Sutherland also gave practical lectures about this time at St. Luke's Hospital. By 1870, however, only Dr. Sankey, of University College Hospital, and Dr. Blandford, of St. George's, gave stated courses of lectures in London, the former exhibiting clinical cases at Camberwell House, the course of the latter being without any such advantage.

In France, in 1870, instruction on this subject was even less satisfactory, although Esquirol had introduced clinical lectures in 1817. Lasègue lectured successfully from 1862 till 1866, after which official instruction ceased to be given till after the War. (*Journal of Mental Science*, January 1871.)

I am indebted to the manuscript biography of Sir Alexander Morison by his grandson, Dr. Alexander Blackhall-Morison, preserved in the library of the Royal College of Physicians, Edinburgh, for many of the foregoing facts and also to the diaries of Sir Alexander Morison.

THE NATIONAL ASYLUM-WORKERS' UNION'S FOURTEENTH ANNUAL CONFERENCE.

AT the Fourteenth Annual Conference of the N.A.-W.U., held on July 11 and 12, 1928, at Plymouth, under the Presidency of Mr. C. Bartlett, the training and examination of mental nurses were discussed.

The following resolution was proposed by the Winwick Branch:

"*That this Conference instructs its members on the General Nursing Council to continue to use all their efforts to obtain State Registration for all holders of the R.M.P.A. Certificate.*"

Mr. FLANAGHAN (Winwick): In view of what Mr. Blackman (*Mental Nurses' representative on the General Nursing Council*) said this morning in his report on the General Nursing Council, I am certain it is only necessary to put this to the vote for it to be carried.

Mr. GOODINGS (Ryhope): Seconded.

Mr. PRITCHARD (Caterham): I think Mr. Blackman in his report gave a hint to the Conference that it would not be a wise policy for the delegates to enter into a discussion on this question. A report of the debate will be published in the *Magazine*, and as negotiations are being conducted between the General Nursing Council and the R.M.P.A., I think this resolution should be withdrawn, until we see what develops. We do not want to turn it down, but to leave it over for the time being.

Mr. HARRIS (Middlesbrough): I think the whole of the delegates will agree with me when I say that there are in mental hospitals all over the country both men and women who have qualified for and obtained the R.M.P.A. Certificate, and the general view is that the Executive have done, and will do, their utmost to get the R.M.P.A. qualified nurses registered with the G.N.C.

CHAIRMAN: Those in favour of the proposition. **[Carried.**

Mr. BLACKMAN (Bexley): I think, since the resolution is carried, that I ought to make my position clear. My personal views are absolutely against the resolution which you have carried here this afternoon. I do not agree that any outside body, apart from the General Nursing Council, should carry on examinations for mental nurses. That body has been appointed by the State to carry out examinations for nurses of all descriptions, and the many associations which have been conducting examinations in the past have given up doing so; only the R.M.P.A. have stood out, and I do not agree that they ought to stand out, but my position is this, that all my work on the General Nursing Council has, in this one particular, been against the R.M.P.A., therefore, I am sorry that while I have to abide by your decision, it complicates my own position on the Council.

GENERAL SECRETARY: I think now that the Executive's point of view might be considered. It has been our constant policy for several years that we should press for registration of R.M.P.A. Certificates. It is perfectly true that the General Nursing Council is a body appointed by the State to *control* examinations for nurses, but it does not follow as a matter of course that the General Nursing Council is, of necessity, a heaven-sent body that does everything correctly and cannot make mistakes. The General Nursing Council's history since its inception is one of intolerable incompetence; they have squandered thousands of pounds of nurses' money, and it took them four years to give us a balance-sheet. They

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bought new premises at £5,500, and spent goodness knows how many more thousands in altering them, and last year they wanted further new premises, because those they have are not large enough to hold all their records. As a business body they stand condemned on all counts. God knows why they should fly to doctors for instruction in business principles; they are the last people in the world who know about them. The General Nursing Council had to get in business experts to advise them how to get out of the mess in which they had landed, and to-day they cannot keep the Register going on the registration fees of the registered nurses, but have to use part of the examination fees. To-day, the cost of examinations conducted by the General Nursing Council is quite out of the reach of mental nurses. For a start, the Preliminary Examination is going to cost over two guineas, which is quite a substantial sum, but on top of that the examinations are conducted at so few centres that there are very substantial travelling expenses in addition. Now, it is all right for Lady Vere de Vere, of noble lineage and substantial bank balance, to come along and say this is quite trivial, and that for the sake of a holy and noble calling, nurses should find the fees and go in for the examinations, but what female probationer nurse, for example, is going to be able to find two guineas for the examination in the first twelve months, and on top of that 25*s.* railway fare and two days' expenses? The sooner the General Nursing Council comes down to earth, and realizes that the nurses of to-day are not being recruited from the monied and leisured classes, but from ordinary working people, who have got to feed and clothe themselves, the better it will be for everybody concerned, and it is desirable that we should let the General Nursing Council know that however much we favour State registration and the higher status of nurses, we do not want to get it at the expense of incompetent control. When the Council is a body solely appointed by registered nurses, then it will be beyond criticism; but while it is as it present, a body, the majority of members of which are nominated by the Minister of Health, in common with a number of people who *have* to be matrons, and the majority on the Council is distinctly not composed of working nurses, then they must be prepared to face criticism. I say quite frankly that while I am not prepared to take sides entirely until I see what the proposals of the different bodies are (because I do not consider the Royal Medico-Psychological Association to be a shining example of democratic control), at least the R.M.P.A. fees are within the means of the ordinary mental nurse, and until the General Nursing Council can reduce its fees, and place its organization on a business-like basis, we shall be compelled to adhere to this resolution, and insist on our representatives on the General Nursing Council supporting it.

