nursing certificate regulations, he thought these *desiderata* should be laid down more definitely.

Another practical and vital matter he would like to bring before the meeting was the actual conduct of the examination itself.

All honour to the one portal system, the uniformity and fairness of the written department of the examination. Any general nursing teachers and examiners to whom he described this, our system, admire and envy it much. He found, however, that so variable locally were the methods of conducting the *viva voce* and practical parts of the examination, that he must say it was high time we had some more definite regulations about it. His own practice was as follows:

With the assessor each candidate in succession was examined orally in his office for twenty minutes, then the candidates were taken to a ward, where were all appliances such as for feeding and the giving of an enema, with thermometers, charts, bandages, and other nursing instruments. Each candidate had to show thorough knowledge of all those appliances, also to arrest supposed hæmorrhage, change and clean faulty cases, etc.

He believed higher proportionate marks should be allotted to the results of this, the more essential duties of nursing. To judge from the examination results form sent from headquarters, candidates must pass separately in the written part and in the practical part, that is to say, assuming that fifty per cent. of marks obtains a pass, if a candidate made forty-nine in the written part and ninety-nine in the practical part he or she would be inexorably rejected, whereas the forty-nine and the ninety-nine should be added together, an average struck, and a "pass" result. Some candidates will always shine in written work, and others at practical work, and yet, on an average, may prove capable exponents of their art. He, therefore, heartily recommended this suggestion to the Association. The success of a purely theoretical candidate, or of a purely practical candidate, could easily be prevented by demanding a certain minimum of marks for each department. To obviate the influence of personal local bias for or against a candidate, the local examiner should assess the results of the practical examination in marks on his return form before he sees those allotted by the examiners in the written department.

Much criticism of a foolish and thoughtless character had been levelled against the examination, certification, and registration of nurses; it was often asserted that natural ability, high moral character, common sense, and pillow smoothing manners were all that is required in a nurse, and that is impossible by examination, or certification, or registration to discover if these are possessed by a candidate. He thought those critics forgot that all such argument applied with equal force against our own medical examinations, qualifications, and registration.

In conclusion, he would remind the Association that the recognition of its claim to qualify nurses under the proposed Nurses' Registration Bills brought grave responsibilities as well as privileges, and he was sure no one was more alive to this than the President (Dr. Outterson Wood), who has done so much to bring the claims of our nurses for recognition under the notice of public bodies concerned in nursing.

Many members joined in the discussion which the paper invited.

A vote of thanks was unanimously passed to Dr. Boycott for so hospitably receiving the Division.

NORTHERN AND MIDLAND DIVISION.

Minutes of Meeting, April 19, 1906.

The Spring Meeting of the Northern and Midland Division was held, by the courtesy of Dr. Macphail, at the Derby Borough Asylum, on April 19th, 1906. Dr. Macphail presided.

The following members were present (15):—Drs. Adair, Ewan, Harding, Hopkins, Legge, McLeod, Mackenzie, Nash, Percival, Pierce, Powell, Raw, Richards, Simpson.

Also the following visitors (9):—Drs. Barwise, Cassidi, Greaves, Howarth, Moon, Ross, Turpin, Vandrey, and the Rev. D. Davies.

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Letters expressing regret at inability to attend were received from Sir John Dorington, Mr. Harold Urmson, Dr. Outterson Wood.

1. The minutes of the last meeting were read and confirmed.

2. The following were unanimously elected members of the Association:—James Forsyth, M.B., C.M.Glas., Assistant Medical Officer, Woodilee Asylum, Lenzie, N.B. Recommended by Drs. Hamilton C. Marr, W. A. Parker and W. R. Watson.—A. R. MacIntyre MacIlraith, L.R.C.P. & S.Edin., etc., House Surgeon, Royal Infirmary, Glasgow. Also recommended by Drs. Marr, Parker and Watson.—Thomas Herbert, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, York City Asylum. Recommended by Drs. Hopkins, Pierce and Macphail.—Thomas Peppe Fraser, M.B., Ch.B., Assistant Medical Officer, Sunderland Borough Asylum. Recommended by Drs. Middlemas, Pierce and Mackenzie.—Edward Victor Collen, M.D., B.Ch., B.A.O.Dublin, Assistant Medical Officer, North Riding Asylum, Clifton, York. Recommended by Drs. Tighe, Macphail and Pierce.—Mary O'Brien, L.S.A., Assistant Medical Officer, Northumberland County Asylum, Morpeth. Recommended by Drs. T. W. McDowall and G. R. East.

