From the above tables it will be seen that of the 36 patients admitted during the year, 21, or 58% entered the hospital of their own accord. This is a marked increase in the numbers of voluntary boarders admitted in any previous year, and shows that the knowledge of the benefits which can be derived from the voluntary boarder system is becoming more widely recognized and taken advantage of. There is no doubt that doctors are more reluctant to certify patients since the recent cases brought before the Law Courts. In many instances this has resulted in patients being kept at home, to their great detriment, until their disorders were well established. The more the voluntary boarder system is taken advantage of, both for early treatment of incipient cases and for giving a greater sense of freedom, when possible, to patients under treatment, the better the chance of recovery. It is to be hoped that great advances in this direction and in that of allowing still more freedom to the insane will be made in the future.

In the report of one of the Visiting Commissioners of the Board of Control the following sentence occurs: "It is gratifying to note that neither mechanical restraint nor seclusion is *ever* resorted to at this Hospital." There must be many, with a very wide experience in mental disease, who would feel a little uneasy in endorsing this as a supreme virtue in a mental hospital; to reduce these forms of dealing with cases to a minimum is good; to know when and how to use them wisely and well to the advantage of the patient is better.

The Governors' report consists of a short but interesting review of the past of this hospital since its foundation and opening in 1819; it is difficult to read the history of the foundation and opening of the older hospitals without a feeling of wonder at the extraordinary prevision of these really great men, who, carrying into practice the highest Christian principles and ideals, founded a hospital and a "*monumentum aere perennius*."

St. Andrew's Hospital, Northampton.—There were on the books of the hospital on December 31, 1926, 471 patients, including 38 voluntary boarders. There were admitted during the year 66 certified patients, and 42 voluntary boarders. The recovery-rate (calculated on the direct admissions) was 50%, and the death-rate 3·6%. The percentage of patients who receive treatment gratuitously is 0·23 and those paying over the cost of maintenance 27. The average cost of maintenance for the year was £4 17*s.* 5½*d.*

We notice amongst the "entertainments" provided during the year, "Ap. 1, Conference of the Royal Medico-Psychological Association."

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The usual quarterly general meeting of the Association was held on Thursday, November 17, at the House of the British Medical Association, 19B, Tavistock Square, W.C. 1, under the presidency of Dr. Hamilton Marr, F.R.F.P.S.Glasg.

The Parliamentary, Educational, Research and Clinical and Journal Committees assembled on the previous day.

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The Council Meeting.

As the President could only make a brief mention at the General Meeting of the business transacted by the Council in order to have as much time as possible to the discussion on the future policy of the Association in regard to mental nursing, a fuller account of the Council's proceedings is given here.

Report of the Educational Committee.

The Council approved the final drafts of the following documents with effect from the date of the meeting, November 17, 1927, and ordered their printing and distribution :

(1) *Regulation for the Training and Examination of Candidates for the Certificate of Proficiency in Mental Nursing and in the Nursing of Mental Defectives.*

(2) *Rules for the Conduct of the Examinations for the Certificate of Proficiency in Mental Nursing.*

(3) *Syllabus for the Examinations for the Certificate of Proficiency in Mental Nursing.*

(4) *Rules for the Conduct of the Examinations for the Certificate of Proficiency in the Nursing of Mental Defectives.*

(5) *Syllabus for the Examinations for the Certificate of Proficiency in the Nursing of Mental Defectives.*

Report of the Research and Clinical Committee.

The Committee met for the first time since its resuscitation at the Annual Meeting in July, 1927, with its enlarged reference. Lt.-Col. J. R. Lord was elected Chairman, Prof. G. M. Robertson, Vice-Chairman (with a seat on the Council), and Dr. B. H. Shaw, Secretary. The Committee concurred in the Report of the Provisional Research and Clinical Committee (*vide Journ. Ment. Sci.*, October, 1927, p. 708), and appointed the following sub-committees :

(i) On a Glossary of Psychological and Psychiatrical Terms.

