only accounted for 7% of the total expenditure (surely a record for any charitable body), while contributions from patients and their friends amounted to over 30% of the total receipts.

All who had the privilege of working with the late Dr. Henry Rayner will realize the loss his death has been to the Association, for as Sir Charles Wakefield (the President of the Association) truly said in his opening remarks at the Annual Meeting, he had during his life "with all his heart and mind and soul, given great and generous service to those to whom the Association was privileged to minister."

During the year as many as 1,431 cases (males 451, females 980) were dealt with, being an increase of 255 over the previous year, and the largest increase in any year, which appears to be conclusive evidence of the insistent demand for an organization of this kind fulfilling functions carried out by no other body.

The aims of the Association are set out as follows:

1. To bridge over the difficult period following discharge from a mental hospital, to assist medical superintendents by visiting the homes of patients about to be discharged, and reporting to them on their condition, and also to keep in touch with those on trial with a view to reporting on their condition before final discharge.

2. To establish anew in each convalescent patient a degree of self-confidence, and to give them encouragement in the knowledge and assurance that they have in the personnel of the Association actual, sympathetic and personal friends, who are ready and anxious to stand by them and see them through their new difficulties.

3. To board them out in cottage homes so that they may have an interval of change of scene and air, during which period they can readjust themselves to their post-institutional conditions.

4. To find them employment.

5. To give them grants in kind or money towards maintenance while seeking work, and provide them with necessaries such as clothing, glasses, dentures, etc., and tools if necessary when work is found.

It is satisfactory to note that a considerable number of mental hospitals and Boards of Guardians give financial support, but it is quite clear that if the benefits to the community, resulting from efficient after-care such as this Association provides, could be really brought home to these various bodies their number would be much greater; in this connection it is noted that a Propaganda Committee has been appointed, which will no doubt make this one of their aims.

New and active branches definitely affiliated to the main body are much needed to extend the work of the Association, especially as there appears to be a feeling in most areas that association of this work with that of the local mental deficiency workers tends to blur over a line which patients themselves and their friends recognize as a very definite one, and one upon which they are frequently very insistent; moreover the work is of an entirely different nature. It is satisfactory to note that a Conference for this very purpose was held in December, of committees and medical superintendents, which has resulted in the formation of new branches in several counties. The Council, in its report, records its very high appreciation of its officers, "who, even with the large numbers now passing through their hands, never appear to lose the valuable power they possess of individualizing each case; their power of intuitive understanding and sympathetic tact is one of the most important assets of the Association," and we feel sure that all who have experienced the services of this body will endorse this well-merited praise.

THE TRAINING OF MENTAL DEFICIENCY NURSES[1].

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[Editor's Note.—As its author is in the service of the London County Council, it is necessary for us, in accordance with its regulations, to state that the L.C.C. is not in any way responsible for the opinions and conclusions expressed in his paper.]

[1] Reprinted from *The Nursing Times*, March 20, 1926, by kind permission of the Editor. This does not apply to the Appendix.—Eds.

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In considering essentials in the training of the mental deficiency nurse it is important, first, to remember that she is concerned with the care of healthy as well as of sick defectives, with the needs of growing children, of nervous and often mentally unbalanced boys and girls, of cripples, of deaf and dumb and blind patients, of restless adolescents, of helpless inert idiots and low-grade imbeciles—of the whole world of varied types that go to make a training colony of mental defectives. Child study, the development of the mind in childhood and adolescence and the elements of mental hygiene are, therefore, important subjects in her syllabus of training.

But, though much of her work is not among the actively ill, it should not be forgotten that first and last and all the time she is a *nurse*. She represents the type of modern nurse, whose activities are concerned chiefly in the maintenance and improvement of bodily health, the hygienic educator, whose duties lie largely in the prevention of disease, in the detection of the early signs and symptoms of illness, rather than in the treatment of established disorders; nevertheless, she should know what to do, and how to do it, in the event of sickness, for she may not always enjoy the facilities of a colony hospital or clinic. She should, therefore, have a good grounding in anatomy and physiology, a thorough training in the principles of hygiene, in the fundamentals of medicine and surgery, and in the general principles of the theory and practice of nursing the sick.

Bed-side Nursing.

