and when they get bronchitis it is nearly always fatal. The form most usual is either capillary bronchitis or broncho-pneumonia, and no treatment seems to have the least beneficial effect.

It is remarkable that, as far as I can remember, not one of these 30 cases was an epileptic, and I think epilepsy is not common among the Mongolians. None of them suffered from any form of paralysis, and, though some of them walked feebly, it was rather due to general weakness than to any deformity.

I think you will agree with me in saying that when called to see any such type of case a guarded prognosis should be given, and it is to my mind most unlikely that any well-marked case will live beyond twenty years of age. They require moderate exercise, mild but nourishing diet, and plenty of warm clothing. They should be kept during winter months in warm surroundings, and never be allowed out in very cold weather. As I have mentioned, they suffer severely from chilblains on both hands and feet. These extremities should, therefore, be kept well warmed, and if the feet get particularly bad, the chilblains having broken, they are best treated in bed, the foot of the bedstead being raised on blocks to help the venous circulation. I should mention I never found thyroid treatment of the least benefit.

The members freely discussed Dr. Rainsford's most interesting paper, and it was stated that the large numbers of Mongolian idiots observed and treated at the Stewart Institution were interesting and might be explained by the unique position of the place as receiving the patients from all over the country, there being no similar institution existing in Ireland.

The CHAIRMAN next asked the permission of the meeting to bring forward a matter of urgency that had arisen in connection with the unrest and recent conduct of the attendants in certain Irish District asylums.

A Resolution, proposed by Dr. REDINGTON and seconded by Dr. MILLS, expressing the cordial thanks of the meeting to Dr. Rainsford for his interesting paper and for his kindness and hospitality, terminated the proceedings.

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## NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Northern and Midland Division was held, by the kind invitation of Dr. Cowen, at the County Asylum, Rainhill, Lancashire, on Thursday, April 18th, 1918.

In the absence of Dr. Cowen, who was unfortunately ill, Lt.-Col. E. White, was voted to the chair and presided.

The following thirteen members were present: Drs. R. Eager, Major, R.A.M.C.; B. Hart, R.A.M.C.; P. D. Hunter, Lt., R.A.M.C.; N. Lavers, Lt., R.A.M.C.; E. Mapother, Capt., R.A.M.C.; S. Edgar Martin, Capt., R.A.M.C.; E. Montgomery, Capt., R.A.M.C.; O. P. Napier Pearn, Capt., R.A.M.C.; E. F. Reeve; C. T. Street; G. A. Watson; E. W. White, Lt.-Col., R.A.M.C.; T. S. Adair; and three visitors—Capt. Benson Evans, R.A.M.C., Major Geoffrey Ramsbottom, R.A.M.C., and Dr. F. W. Thurnam. A number of apologies for non-attendance were received.

(1) The Minutes of the last meeting were read and confirmed.

(2) A ballot was taken for Wilfred Winnall Horton, M.D.Edin., Medical Superintendent, Wye House Asylum, Buxton, recommended by Drs. Legge, F. W. Mott, and T. S. Adair as an ordinary member of the Association, and he was unanimously elected.

(3) Dr. T. Stewart Adair was re-elected Secretary to the Division.

(4) Dr. J. W. Geddes and Dr. H. J. Mackenzie were elected Representative Members of Council.

(5) The arrangement for the Autumn Meeting was left to the Secretary, and the kind invitation of Dr. Geddes to hold the Spring Meeting, 1919, at Middlesbrough was cordially accepted. Dr. Street kindly offered to see what he could do for the Autumn Meeting at Haydock Lodge.

(6) Major Eager, R.A.M.C., then read a paper entitled, "A Record of the First Twelve Months' Admissions to the Mental Section of the Lord Derby War Hospital." The paper, though somewhat lengthy, was very interesting, and showed by statistical figures the movement of the cases admitted, as well as the percentages

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of the various forms of insanity involved. The paper was illustrated by the description of a large number of typical cases.

(7) Dr. G. A. Watson read a paper by Dr. Cowen and himself on "Pellagra." He gave an outline of the disease as met with in asylums, with particular reference to cases that had occurred at Rainhill, and illustrated it with a large number of lantern slides and photographs. The pathological changes in the cerebral cortex were particularly well indicated.

Unfortunately the meeting had to come to a close before the whole of the programme could be got through.

A very interesting demonstration was given by Dr. Watson in the laboratory and museum in the forenoon.

A hearty vote of thanks was accorded Dr. Cowen for his kind hospitality, and sympathy expressed with him in his present illness.

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## EXAMINATION FOR NURSING CERTIFICATE.

### Final Examination, November, 1917.

*List of Questions.*

1. Describe the sympathetic nervous system. What function does it perform?
2. Explain the following terms as applied to a fracture: (*a*) Simple. (*b*) Compound. (*c*) Comminuted. (*d*) Impacted. (*e*) Complicated.
3. What are the chief waste materials of the body, and what organs are concerned in their removal?
4. What symptoms would lead you to suppose that a patient might be suffering from pulmonary tuberculosis? Describe the precautions which should be taken to prevent the spread of the disease.
5. State the important points to be observed on the admission of a patient to an asylum.
6. How would you manage a patient suffering from delirium tremens?
7. State what is meant by the terms—(*a*) Obsession. (*b*) Hallucination. (*c*) Illusion. Give examples of each.
8. Describe in detail the various stages of an epileptic fit. What mental changes may occur in an epileptic patient before the onset of a fit?

### Preliminary Examination, November, 1917.

*List of Questions.*

1. Describe the symptoms and treatment of—(1) A fracture. (2) A dislocation. (3) A sprain.
2. Name and give the position of the cranial bones.
3. What is meant by voluntary and involuntary muscle? Give an example of each.
4. (*a*) To what class of poisons does belladonna, vitriol, strychnine belong? (*b*) State signs and symptoms of a poisonous dose in each instance.
5. State the differences in the character of the blood of, and manner of bleeding from, a freshly-cut vein and artery.
6. How do you differentiate between an apoplectic and a fainting fit? What treatment would you adopt in each case?
7. Give a list of the functions of the skin; describe in full how the skin assists in regulating the temperature.
8. Describe some of the difficulties in ventilating an asylum day-room as compared with an ordinary sitting-room.

*List of Successful Candidates.*

### Final Examination, November, 1917.

*Denbigh.*—Robert Smith, John Davies.

*Essex, Brentwood.*—Laura Louisa Parsons, Ethel Rose Pickett, Elizabeth L. Rheinlander, Alice Emily Redman.

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