Reference : To compile a glossary of psychological and psychiatrical terms, with a recommendation as to the sense and circumstances in which it is desirable that each should be used. The definition of terms having ambiguous meanings. The creation, as may seem necessary, of new terms.

(ii) On the Treatment of General Paralysis and other Syphilitic Diseases of the Brain.

Reference : To study the treatment and after-care of general paralysis and other syphilitic diseases of the brain.

(iii) On Epidemic Encephalitis.

Reference : To study the epidemiology, ætiology, pathology and treatment of epidemic encephalitis, and the care of cases of chronic encephalitis, especially poor cases which cannot be cared for at home.

(iv) On Psychotherapy and Psychopathology.

Reference : To study the psychogenesis and psycho-pathology of mental disorders and the application of psychic methods of prevention and treatment.

(v) On Actinotherapy in Mental Cases.

Reference : To study the treatment of morbid physical conditions associated with mental disorders by ultra-violet radiation.

(vi) On the Occurrence, Treatment and Avoidance of Infectious Diseases in Mental Hospitals.

Reference : To investigate the occurrence, treatment and avoidance of infectious diseases in mental hospitals and to make recommendations thereon. Under "occurrence" to inquire especially into the incidence of cancer, as to whether or not its occurrence is rare in mental hospital patients as compared with the outside population, and, if so, why. Under "treatment" to inquire especially as to the care and treatment of "carrier cases." Under "avoidance" to enquire especially as to protective vaccination and the use of vacuum cleaners, and to ascertain an economical disinfectant that shall be odourless, non-poisonous (except in large quantities) and non-destructive to clothing, bedding and instruments.

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(vii) On Pathology, Bacteriology and Biochemistry in regard to the Causes and Manifestations of Mental Disorder.

Reference: To study the physiogenesis and pathology, bacteriology and biochemistry of mental disorders, especially with a view to the separating out of (a) *mental disorders primarily due to diseases of the brain,* (b) *mental disorders secondary to diseases other than in the brain; and further, to ascertain the nature of the physical complication occurring in primary mental disorders.*

(viii) On Clinical Psychiatry (including Occupational Therapy).

Reference: To study the symptomatology, diagnosis and classification of mental disorders, their treatment (without giving special attention to those being dealt with exclusively by other special sub-committees). To give special attention to methods of examination, clinical recording and team work. To make recommendations with a view to the issue of standard clinical forms authorized by the Association, the general use of which would facilitate research and classification.

(ix) On the Care and Treatment of Mental Defectives.

Reference: To study the special problems—medical, administrative, legal, sociological and legislative—associated with the care and treatment of mental defectives (as defined by law), and to suggest lines of research in regard to the causation of mental deficiency.

(x) On Study Tours and Post-Graduate Educational Information, etc.

Reference: To arrange and advise as to study tours for individual members or groups of members for education and collecting information, supplying letters of introduction, etc. To be an information bureau in regard to post-graduate education, scholarships, diplomas in psychiatry, etc.

The honorary secretaries appointed to these sub-committees were: (i) H. J. Norman, (ii) W. D. Nicol, (iii) P. K. McCowan, (iv) J. E. Nicole, (v) L. C. F. Chevens, (vi) R. W. Branthwaite, (vii) W. M. Ford-Robertson, (viii) G. W. T. H. Fleming, (ix) F. Douglas Turner, (x) A. E. Evans.

The Committee decided to arrange a conference between the editors of medical journals publishing psychiatric epitomes, and Lt.-Col. J. R. Lord and Dr. F. L. Golla as representing the Committee, with a view to some combined action to produce a comprehensive index and epitome of current psychiatric literature for general use.

The General Meeting.

The Minutes.

The minutes of the previous meeting, having already appeared in the Journal, were taken as read and approved, and signed by the President.

Obituary.

The President said it was his sad duty to announce that three of its members had died, two of them since the previous meeting of the Association. All were members who had passed the allotted span of life, and all of them did excellent work for the Association. All present would wish to be associated with letters of regret to their nearest relatives. The deceased members were: Senator Leonardo Bianchi, Sir Horatio Bryan Donkin and Dr. J. Carlyle Johnstone.