The General Nursing Council requires that six months of her training shall be spent in bed-side nursing in the hospital wards of the colony. I should like to see combined with this three months' training in the colony clinic, in the management and nursing treatment of minor ailments and of the little disorders of the eye and ear and skin so common in mental defectives. Training such as this is never wasted in any community; the time so spent is time well spent, and nine months is not too large a fraction of the training period of the probationer.

School Training.

Secondly, the mental deficiency nurse is concerned with the teaching of defectives, with the routine training of patients in matters of personal and domestic hygiene, with the training of nursery and school children, and with the vocational training of adolescents and adults. She should, therefore, become conversant with the general principles of modern education, with the physiological applications of these principles, and with the best methods of adapting them to the needs of mental defectives. Her quickest and easiest way to the attainment of this knowledge is through the colony school. Here she learns the essentials and fundamentals of the teaching of mental defectives; here she learns how to observe and study both the individual and the group and their inter-reactions; here, too, she learns how best to develop the defective's capacities for work and play. For the necessary practical instruction in these matters every probationer should spend not less than six months in the general routine duties of the school. The teacher-tutor is equally as important as the sister-tutor in the education of the probationer, and the training in the school is as essential as the training in the colony hospital for her full development—neither should be dispensed with nor neglected nor minimized in any way.

In addition to her six months' training in the school, every probationer should spend not less than six months, preferably in her third year, in the nursery department, or in the children's ward, or in the low-grade adult wards, so that she may gain practical experience in a senior capacity in the personal management and training of juveniles and low-grades in the daily routine of their lives. This, with her training in the school, should form a most important period in her probation, when, at the hands of experienced instructors, she should receive a thorough training in the essentials of her work as a mental deficiency nurse, as one who is not a custodian but an observant and stimulating educator of defectives.

Supervision.

Thirdly, the mental deficiency nurse is concerned with the supervision and control of adult defectives at work and in their hours of leisure. The trained supervisor is the product of years of experience. Although not enrolled by examination on the register of the Council, she is to be found in the older institutions

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for mental defectives in this country, where she is a very valued and respected member of the staff, and where everybody acknowledges with pride that she is worth her full weight in gold! In the course of her three years of training the probationer may not hope to attain to the latter's width of practical wisdom, but she should learn in that time something of the general principles of supervision and control, and in her daily observant contact with patients on the playing-fields, in the day-rooms and villas, and in the various workrooms and workplaces of the colony should acquire those fundamentals in the management of adolescents and adults that are so essential in the kindly, sympathetic and successful treatment of defectives.

But, in addition to this general experience, at least six months of every probationer's training should be spent (preferably in her third year) in the personal management of a group of defectives in one of the departments of vocational training in the colony. This should be an essential phase of her pre-registration education, and it should not entail her being expected to acquire an expert, or even a technical, knowledge of that particular branch of vocational training in which she seeks to gain her experience in the management of mental defectives at work. Specialism should be undertaken always after registration; not at any time *during her probation* should the nurse be expected to train particularly for any special phase of colony activity other than that of a nurse; always the objectives of her training should be in the understanding of principles and in the development of faculties rather than in the acquirement of technical knowledge in any particular trade or industry.

A probationer may be, prior to her probation, a skilled craftsman in some particular industry; after registration she would be doubly qualified both as a nurse and as a craftsman, and, correspondingly, would be useful to the colony in which she worked; but her special training as a craftsman should not exempt her from fulfilling any part of her special training as a nurse. Similarly, in the course of her training, a probationer may show special aptitude for, say, school teaching; this would be a particular asset in her favour after registration should she wish to specialize in this subject, but it should not excuse her from dispensing with any part of her training, *e.g.*, bed-side nursing, should she wish to qualify as a mental deficiency nurse. In either case, the adoption of such an exemption policy would be as devastating, as, say, allowing a midwife to submit her special training in midwifery in lieu of general surgical training for her final examination for the Council's certificate in general nursing.

The training of a mental deficiency nurse is a composite training, but it requires the acquirement of certain essentials by every mental deficiency nurse; to dispense with any particular part of it in the case of any particular probationer is to make a travesty of that training; it is to destroy the ideal of a definite entity, and in practice it will result in introducing into a colony a number of warring sections—sick nurses, school nurses, industrial nurses, farm nurses, domestic nurses, games nurses, eurhythmic nurses and—who can tell?—numberless other grades, all trained along their own lines, each believing her own speciality to contain the secret of the salvation of the defective, each despising the other, each suspicious of the other, all antagonistic to all—a prospect not too pleasing to contemplate.

