

perhaps find it advisable to mark it off into smaller sections, each containing the number of words to be read in fifteen seconds, and to read one section in every quarter of a minute. As the candidates hear the passage read only once, the reader's articulation ought to be very clear, and the candidates ought to be so placed as to be able to hear well.

4. Candidates are at liberty to take down one, two, or three passages as they choose. All the passages required by candidates are to be dictated before any one begins to transcribe; and there should be as little delay as possible between the readings.

5. Inform candidates that rapidity in transcribing notes into longhand is essential, and note carefully on the transcribed copy the exact time taken in transcription. Candidates must not look at their notes while a passage that does not concern them is being read.

6. Inform them also that the clearness and accuracy of the shorthand notes (which must in every case be sent in attached to the transcript) will be taken account of by the examiner; and that they must not alter the shorthand notes after the dictation is finished.

PASSAGES FOR DICTATION.

(a.) At the rate of 80 words a minute. Takes 10 minutes.

There are certain maladies that attack the human frame which are necessarily fatal, and others which naturally end in a speedy death, but may be so treated as to lead to a protracted state of weakness and suffering incompatible with any enjoyment of life or useful activity, and from which there can be no reasonable hope of ultimate recovery. In uncivilised nations such diseases are of short duration. They are either left to take their course without interference or the patient is expedited on his journey to the grave.

In civilised nations, and particularly of late years, it has become the pride of many in the medical profession to prolong such lives at any cost, discomfort, or pain to the sufferer, or of suspense or exhaustion to his family. The patient has come to a point where he cannot bear the thought of eating. The throat declines to swallow what the stomach is no longer able to digest. He craves nothing but to be alone. A few hours and nature will come to his release. She is already, perhaps, fast throwing him into that happy unconsciousness of pain which we call lethargy. The vital forces have been spent. The main-spring is broken, and the watch has run down. It can be made to tick feebly for a minute or two by shaking it hard enough, but only another main-spring can mend it. Only another soul, another world, can give value to this human life that is ready to flicker out because it is worn out. The family ask the doctor if there is no hope, and he responds with some sharp stimulant; some hypodermic injection; some transfusion or infusion to fill out for a few hours the bloodless veins; some device for bringing oxygen into the congested lungs that cannot breathe the vital air; some cunning way of stimulating some other organ to do the stomach's work. The sufferer wakes to pain, and gasps back to a few more days of life. Were they worth the having? Do they bring life, or a parody of life? Has nature—that is, the divine order of things—been helped or thwarted? For the time thwarted, but not for long. The suffering, or, at best, the lethargic existence, has been successfully protracted, but the body will soon falter and fail in the unwonted functions forced upon parts of it, made for other uses, and death comes, to the relief of the dying and living alike. Nature has kindly smoothed the sufferer's pillow by leading the way to that gradual exhaustion of the vital powers which follows the refusal of the stomach to receive or to digest food.

To force nutriment into the system in such a case through other channels is simply to prolong a useless struggle at the cost of misery to the patient and to the profit of no one but the doctor and the nurse. In determining the nature of a disease we look for the cause to the symptoms. Nature has so ordered it that symptoms are observed at that time of life when life is most worth saving. A lesion of one organ may then be expected to produce a reaction throughout the system. There is a general sympathy of the parts. On the other hand, in old age the outward manifestations of an interior lesion seldom indicate that more than one organ is affected, and are often hardly noticeable at all. The patient does not know that he is a patient. There is no occasion that he should. The weakest part of his bodily mechanism has broken down. Why patch it up? Another is hardly less weak, and must soon succumb. Better for him and for his friends that his last days should be unclouded by the apprehension of coming death, and the change come to him quietly as a dream in sleep. It is a great responsibility this that rests on modern medicine. It has a power to hold us back from the grave for a few days, a few weeks, a few years, to which the physician of antiquity was a stranger. But are we sure that the course of nature with mankind is really at fault? May not she know best when she had had enough of us in this state of being? Or, to rise to a higher and truer level, may not the God over all, who has ordained these laws of bodily decay, though He has also ordained these laws later discovered by us of scientific physiology, be safely left to name the time for calling His children home? That He has given men some brief power to hold them back is not of itself a warrant for its use, when the result will be only a short postponement.

(b.) At the rate of 120 words a minute. Takes 10 minutes.

There is nothing which, in these closing years of the nineteenth century, lies more heavily upon the minds of thoughtful men in Europe than the state of mutual distrust and suspicion in which the great European nations find themselves. We in England have long been accustomed to see and to deplore the existence of these feelings between the five great Powers of the Continent. It is only within the last ten years that we have come to