Members stood in silent sympathy.

The Report of the Council.

The President said the Council had discussed some interesting matters, but as there was no definite motion arising therefrom to bring before this general meeting his remarks would be brief.

The printing of a further volume of the General Index of the *Journal of Mental Science*, for which £150 had been granted at the Annual Meeting, would cost about £80 for 1,000 copies. It was agreed that the volume should be supplied to members of the Association free, and to non-members at a charge of 2*s.* 6*d.* Dr. F. H. Edwards had suggested that a photograph of the President for the year should be published in the *Journal of Mental Science*. That was agreed to, though, of course, it could not be insisted upon.

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He thought that the meeting would be pleased to hear that the Research and Clinical Committee had restarted its career under the Chairmanship of Lt.-Col. J. R. Lord, with every augury of success (applause). Dr. Stewart Adair had resigned, after 26 years' membership of the Association. The resignation was accepted by the Council with great reluctance and regret. [He was Secretary N. and M. Division, 1908–20.]

Election of New Members.

The following were elected ordinary members of the Association, by ballot, the scrutineers being Dr. Douglas McRae and Dr. C. W. Bowers.

Atkin, Isaac, M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Junior Resident Medical Officer, Knowle Mental Hospital, Fareham, Hants.
Proposed by Drs. J. L. Jackson, A. Wilson and R. Worth.

Healey, Frederick Henry, B.Sc., M.B., Ch.B.Birm., D.P.M., 3rd Assistant Medical Officer, County Mental Hospital, Chester.
Proposed by Drs. G. Hamilton Grills, J. T. H. Madill and J. A. Gillespie.

Perera, Clement Osmund, M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Superintendent, Mental Hospital, Angoda.
Proposed by Drs. M. Hamblin Smith, R. Worth and G. W. Shore.

Goitein, Percy L., M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Deputy Medical Superintendent, Northumberland House, Green Lanes, N. 4: 23, Blomfield Road, Maida Hill, W. 9.
Proposed by Lt.-Col. Edwin Goodall, and Drs. F. R. King and F. Dillon.

Mackenzie, Murdo, M.R.C.S., L.R.C.P.Lond., Senior Assistant Physician, Bethlem Royal Hospital, S.E. 1.
Proposed by Drs. J. G. Porter Phillips, C. Lovell and R. D. Gillespie.

Shera, Arthur Geoffrey, M.A., M.D., M.R.C.S., L.R.C.P.Lond., Pathologist to Princess Alice Hospital, Eastbourne: 10, Upperton Gardens, Eastbourne.
Proposed by Drs. F. R. P. Taylor, J. N. G. Nolan and W. A. Duncan.

Brownlees, Oswald, L.R.C.P.& S.Edin., Assistant Medical Officer, County Mental Hospital, Isle of Wight.
Proposed by Drs. W. J. A. Erskine, J. L. Jackson and R. Worth.

Moulson, Norman, M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, County Mental Hospital, Winwick.
Proposed by Drs. F. M. Rodgers, J. Gifford and J. Ernest Nicole.

Jacob, Frank Harwood, M.D.Lond., F.R.C.P., Hon. Physician, General Hospital, Nottingham: 32, Regent Street, Nottingham.
Proposed by Drs. David Hunter, George L. Brunton and J. B. Tighe.

Rees, Thomas Percy, B.Sc., M.B., B.Ch.Wales, M.R.C.P.Lond., M.R.C.S. Eng., D.P.M., Senior Assistant Medical Officer, Croydon Mental Hospital, Upper Warlingham, Surrey.
Proposed by Drs. H. M. Berncastle, A. O'Neill and H. J. B. Roberts.

Berry, R. J. A., M.D.Edin. and Melb., F.R.C.S.E., F.R.S.E., Professor of Anatomy at the University of Melbourne, and Honorary Psychiatrist, Children's Hospital, Melbourne, Victoria.
Proposed by Drs. C. H. Bond, G. A. Watson and R. Worth.

