1. "The Medico-Psychological Association of Great Britain and Ireland, having learned, through reports in the public press, of a movement in Ireland tending to lessen the authority of the resident medical officers of asylums, desires to express in the strongest manner its conviction that any such change would certainly result in injury to the patients, and would be in direct opposition to all progressive and enlightened treatment of the insane."
2. "That the foregoing resolution be delivered into the hands of the Right Honourable James Bryce, Chief Secretary for Ireland, the manner of such delivery being left to the discretion of the President of the Association."

Contributions.

Dr. John Turner read a paper, and gave a lantern demonstration, on "The Relation of Epilepsy to Changes in the Blood and Central Nervous System." We hope to publish this valuable contribution in a future number of the Journal.

Dr. W. C. Sullivan read a paper entitled "Industry and Alcoholism" (see p. 505).

The following members were present at the Council Meeting which was held prior to the Quarterly Meeting:—Drs. Fletcher Beach, David Bower, James Chambers, Maurice Craig, William R. Dawson, Thomas Drapes, Robert Jones, Henry C. MacBryan, Peter W. MacDonald, Alfred Miller, H. Hayes Newington, Henry Rayner, George H. Savage, Robert H. Steen, John Turner, Ernest W. White, T. Outterson Wood, David Yellowlees.

Apologies: Drs. Henry T. S. Aveline, Michael J. Nolan, Bedford Pierce, R. Percy Smith, Frederic R. P. Taylor, Adam R. Turnbull.

The members dined together at the Café Monico in the evening.

SOUTH-EASTERN DIVISION.

The Spring Meeting of the South-Eastern Division was held by the courtesy of Dr. A. N. Boycott at the Herts County Asylum, Hill End, on April 25th, 1906.

Among those present were Mr. G. T. Hine and Drs. Archdall, Bailey, Bower, Boys, Boycott, Chambers, Crookshank, Donelan, Dove, Dixon, Ewens, Gavin, Hart, Harding, Higginson, Hunter, Kidd, H. H. Newington, A. S. Newington, Navarra, Pope, Rolleston, Sall, R. Percy Smith, J. S. Smith, Shuttleworth, R. J. Stilwell, Stoddart, D. G. Thomson, Watson, and Steen (Hon. Sec. of Division).

The visitors included Mr. G. B. Hudson, J.P., Chairman of the Visiting Committee, Hill End Asylum; Revs. F. F. Buss and R. A. Squires (Chaplains), and Drs. May and Lipscombe.

Apologies were received from Drs. T. Outterson Wood (President), Moody, Robert Jones, Elkins, Bayley, Amsden, Pasmore, Gayton, and Slater.

The wards and grounds were inspected and subsequently Dr. Boycott entertained the members to luncheon. The meeting of the Divisional Committee was held at 2.15 p.m., Drs. Boycott, Harding, R. J. Stilwell, Hunter, and Steen being present. The General Meeting of the Division was then held, Dr. R. Percy Smith in the Chair. The minutes of the last meeting having appeared in the Journal were taken as read and confirmed.

The following gentleman was elected an ordinary member of the Association:—Peter Mortimer Turnbull, M.B., Ch.B.Aberd., Assistant Medical Officer, Tooting Bec Asylum.

Drs. Donaldson, Crookshank, and Stoddart were elected members of the South-Eastern Divisional Committee of Management, which now consists of the following members:

Retire in 1907.	*Retire in* 1908.	*Retire in* 1909.
Dr. Hunter.	Dr. Boycott.	Dr. Donaldson.
Dr. Rawes.	Dr. Kennedy Will.	Dr. Crookshank.
Dr. Lord.	Dr. G. N. O. Slater.	Dr. Stoddart.

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The next item on the agenda was to consider the following resolution on the suggestion of the Committee of Management of the Division:—"The South-Eastern Division of the Medico-Psychological Association deems it expedient that before the new statistical tables are brought into operation the opinion of each member of the Association be taken by post as to whether or not he or she is in favour of adopting the new tables in their present condition, and that the resolution be forwarded to the General Secretary of the Association with the demand that such resolution be discussed at the next Annual Meeting."

Dr. BOYCOTT said that he had found that many superintendents with whom he had discussed the new tables were not in favour of adopting them, and that it was his belief that many members of the Association were strongly averse to them. Owing to the exigencies of their work it was not possible for all members who wished to do so to attend the Annual Meeting, and he believed that the voting on the day in which the tables were passed did not represent the opinion of the Association. He did not wish to minimise the very valuable work the compilers of the tables had performed, and he thought they deserved the gratitude of the Association. In an important matter, such as the present, he thought it was only right to obtain the opinion of each member of the Association, and he moved that the resolution should be adopted.