3. Dr. Bedford Pierce was re-elected Secretary to the Division.

4. Dr. Edgerley was re-elected Represented Member of Council, and Drs. T. W. McDowall and Ewan were unanimously elected in the same capacity in the place of Drs. Hitchcock and Legge, who retired.

5. After some discussion, the following resolution, proposed by Dr. Pierce and seconded by Dr. McLeod, was carried, there being two dissentients:—"Seeing that the Medico-Psychological Association is a national organisation, with membership in England, Scotland, and Ireland, and that the proposed Medical Academy appears to be a purely London institution, the Northern and Midland Division does not see how any affiliation is possible."

6. It was decided to accept Dr. Macleod's invitation to hold the Autumn Meeting on October 11th, 1906, at the East Riding Asylum, Beverley, and, subject to the date being convenient, to accept the invitation of the Committee of the David Lewis Colony to hold the Spring Meeting next year on April 18th at the Colony at Warford, near Alderley Edge, Cheshire.

The Mental Disorders of Pregnancy and the Puerperal Period.

Dr. Nathan Raw, of Liverpool, read a paper on "The Mental Disorders of Pregnancy and the Puerperal Period, with special reference to their treatment." The paper was based on the observation of 102 cases of puerperal insanity, including six cases of the insanity of pregnancy. Of this number 24 patients recovered completely during the short period allowed for detention by sec. 24, paragraph 2 of the Lunacy Act, 1890. The other cases were transferred from the Mill Road Infirmary to the county asylums, and although he could not give the exact figures, no doubt a large percentage recovered. He pointed out that puerperal insanity, in its acute phases, was of all forms of insanity the most likely to end fatally, and in many instances it exhibited the most acute form of mental disease, although, as a general rule, it was perhaps the most satisfactory form of insanity to treat, because it gave the best results; yet he pointed out the difficulties of treating an acute case in a private house, unless the house could be practically given up for the time being to its treatment. At the same time he pointed out there was a stigma which attached to a mother from having been certified and detained as a lunatic, a stigma from which she never recovered; and chiefly on that account, and from the fact that puerperal insanity was more an exhibition of temporary mental derangement than of pure organic insanity, he strongly recommended the provision of reception hospitals in every city, where such cases could be temporarily treated for a fixed period of six or eight weeks. At the end of that time, if the case did not recover, the patient should be certified as insane and sent to an ordinary asylum.

Dr. Powell agreed with Dr. Raw that insanity of pregnancy was a rare disease. The last case he had was interesting, as the only one he remembered in which stupor was a prominent symptom. The patient was a girl of sixteen. She remained stuporose until a month or six weeks after the child was born. The disease ran a typical course, and recovered completely. Another case was sent in as eight months' pregnant, and the appearances agreed. She was very ill, had a

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sleepless night, and next morning there was some delirium. She passed no urine after admission, and when next morning a catheter was used, eight pints of urine were drawn off, and the case proved not to be one of pregnancy at all. Thus one must never take things for granted in admitting a case to an asylum. As to the early treatment of insanity of pregnancy, it was a great hardship to send the patient to an asylum. A temporary hospital in large centres had much in its favour, and also many things against it. It must be in or very near the town, which was not desirable. As to the lower classes, he did not agree with Dr. Raw that a stigma attached to them after being in an asylum. If they made a good recovery it was forgotten in a few months.

Dr. MACLEOD was strongly inclined to retain the classification of Dr. Skae (insanity of pregnancy, of the puerperium, and of lactation), as they were caused by three different conditions. He had been struck by the great rapidity of the parturition in many of these cases, so that a patient was sometimes delivered while walking about in the ward amongst other people, and he had known a patient delivered on going to stool without any previous warning. He regarded some septic infection as the cause of the insanity. His experience was that all cases with albuminuria, surgical as well as others, went wrong. As far as his own statistics went, illegitimacy was not an important cause of the insanity of pregnancy. He thought bodily conditions were much more important than mental. Heredity was very important indeed.

