would materially increase the incomes of rural

practitioners, because, with their assistance, they could retain and treat successfully very many of the cases which are now packed off to the city hospitals.

Very many of these cases are sent to the hospital by our country confreres, not because they do not know how to treat them, but simply because they cannot get a competent nurse to wait upon them. Many patients prefer to remain at home under the care of the medical man they know and in whom they have confidence if they could only be skilfully nursed.

To bonus young medical men to go out into sparsely settled districts would simply mean ruin to the medical men nearest, and already doing practices none too extensive.

I was astonished to find such a loyal Manitoban as you, in your medical journal, paint the terrors of our winter months and prove them by describing the frigid experiences of a veterinary and a medical man. When this article of yours is read by the medical men in your native country, (Ireland) which one of them will dare to dispute the statements lately made in an Irish paper as to the arctic nature of our climate. And, no matter how much we may kick, what man in Britain will find fault with Rudyard Kipling for styling Canada "Our Lady of the Snows?"

Tis true, you print next to your editorial an article by Dr. O'Donnell on our climate, in which he asserts that our climate, taken altogether, enables those affected with tuberculosis to live longer with more comfort than in any other part of the world, especially if they spend the greater portion of their time in the open air, but I fear this antidote will not counterbalance your editorial remarks upon the climate.

Yours,

JAMES PATTERSON.

APPENDICITIS.

In spite of the claims that have recently been advanced by eager young surgeons seeking renown, twenty cases to one are cured permanently without operation.—Dr. Pepper, Medical Age.