Dr. HUNTER seconded.

Dr. THOMSON asked if the resolution were in order, and the Chairman ruled that the discussion should proceed.

Dr. H. H. NEWINGTON said that he begged to support the feeling expressed by the Chairman that the notice of motion should not be considered from the point of view of order. Though a good deal might be said on the subject, yet he thought that on this occasion it would be better to deal with it on its merits.

The motion had naturally attracted the attention of those who had had to do with the new tables. The Chairman of the Committee was in Teneriffe, and the Secretary was entirely unable to come, so he had attended himself, not so much to defend the tables as to endeavour to remove any stumbling blocks or misconceptions that might exist. He rather expected to have heard definite objections advanced by those who had moved the resolution. In default of these he could only deal with the subject in general terms, touching on questions that had been raised at the Annual Meeting and elsewhere.

First, as to the extra expense entailed in printing the new tables, he confessed that this had not crossed the minds of the Committee, but since Dr. Boycott had mentioned it last year as a definite objection he had thought over the possibility of saving this by co-operation. He had seen the printers that morning on a suggestion that he had made to them that if more than one asylum got the statistical matter in the reports printed at one place it would require a re-composition of the figures only instead of the whole matter, headings, lines, etc. Of course, he only referred to the tables and not to any other portion of the reports. He had been told that morning that if three asylums thus co-operated the expense would be reduced by one third to each; if four or more joined the expense would be halved. This, of course, was only a suggestion, but it might meet the complaint, and, if anything more was thought of it, he would get close prices and bring the matter before the Council, as the authority of that body might be useful.

As to the intrinsic value of the tables he would not enter into that matter, since it had been fully debated and settled by the Association. He would only advert to the hopelessness of arriving at unanimity.

As to the actual labour involved in producing the tables, he would ask straight away if any one in the room had tried the task fairly and squarely. In default of any answer he assumed that no one had done this, and therefore he could only look on objections under this head as a matter of prophecy. It had been objected that the number of tables was greatly in excess of those now asked for. This was very fallacious, as the old tables, though looking very simple, were in many instances collections of calculations. For instance, Table XI, dealing with the forms of mental disorder, was represented by four separate tables in the new scheme. It was the same with ages, residence, etc. He had analysed the two sets of tables comparatively, not once, but at least four times, so that the comparison should be as just a one as possible, and he found the following facts:—In the old tables operations in respect of individual patients were involved 24 times; in 5 of