Levinson, Reuben, M.B., Ch.B.Edin., D.P.H., Assistant Medical Officer, West Ham Mental Hospital, Goodmayes, Essex.
Proposed by Drs. R. M. Macfarlane, G. Somerville and Noel Sergeant.

The General Nursing Councils and Registration of Qualified Mental Nurses.

Prof. George M. Robertson moved the following resolution:

"*Arising out of the Report of the Royal Commission on Lunacy and Mental Disorders (p. 107, para. 102) and in accordance with the recommendation of the Report of the Select Committee on the Registration of Nurses, 1905, para. 22, it is resolved that the Royal Medico-Psychological Association makes every endeavour by negotiation, or failing that, by obtaining the insertion of a provision in any new Lunacy Bill, to secure that the possession of the Certificate of Proficiency in Mental Nursing of the Association entitles the holders thereof (both present and future) to be registered, on payment of the fees, in the Mental*

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" Section of the Registers of Nurses of the General Nursing Councils, and to " enjoy all the privileges of registered mental nurses : this to be without prejudice " to any examination in mental nursing which the General Nursing Councils " may think fit to hold, and to be subject in the future to such supervision and " standard as the General Nursing Councils may think fit to impose, as in the " analogous case of the General Medical Council and medical professional " examinations."

He said : No one has any desire to interfere with the privileges or to lessen the prerogatives of the General Nursing Councils of England, Scotland or Ireland. They have the right to organize examinations and to give certificates to mental nurses as they do to hospital nurses. But, while we have no desire to interfere with their prerogatives, and are actually prepared to increase their powers in certain directions, we do not think that a wise policy has been followed by them in preventing fully trained nurses, who have obtained the certificate of proficiency in mental nursing granted by the Royal Medico-Psychological Association, from being admitted to the State Registers.

It is my considered opinion that the most beneficent work ever done by the Association since it was founded has been the organization of our training and instruction and our Imperial system of examinations for our nursing certificate. There is not time to expand upon this subject, which has been followed by a remarkable revolution in the care of the insane. Forty years ago, at Morningside, under the superintendence of Dr. Clouston, deservedly regarded as one of the most advanced psychiatrists in this country, there was only one nurse in the whole institution who could take a temperature, and when it was taken she could not read the thermometer. Since then, what a revolution has been effected ! and solely by the Association.

Mental nurses were not regarded at that time as members of the nursing profession. Thirty years ago it took me a whole year to find any hospital nurse who would demean herself to take a post in the wards of an asylum, although tempted to do so by a better salary than she would obtain in a hospital. Although mental nursing demands finer mental and moral qualities than are required in hospital nursing, hospital nurses are not yet disposed to regard mental nurses as being on an equality with themselves. Mental nursing is the Cinderella of the nursing profession, and it has a fairy godmother, the Royal Medico-Psychological Association. Under its fostering care, mental nursing has developed as if by magical powers, and when the Nurses' Registration Act was passed in 1919, the matrons of hospitals and hospital nurses received the shock of their lives. They discovered that mental nurses, whom they looked down upon, had for thirty years, under the ægis of the Association, enjoyed the advantages that hospital nurses were to have conferred upon them for the first time, namely, a standardized system of training and registration.

The Registration Act of 1919 was framed as a result of the labours of the Select Committee on the Registration of Nurses of 1905. Following upon their recommendations, General Nursing Councils were established in the three countries, and State Registers of Nurses were created. Till then every hospital was a law unto itself as regards the training and examination of nurses, and one of the first duties that each General Nursing Council had to do was to organize a uniform system for the whole country. Otherwise there would have been a hundred different examinations, with differing standards.

When the General Nursing Councils came to apply the system to mental nursing, they followed the same plan as they had organized for hospital nurses. They had not grasped the fact that a uniform system already existed in the mental nursing service. They created multiplicity and disuniformity.