There should be only one type of registered mental deficiency nurse, trained along comprehensive lines; and every registered mental deficiency nurse should be trained along those lines. The essentials herein noted are submitted as the essentials of her training, and it is to be hoped that as the result of the deliberations at their second meeting the conference will be able to give them due value and weight.

Appendix [1].

Suggestions for an Examination Syllabus and a Schedule of Practical Instruction for Mental Deficiency Nurses.

[An Abstract.]

1. Introductory Note.

The current syllabus issued by the General Nursing Council for its examinations for mental deficiency nurses is the Revised Syllabus of the Royal Medico-

[1] A complete copy of this scheme can be obtained on application to the author. —Eds.

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Psychological Association, and is known as "The Syllabus of Subjects for Examination of Mental Nurses and those Nursing Mental Defectives." It was first published by the Council in 1923 and revised in 1925.

This syllabus consists of thirteen sections, of which the first twelve were originally prepared for mental nurses and the thirteenth section subsequently added for mental deficiency nurses. It may, therefore, be called the "Mental Nurses' Syllabus," and is referred to as such in these pages.

Of the thirteen sections of this syllabus, mental nurses are examined to-day in the subjects of the first twelve, and mental deficiency nurses in ten, namely, Sections I–VIII, and Sections XII and XIII.

The Examination Syllabus and Schedule of Practical Instruction suggested in these pages is based on the models published in the "Mental Nurses' Syllabus," but differ from these in several ways. These differences are indicated in the text, and chiefly arise from the fact that the suggested models have been prepared primarily for mental deficiency nurses.

2. Suggested Examination Syllabus.

[The following Syllabus differs from the "Mental Nurses' Syllabus," 1923, revised 1925, in three main directions:

(*a*) The number of the Sections has been reduced from ten to seven, and these latter contain two new Sections on Child Study (Section IV) and Mental Hygiene (Section VI).

(*b*) The Sections have been rearranged so that Sections II, IV and V, Parts 1 and 2 of the "Mental Nurses' Syllabus" become Sections I, II and III, Parts 1 and 2 of the suggested Syllabus. As these Sections contain the subjects of the Preliminary Examination (except Section III, Part 2), they are correctly placed first in the Syllabus, and this necessary alteration brings the suggested Syllabus into line with the Examination Syllabuses issued by the General Nursing Council in other branches of Nursing.

(*c*) Some of the original Sections have disappeared as *separate sections*, and others have been modified for the new Syllabus. Thus Sections I, III and XII of the "Mental Nurses' Syllabus" do not appear as separate sections, but are embodied in Section III, Parts 3 and 4 of the Syllabus suggested herein. Similarly, Sections VII and VIII of the former Syllabus disappear as separate Sections, and become embodied in Section VI of the latter Syllabus. Finally, Sections VI and XIII of the older Syllabus have been altered and reappear as Sections V and VII respectively of the new Syllabus.]

Examination Syllabus.

I. *Elementary Anatomy and Physiology.*

(This is exactly similar to Section II of the "Mental Nurses' Syllabus," published 1923, revised 1925.

It also corresponds to Section I in all the other Syllabuses issued by the General Nursing Council.)

II. *Hygiene.*

(This is exactly similar to Section IV of the "Mental Nurses' Syllabus," 1923, revised 1925.

It also corresponds to Section II in all the other Syllabuses issued by the Council.)

III. *Theory and Practice of Nursing.*

Part 1.

(This is exactly similar to Section V, Part 1, of the "Mental Nurses' Syllabus," 1923, revised 1925.

It also corresponds to Section III, Part 1, in all the other Syllabuses issued by the Council.)

Part 2.

(This is exactly similar to Section V, Part 2, of the "Mental Nurses' Syllabus," 1923, revised 1925.)

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Part 3.

Supervision and Control of Mental Defectives.
Methods for the Individual.
Group Methods.
Objects of the Group.
Value of Environment.
The Nurse as a Factor in Environment.
Relation of Nurse to Defective.
Characteristics of the Good Nurse.
The Nurse as Teacher.
The Nurse as Counsellor and Friend. Patients' Confidences.
The Nurse and Fair Play.
General Responsibilities.
Personal Responsibilities.
Special Responsibilities.
Discipline.
Rewards and Penalties.
General Duties.
Special Duties.
Laws and Rules for the Protection of Patients.
Absence with Leave.
Supervision and Control in Hostels.