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these, portions only of a class of patients were dealt with. As an instance, in Table I A only readmissions were reviewed. In the new tables there were 23 operations, of which 9 were similarly restricted. He would say that of course in these calculations all general tables, which were of the same number in each, and all optional tables were omitted. Taking the tables in another way, he found that in the old tables the grouped admissions, deaths, etc., were reviewed in 30 places, in 3 of these restrictedly; in the new the same took place 25 times, with 8 restrictions. He was not going on these figures to claim that there was less labour in the new than the old; but he did suggest that a clear *onus probandi* of the contrary lay on those who might give excessive labour as a reason for passing the resolution before them. Then he would ask them to consider the trouble involved in getting the facts for the two sets of tables comparatively. For the old system where did the facts come from? Not from the Register of Admissions, for the fallaciousness of the entries therein, except perhaps for the name and address, was recognised everywhere, while the Registers of Discharges and of Deaths were of little help. They had to rely on the Annual Register asked for by the Commissioners, or on memory, or on the case-books. In some cases, of course, individual superintendents prepared registers for themselves in order to facilitate table-making. Under the new system all facts, with one exception (the form of mental disorder in the resident patients, which is common to both sets), were to be found in the registers, so arranged as to make compilation absolutely easy. These registers were to be made up as the year went by, and thus a rush at the end of the year was avoided. He and Dr. Bond, he might say in passing, had had several interviews with the Commissioners, and he had good reason to hope that the handy registers now drafted would soon be finally approved by them. Then, when the facts had been collected and marshalled ready for making up into tables, he imagined that a vast amount of trouble had to be taken under the present system. He had visions of having had, when at Morningside many years ago, to deal with huge sheets of paper containing names and dashes. The preparation of suitable collecting sheets must in itself be a burden. Nothing of the kind was required now. As would be remembered, the Association would at its own cost provide compilation forms similar to a sample which he now produced. With these it was quite easy to record a fact in an appropriate place ready for summation. These forms entirely did away with any difficulty that might arise from the large amount of useful correlation of facts provided for by the new scheme. He would at once confess that if the Committee had asked members to make up these correlations from the present imperfect sources of information, and without providing for complete facility, it would have inflicted an atrocity on asylum officers; but, taking everything together, he claimed that the change of system would bring no increase of trouble. In both systems there were awkward tables; but he thought that old Table 2 A held the record of troublesomeness. He would ask to be allowed to put his prophecy against prophecy on the other side, and then to leave prophecy for accomplished facts. Dr. Bedford Pierce had gone to the trouble of making up registers in the proposed forms, in order to make up the new tables from them. He had been supplied with a manuscript set of twelve compilation forms (others not having been yet worked out). In response to an enquiry as to the net result, Dr. Pierce had written a letter which he would read. Dr. Pierce said that he and Dr. Mackenzie had not done quite all the compulsory tables nor the optional ones; but he found that when the registers were completed the new tables present little difficulty, and are simpler to compile than the old ones, and take less time. Further, he stated that though his numbers were not large, he anticipated that larger numbers would be dealt with relatively more easily. It was possible, of course, that Dr. Pierce's large share in the statistical work might be considered to lead him to be unconsciously benevolent, and he was glad therefore to be able to read a letter from a member who was utterly unconnected with the Committee—Dr. Aveline, of Cotford. He had supplied Dr. Aveline with another set of slightly improved compilation forms, on hearing that the new registers had been compiled for two years past at this asylum. He had received the following letter from Dr. Aveline a few days back:—"I regard the registers as extremely useful, and have kept them for the past two years. The process of extraction for the tables you so kindly sent me is very simple, and could quite easily be entrusted to

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a clerk. I have not yet tackled the other tables—Ætiological, etc.—so I cannot speak with regard to them." Those letters left little more to be said (applause); but he would point out that if, as hinted by Dr. Aveline, the clerk was asked to do more of this work, to the relief of the assistant medical officer, the clerk would find the work so straightforward and allied to his other work that he would prefer to do more under the new system than he had to do under the old. One other point he must emphasise, and this was that the work of the two, clerk and doctor, are most carefully separated; in fact, when the registers are completed the doctor's compulsory work is ended.

Dr. KIDD wished to associate himself with what Dr. Boycott had said. Time was limited, but he should just like to say that he was one of the small minority at the general meeting who opposed the statistical tables, and he then said that he was sure there was a large body of opinion outside the room strongly against the adoption of the new tables. The resolution now proposed bore that out. Though fully appreciating the work of the Statistical Committee he thought they had failed to do what was required:—to reduce and simplify the tables. Nothing that Dr. Hayes Newington had said could alter the fact that the number of tables had been greatly added to, and the labour of compilation had been increased at least 30 per cent. The register was an excellent idea, and he could not see why anything more than the return of the actual facts in the register should be required. There was nothing new about the charts shown by Dr. Hayes Newington, and which he thought would so much simplify the work. Many asylums used similar forms for working out the tables. The new tables were much more complicated than the old—the quinquennial ages, and occupation tables as instances. He hoped that the resolution would be passed.

Dr. HARDING thought that the tables had been drawn up with much ingenuity and skill, and that valuable results might be obtained from them, but at the cost of much time and labour. They were tables, however, much more suitable for the use of the enthusiastic statistician than for the purpose to which they were proposed to be put. He strongly supported Dr. Boycott's motion. The Association was composed of members the vast majority of whom are unable to attend the meetings. It was not only just but expedient that every member should have an opportunity of voting on this important subject. The new tables should not be adopted unless there were a clear majority in favour of them. It would certainly be a mistake to impose them on the members of the Association against the wish of the majority, and it appeared that the method advocated by Dr. Boycott was the only practical way by which the opinion of the whole Association could be expressed.

Dr. STEEN pointed out that the matter under discussion was not so much the merits or demerits of the new tables, but as to whether or not the opinion of the Association as a whole should be taken on the matter. He thought this was a step which should be welcomed as much by the supporters of the new tables as by those who were opposed to them.