The following resolution was moved by the National Executive Council:

"*That the N.E.C. recommend the Annual Conference to establish one or more scholarships for our members, the scholarship to take the form of a grant to assist members, who at present cannot afford to do so, to take up general training.*"

Mr. Blood (N.E.C.): In proposing this, the National Executive Council wishes to point out that we are desirous of assisting the nurses who wish to obtain general hospital training, but are prevented from doing so owing to financial difficulties. We want the higher paid posts to be taken up by mental hospital nurses with general hospital training, instead of the general hospital trained nurses coming into mental hospitals, and we ask you to approve a scheme whereby facilities can be granted by visiting committees to allow nurses the necessary period of time for general hospital training, and we also desire to institute a scholarship, in the form of a grant, to make up any financial loss that they would sustain whilst in training at a general hospital, in the hope that they will come back into our profession with full qualifications. We lay down no definite rules for the scholarship; we simply ask you to pass this resolution, and give us the opportunity of carrying out a wish which has been expressed to us from time to time.

Mr. Gleeson (N.E.C.): Seconded.

Mr. Harris (Middlesbrough): While supporting this resolution, there are one or two points which I think the Executive Council should clear up. It takes two years for a mental nurse to qualify as a general nurse, and during that time the Union by means of this scholarship is going to make up the difference in financial loss, but you have no guarantee that the nurse will return to duty, neither is there any provision made to-day, to my knowledge, for any increase in pay for a fully-qualified nurse.

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GENERAL SECRETARY: The N.E.C. have not drafted any definite scheme. Miss Wiese brought the matter to our notice, and asked us to permit the Conference to vote on it, and we put it on the agenda on the understanding that if you passed it the N.E.C. would draft a scheme, which they would submit to you in due course. All the points raised are of very great importance, and I can see many difficulties in the way. We should, of course, have severely to limit the number of scholarships, and to do so would mean setting up some authority to make a choice from amongst the applicants, but the N.E.C. would not proceed with any scheme without first coming to this Conference for approval. [*Vide: N.A.-W.U. Magazine*, August, 1928.] **[Carried.**

GENERAL PARALYSIS SUB-COMMITTEE.

POINTS FOR A DISCUSSION ON THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF GENERAL PARALYSIS.

The Diagnosis.

1. Is the diagnosis of general paralysis justified on laboratory findings only, *i.e.*, without the support of (*a*) mental, (*b*) physical, or (*c*) both mental and physical signs? If not, then what physical and mental symptoms are necessary to support laboratory findings in order to justify a diagnosis of general paralysis?
2. Are cases now being diagnosed and treated as general paralysis in virtue of certain common laboratory findings, and which otherwise would not have been diagnosed as such? If so, do these cases represent an altered type of general paralysis, or are they merely the cases which were formerly classed as cerebral syphilis and treated as such with a reasonable prospect of improvement or cure?
3. Can cases of acute cerebral syphilis be distinguished from general paralysis clinically or serologically? If so, how?
4. To what extent is there unanimity of opinion as to the laboratory findings which justfiy or support the diagnosisof general paralysis? [This question arises because of the necessity for a complete standard correlation between the mental and physical signs and the serological changes in such cases.]

The Pathology.

1. Is there a special neurotropic strain of spirochæte in general paralysis?
2. Should cases of acute cerebral syphilis (infection *vid* blood-vessels and not lymphatics) be regarded as suffering from general paralysis?
3. Is general paralysis due to a pure or mixed infection?
4. Are the pathological findings in general paralysis pathognomonic or are they merely those found in all cases of dementia?

Treatment.

1. The application of malaria and tryparsamide therapy to cases of early syphilis showing pathological changes in the cerebro-spinal fluid.
2. The cause of the variation of the results of malaria and tryparsamide therapy in general paralysis claimed by different observers.
3. Should malaria therapy be supplemented by other anti-syphilitic measures?

It is hoped that members will take every opportunity of discussing these points at Quarterly, Divisional and Divisional Clinical Meetings during the year 1928–29, and forward notes of their remarks to the Hon. Secretary, Dr. W. D. NICOL, *Horton Mental Hospital, Epsom.*

PATHOLOGICAL, BACTERIOLOGICAL AND BIOCHEMICAL SUB-COMMITTEE.

SCHEMES OF RESEARCH.

[*May* 8, 1928.]

Subject:

(1) The Histology of the Basal Ganglia.

Leader: Dr. G. A. WATSON, Pathologist, Lancashire Mental Hospitals.

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