The Government of the day also failed to appreciate the importance of the Association in this matter. In England there was one representative, in Scotland not a single representative of the Association on the General Nursing Councils. As a result of this failure of representation it is natural to assume that many decisions were taken and many things were done which would not otherwise have been done in regard to mental nursing. The General Nursing Councils adopted the syllabus of training of the Royal Medico-Psychological Association more or less in its entirety ; it introduced examinations resembling those of the Royal Medico-Psychological Association. It undoubtedly made some departures, and a few of these were improvements upon our own system. The Association,

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however, had the wisdom to adjust, from time to time, its training and its examinations, so that they should correspond as closely as possible with those of the General Nursing Council.

Another step was taken through the good offices of the Ministry of Health and of the Board of Control. The claims of the Association for special consideration were brought to the notice of the General Nursing Council for England and Wales. A meeting was held in the Ministry of Health between representatives of these bodies, and, as a result of this, an Advisory Council of six members of the Royal Medico-Psychological Association was set up to co-operate with the Mental Nursing Committee of the General Nursing Council. The privilege was also given to this Advisory Committee to nominate examiners for the General Nursing Councils' examinations. A similar system was adopted in Scotland, and, I believe, also in Ireland.

As a result of all these arrangements, the course of training, the standard of examination, and even the examiners of the two bodies are as nearly identical as they can possibly be. There is practically nothing to choose between them.

In spite of the practical identity of these two courses of training and of these two sets of examinations, the General Nursing Councils have decided that nurses holding the certificate of proficiency in mental nursing of the Association are not entitled to be admitted to the State Register, whereas nurses holding the corresponding certificate of the General Nursing Councils enjoy the privilege. This is an injustice. Our nurses are just as well trained and as competent as those nurses who hold the certificate from the General Nursing Councils, and on the ground of equity they ought to enjoy the same privileges.

This exclusion from the Register is also in direct opposition to one of the specific recommendations of the Select Committee on the Registration of Nurses, which is as follows:

> "22. *The claims for Registration of Mental or Asylum Nurses have been laid before your Committee. They are of opinion that a separate Register of 'Registered Asylum Nurses' should be kept by the Central Body, to which should be admitted the names of nurses who have served for not less than three years (in not more than two asylums), and have received the certificate of the Medico-Psychological Association, and can produce satisfactory certificates of good character.*"

The General Nursing Councils have proceeded, in the teeth of this recommendation, though, as a matter of fact, it is to be surmised that its existence was unknown to most of their members. It is not specifically included in the Nurses' Registration Act of 1919, and it is understood that, when this was pointed out during the passage of the Bill, we were told that it was not necessary to insert it, as the General Nursing Councils would recognize the exceptional position occupied by the Royal Medico-Psychological Association, and would accept its certificate, as intended by the Committee. Unfortunately, this has not been done.

This state of affairs is most unsatisfactory. It is referred to in the Report of the Royal Commission of Lunacy and Mental Disorders, and the Commission expressed the hope that this anomalous position would come to an end. It is, however, much more serious than was ever imagined by the Royal Commission. Owing to these decisions by the General Nursing Councils, the registration of mental nurses on the State Register has become practically a dead letter. This is an injustice to the nurses, it is to the detriment and disadvantage of the public, and it has rendered this portion of the Registration Act an ignominious farce.

Statistics of mental nurses admitted to the State Register in the three countries during the last three years have been obtained, and it is found that the total number thus registered amounts to 126; there were 100 registered in England, 26 in Scotland, none in Ireland. During the last three years—and this does not include our last examination nor nurses from the Dominions—there have been 3,509 nurses who have obtained our certificate and been placed on our Register, *i.e.*, in England 2,723, in Scotland 551, in Ireland 235.

From these statistics it appears that 96·5% of all fully trained British mental nurses are excluded from the Registers of the State. Special permission is given for the inclusion of a mere 3·5% who are not any better trained. An Act of Parliament for the Registration of Mental Nurses has been passed, and owing to this unfortunate decision of the General Nursing Councils, for all practical purposes this Act remains a dead letter.

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It can be asserted with the utmost confidence that the nurses who obtain the certificate of our Association in mental nursing are, on the average, the best nurses of their class in the world. It is an intolerable and a most humiliating act of injustice that these nurses should not be admitted to the State Registers of the country.