Dr. BOYCOTT said that in proposing the resolution he purposely avoided any reference to specific objections to the tables, as these objections had been fully gone into last July. That the proposed improvement of the Register did not of necessity carry with it any alterations of the tables themselves. A Committee had recently been appointed to revise the classification and nomenclature of mental diseases, and it would be advisable to await their report before making alterations in the present tables.

The resolution on being put to the meeting was carried by 17 votes to 4.

The question as to what steps should be taken by the division in view of the suggested amalgamation of the London medical societies into one Association was then discussed, and it was moved by Dr. DIXON, seconded by Dr. CROOKSHANK, and carried, that "The South-Eastern Division is of opinion that it would be a mistake to give an unqualified refusal to join the proposed Union until there had been time to see what final shape the scheme assumes, and whether some of the difficulties may not disappear."

The invitation of Dr. Fielding to hold the Autumn Meeting of the Association at the Bethel Hospital, Norwich, on October 17th, 1906, was unanimously accepted with much pleasure.

The date of the Spring Meeting was fixed for April 24th, 1907.

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Dr. W. H. B. STODDART then read his paper on "Instinct—a Psycho-Physical Study in Evolution and Dissolution" (see p. 491).

Dr. D. G. THOMSON read a short paper on "The Training and Examination of Mental Nurses for the Certificate."

He said that to anyone like himself who had the good name and efficiency of our mental nurses at heart, and who conscientiously and loyally strove to carry out the spirit and the letter of the so far excellent regulations framed by our Association for their training and examination, certain difficulties and anomalies must have arisen which he was sure had only to be alluded to to be recognised and remedied. His remarks were not tendered as an elaborate essay, but were merely to introduce discussion and draw forth from other members their views and practice on the various questions which he indicated as follows:

First, as to the lectures on mental nursing by the Medical Staff. For the present purpose he would suppose he was dealing with an average-sized Asylum of, say, 1000 beds and 100 nurses, male and female. Of these 100 nurses at least one fourth would be already certificated, another fourth would have no intention or capacity to obtain the certificate, and thus there would be some fifty to train and examine; these again were in probably three stages of service, twenty in their first year and fifteen each in their second and third year.

It was usual, he believed, for the assistant medical officers to lecture to the nurses. These gentlemen with commendable enthusiasm and generosity devote their time to delivering one or more lectures a week to a class of, say, twenty-five of each sex.

Here it was that one of the difficulties came in; should they lecture the same subject matter to first, second, and third year candidates? Obviously not, and yet they could not be expected to deliver a different lecture to the three different grades, which would involve three lectures a week. He saw no way out of this difficulty except by lecturing to the twenty first year or junior candidates of both sexes together, which would liberate one lecturer, who could lecture to the second and third or senior candidates, also both sexes together; or the medical superintendent could lecture to the third year candidates, leaving the second year candidates to the senior assistant medical officer.

Another matter was that it was quite impossible to cover the ground in the handbook in twelve lectures, the minimum number which must be attended per annum, nor did he suppose it was ever so intended. One lecture per week for the six winter months gives twenty-six per annum, and out of these surely eighteen should be, rather than twelve, the minimum number to be attended. These twenty-six should, in his opinion, be delivered annually to first year junior candidates of both sexes on the elementary anatomy and physiology, required on general symptoms of disease and disorder, and on elementary nursing; and twenty-six should be delivered also annually to second and third year senior candidates on mental disorders and mental nursing.

This scheme of dividing juniors and seniors and of lecturing on different days would enable the matron and head attendants so to arrange the duties as to spare the nurses and attendants from ward duties, and enable them to attend the lectures, no small difficulty at present.

The difficulty of enabling night nurses to attend lectures and practical work was considerable, unless they ceased to be night nurses during half the period of training, or were keen enough to sacrifice their own time to attend lectures held, say at five or six o'clock p.m.

Again, he thought the regulations were not precise enough as to the importance, nay, necessity of candidates doing a specified term of duty in the various departments of an asylum. At present a nurse may obtain the certificate who has never seen an epileptic fit, who has never nursed the aged infirm insane, who has never had charge of a case of acute insanity, or who has never seen the methods used to maintain order and comfort in a ward containing turbulent chronic cases. Surely a term of not less than three months in each of the wards containing the above cases should be exacted.

As a medical superintendent he fully appreciated the confidence bestowed on him by the Education Committee of the Association in giving him credit for arranging such experience for his candidates, but, at a time when our methods were being watched and very properly criticised by other nursing bodies with

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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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