Dr. PIERCE said that he hoped it would not be long before we should be able to differentiate the various forms of puerperal insanity, and that it might be possible, in the early stages, to say which cases could wisely be treated at home and which needed asylum care. He thought four varieties, at any rate, could be distinguished —(1) Toxic; allied to post-febrile insanity. (2) Cases due to exhaustion and loss of blood. (3) and (4) Cases in which the puerperal state had precipitated an attack of insanity in a subject already predisposed, *i. e.* cases of manic-depressive insanity and dementia præcox. With reference to treatment he pointed out that, if it became the practice to keep all puerperal cases in infirmaries and generally to delay admission of acute cases into asylums as long as possible much valuable time might be lost, whilst the position of the cases that did not recover within the specified time would be worse. The asylum would tend to become a more depressing place than at present if these curable cases were not admitted. He thought that, speaking generally, the welfare of the many might, in this way, be sacrificed to save the feelings of a few.

Dr. MACPHAIL wished to refer to three points:

(1) The insanity of pregnancy was said to be a very rare condition, but he was sure any general practitioner would agree that about the third or fourth month of pregnancy it was quite common for their patients to show some mental symptoms, though asylum care was not required.

(2) Albuminuria. For some years he had systematically examined the urine of all his patients, and the longer he lived, the less did he worry about albuminuria, for it is present one day and absent the next, and it does not seem to have the importance one used to attach to it.

(3) As to the question which had been asked about thyroid treatment in these cases, only a small portion of his cases of puerperal insanity did not either die in the early weeks or recover in the early months of the attack. He could only recall two cases which remained stuporose after about six months. He had used thyroid in these two cases—in one with a bad result, and in the other with some benefit.

Dr. NATHAN RAW, in reply, said that Dr. Powell's experience that melancholia was the most common form in these insanities was different from his, which showed mania to be more common. He had given thyroid a great deal, and had never seen any good effects. Dr. Pierce had touched a very important point as to the clinical varieties, but he did not think that any one could say which cases were going to do well and which were not. Dr. Macphail referred to transient albuminuria, which he thought was a very important point. Albuminuria might start mental symptoms, but need not necessarily continue as long as the mental symptoms. He had a ward in the Mill Road Infirmary in Liverpool, where he could detain patients for three days, or could extend the time to three weeks. Of 7000 cases thus admitted, one half were certified to asylums, and the other half recovered and went home. Many cases were sent to asylums who should not be

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certified as insane, especially alcoholic and other toxic cases. The recovery statisties of asylums would suffer if these cases were dealt with in hospital as he suggested, but it would be to the benefit of many patients. The stigma of having been in an asylum was, in his experience, a very real thing, and often prevented a man getting employment afterwards.

The Histology of some Cerebral Tumours.

In his paper on "The Histology of some Cerebral Tumours" Dr. John Richards first gave a brief account of the clinical histories of three cases of cerebral tumour, and then considered their histological features in detail. The first two were cases of rapidly growing tumours of under twelve months' duration, and scarcely to be distinguished microscopically from small round and spindle-celled sarcomata. The tumour in the third case was probably of several years growth, and was composed of well-formed glial cells and fibres, closely resembling the normal elements of the neuroglia. Dr. Richards dissented from the view that gliomata were derived entirely from epithelial tissue, and held that mesoglia elements also took a part in their formation.

The Training and Registration of the Asylum Nurse.

Dr. Harding opened a discussion on the training and registration of the asylum nurse. After stating what he considered ought to be the minimum training of an asylum nurse he mentioned that a three years' course of training had been in existence at Berry Wood for sixteen years, but that only about 16 *per cent.* of the nurses who entered the service gained the certificate. He spoke in strong terms of the inadequacy of the system of training and examination of nurses carried on by the Medico-Psychological Assoaiation. He pointed out that the only thing in which there was uniformity was the written examination—the least important method of gauging a nurse's efficiency. There was, however, no uniformity in the more essential parts of the examination, while the candidate might actually have had no practical sick-room training at all. He affirmed that the ignorance of some holders of the certificate proved this fact. The value of the certificate was therefore indefinite, and conveyed no indication of the knowledge and experience of the holder, who might be well equipped for her work, or who might be the reverse. Thus a great injustice was done both to the able and well-trained women holding the certificate, and to the public who had no satisfactory guide to the capacity of the nurse they might employ. It was therefore absurd to claim that the restriction of the right to register to the holders of the Medico-Psychological Certificate was any guarantee of efficiency, but rather the reverse. While recognising and giving full credit to the Association for their past work with regard to nursing, he urged the unfitness of a self-elected body of medical men to act as the sole arbiters to decide what the training and examination of a mental nurse should be. It was absurd that no one, however able and interested, should have anything to say on the question of the nursing of the insane unless he or she were a member of the Association. Its Education Committee contained no representative either of the public, of general nursing, or of the mental nurses themselves. He referred to the Report of the Select Committee of the House of Commons on the registration of nurses, and pointed out the different treatment allotted to hospital nurses as compared with asylum nurses. He advocated the representation of asylum matrons and nurses on the central body, and held that this body should exercise the same supervision over the training of nurses in asylums as it will do in hospitals. He also argued that it would not tend to progress in nursing if the qualification for registration in nursing mental cases were restricted to the Medico-Psychological Certificate. He supported the view that the qualification for registration should not be restricted to any one certificate, but should be such as might be approved by the central body, thus approximating asylum nursing to that of hospitals.