Part 4.

Care and Training of Mental Defectives.
General Considerations.
Special Considerations.
Environmental Conditions.
General Methods.
Special Methods.
Care, Management and Training of Epileptics.
Estimation of Progress.
Reception of New Cases.
Management of Bodily Health.
First Aid in Emergencies.
Removal and Transfer of atients.

IV. *Child Study.*

General Considerations.
Food and Feeding.
Care of Infants.
The Nursery Child.
The School Child.
Adolescents.
The Naughty Child.
Child Mortality.

V. *Elementary, Medical and Surgical Nursing.*

VI. *Elementary Mental Hygiene and Nursing.*

VII. *Mental Deficiency Nursing.*

Nature of Mental Deficiency.
Characteristics of Mental Defectives.
Causal Factors and Pathology. Mental Measurement.
Legal Definitions.
Social Types.
Clinical Varieties.
Physically Defective Aments.
Epileptic Conditions in Mental Defectives.
Common Neuroses in Mental Defectives.
Mental Disorders in Aments.
Relations of Mental Deficiency and Insanity.

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Malingering in Mental Defectives.
Criminal Defectives.
General Principles of Treatment and Training.
Care of "Cot" Cases.
Routine Training of Children and Adults in Matters of Personal and Domestic Hygiene.
Sense, Speech and Scholastic Training.
Vocational Training.
Physical and Rhythmic Training.
Games.
Baden-Powell's Methods.
Moral and Social Training.
Legal and Social Aspects of Work for Mental Defectives.

A suggested Schedule of Practical Instruction follows.

OBITUARY.[1]

The Late Sir Frederick Mott, *K.B.E.*, F.R.S.

Lady Mott and her daughters are most grateful for the generous messages of sympathy which they have received from their many friends. They treasure these expressions of love and devotion to Sir Frederick, and are much consoled in the loss of a beloved husband and father by the knowledge that his life-work was so greatly appreciated by his colleagues.

Donald Fraser, M.D., F.R.F.P.&S.Glas.,

Consultant Physician to the Riccartsbar Mental Hospital and the Royal Alexandra Infirmary, Paisley. Ordinary Member since 1881.

In the death, on May 19, of Dr. Donald Fraser, at the age of 85, the Association has lost one of its oldest members, he having joined in the year 1881. Dr. Fraser graduated M.B. in 1867 and M.D. in 1870 at Glasgow University, where he was a student under Lister. His interest in mental diseases began as early as 1866, when he acted as clinical assistant to Dr. (later Professor) McIntosh, at Perth District Asylum, Murthly. Subsequently he built up a large practice during the course of fifty years in the town of Paisley and was Visiting Physician to the Paisley Mental Hospital at Riccartsbar, where he attended daily, and latterly as Consultant Physician he had visited regularly to within a few days of his illness. He retired from general practice twenty-three years ago—to reside in Glasgow as a consultant in mental and nervous diseases.

In 1875 Dr. Fraser became a Fellow of the Royal Faculty of Physicians and Surgeons (Glasgow) and was also an examiner in medicine in Glasgow University. Since 1885 he had been a member of the staff of the Royal Alexandra Infirmary, Paisley, being Honorary Consultant Physician at the time of his death. He was interested in epidemiology, and took a very active part in the campaign against consumption. Among his published writings are "Spanish Asylums" (1878), "A Sketch of the Care and Treatment of the Insane in Paisley" (1896), "Hysteria as a Psychosis" (1897), being his Presidential Address to the Glasgow Pathological and Clinical Society in that year, and "Aphasia" and "Porencephaly"—all contributed to the *Glasgow Medical Journal*. It is said of him that "as a physician he was trusted and beloved by rich and poor alike, on whom he expended his sympathy and skill without distinction." Another writer ascribes to him "a rich personality whose activities covered a wide field in medicine, in politics, in literature, in art and music, in agriculture and country life, in philosophy, theology and sociology."

His wife, who predeceased him fifteen years ago, was a sister of Prof. Joseph Coats, and he leaves five daughters—one being Dr. Kate Fraser, a Deputy-Commissioner of the General Board of Control for Scotland.

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(1) An obituary notice and photograph of the late Il Senatore Camillo Golgi has been postponed until January, 1927.

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