Dr. Ewan was afraid his views were very heterodox. He might have been unfortunate, but those nurses he had come across who held the Association Certificate were very little good indeed. He was very glad to hear that so small a percentage of the nurses at Berry Wood got the certificate there. His impression was that

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most of the nurses who have the Association Certificate were not qualified rightly to be called nurses at all.

Dr. ADAIR thought it was a subject that should be left open and brought up for discussion again.

Dr. NATHAN RAW thought the subject should be looked at from three points of view—the Committee's, the patient's, and the nurse's. He thought the Association had done splendid work in improving the knowledge of the asylum nurse. Many asylums did not insist on the heads being trained nurses. Many of the chronic insane did not need trained nurses, but the acute cases did. Nurses themselves were not satisfied with their position. They felt there was little opening for them, as the head appointments were given on other grounds than asylum training. The nurse who succeeded best was the hospital-trained nurse who had had six months' asylum training. She could then go out as an asylum-trained nurse.

Dr. MACPHAIL thought that Dr. Harding had been unduly severe on the Medico-Psychological Association. He was aware that the certificate was not all it should be, but it had improved, and a committeee was now considering how it could be further improved. For his own part he never sent up a candidate who had not already passed his idea of a minimum.

Dr. BEDFORD PIERCE agreed with the other speakers that the examination for the Association Certificate had been very easy, but seeing that the whole movement was but recent it was not possible to do otherwise than begin on modest lines. He expressed the opinion that in order to make the best nurse for mental cases it was desirable to begin within the asylum and take a year or two at a hospital afterwards, though, practically, it was difficult to arrange this, seeing that most good hospitals only take nurses for three years. The alternative, beginning in the general hospital was not in his judgment as satisfactory; the discipline and routine of a sick ward tended to make the nurse somewhat less adaptable to the very widely varying needs of insane patients.

Dr. HARDING, in replying, said that he felt that his object had been attained inasmuch as he had presented controversial points. He considered that the irresponsibility of each asylum, as regards the competency of those nurses certificated in it, was a serious fault of the present system.

A hearty vote of thanks to Dr. Macphail for his hospitality, and kindness concluded the business.

SOUTH-WESTERN DIVISION.

THE Spring Meeting of the South-Western Branch of the Medico-Psychological Association was held at the Winsley Sanatorium, Limpley Stoke, near Bath, on Friday, April 27th, 1906.

Those attending were: Dr. Lionel A. Weatherly, by whose invitation the meeting was held at the Sanatorium, Drs. H. T. S. Aveline, L. Baskin, G. A. Rorie, Morton, E. Goodall, MacBryan, Morrison, P. W. Macdonald, W. F. Nelis, and R. W. Prentice. Dr. E. Dunbar Townroe (of the Sanatorium) was also present during the proceedings.

The party was conducted over the sanatorium by Dr. Weatherly, who is the Chairman of its managing body, and entertained by him to luncheon. After some hours had been spent in inspecting the beautiful establishment and grounds the business meeting was held at four o'clock, Dr. Weatherly being voted to the chair.

Letters of regret for non-attendance were received from Dr. T. Outterson Wood (President), Dr. Ernest W. White, Dr. Stanley Elliott, and others.

The first business was to elect new members, and there were two candidates:

Reginald Wickham Prentice, L.S.A., Spring Grove, Bishops Stoke, Hants. Proposed by Drs. H. J. Manning, J. F. Briscoe, and Aveline.

Herbert Edwin Scowcroft, M.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Somerset and Bath Asylum, Wells. Proposed by Drs. Pope, W. Scowcroft, and Sutcliffe.

Upon a ballot being taken they were declared unanimously elected.

Dr. H. T. S. Aveline was re-elected hon. secretary and Drs. Macdonald and Goodall were appointed representatives on the Council.

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