Into the causes why the certificate of the Royal Medico-Psychological Association is so popular, and why so few enter for the certificate of the General Nursing Councils, I will not enter in any detail. It is enough to say that the Royal Medico-Psychological Association already supplied all the instruction and other requirements that were necessary for mental nurses before the General Nursing Councils' examinations were started and these were superfluous from the beginning. They also make financial demands on our nurses which they naturally and quite properly object to, for these are greatly in excess of the sums charged by the Royal Medico-Psychological Association. The members of this Association train and examine nurses mostly as a labour of love and from a sense of duty, and we do not demand payment for our efforts. To the costs charged for the General Nursing Council examinations have to be added the expenses connected with travelling to and from their examination centres, which are few as compared to ours. In some districts this may amount to a larger sum than that paid in fees. Whatever may be the explanation, it is obvious these examinations have not "caught on."

Certain privileges are connected with State registration, which, however, are largely illusory, because few first-class hospitals will engage a nurse for two years because she holds the mental certificate. As for male nurses who do not complete their education in general hospitals, there are no advantages at all—and these constitute a considerable proportion of mental nurses.

In conclusion, the Association, I feel certain, has no intention, after thirty-five years, of giving up its own examinations and its own certificate. It is the greatest piece of work done for the care of the insane during the last fifty years. It stands comparison with the work of Pinel and Tuke, of Gardiner Hill and Conolly. The Association may as well break up altogether if its members cease to be interested in the education of the nurses in our mental hospitals and to grant certificates to them.

I have three proposals to make:

Firstly, we should, in every possible way, endeavour to exert pressure to have our nursing certificate accepted, as admitting to the State Register.

In the next place, we should allow our examinations to be inspected by representatives from the General Nursing Councils, and also agree to have the curriculum and standard of examination set by the General Nursing Councils after consultation with us. Our standard is already too high and our examinations are too severe, according to the Royal Commission on Lunacy, and we will suffer no loss by conceding these privileges to the General Nursing Councils. We, as medical men, have to submit to the same supervision by the General Medical Council.

Thirdly, it should be in the power of the General Nursing Councils to strike any nurse of ours off the Register if she were found guilty of infamous conduct in a professional sense.

I consider these questions to be of the utmost importance for the future prosperity of the Association, for the contentment of our mental nurses, and for the welfare of the sick in mind. I trust that the Association will speak on them with no uncertain voice, and, having put its hands to the plough, will not turn back nor shame a former generation that, by its enterprise, organized a magnificent system, the equal of which does not exist in the hospital service, nor in any other country in the world. (Loud applause.)

Lieut.-Col. J. R. Lord seconded the resolution. He said: I am very sensible of the grave responsibility I incur in seconding this resolution, and I should like to explain, at the outset, that I could not have brought myself to vote for the resolution had it ended at "*privileges of mental nurses.*" Such a proposition, by itself, would, I think, be futile. Neither am I very sanguine that the Legislature will be persuaded to mention the Royal Medico-Psychological Association by name; still, that need not prevent us, if it become necessary, from bidding for a legal status in this very important matter. It is the proviso following these words qualifying the main body of the resolution which puts the whole resolution in its proper perspective, making it one I can heartily commend for your

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acceptance. This proviso reads: "*This to be without prejudice to any examination in mental nursing which the General Nursing Councils may think fit to hold, and to be subject in the future to such supervision and standard as the General Nursing Councils may think fit to impose, as in the analogous case of the General Medical Council and medical professional examinations.*"

It is along these lines only, that, in my opinion, a solution of this difficult question is likely to be found.

I do not think I have ever heard this subject debated without somebody asserting that the Association has no policy in regard to it except one of drift. In case anybody present should again be tempted to make this assertion, let me state that the Association has a very definite policy in this matter, which is (1) to co-operate with the General Nursing Councils in the nomination of examiners for their mental nursing certificates and the building up of the syllabus of subjects to be examined in, etc., (2) to continue the Association's certificate of proficiency in mental nursing, (3) to encourage all mental nurses to secure registration in the Mental Nurses' Section of the General Nursing Councils' Registers of Nurses. It is particularly in regard to (3) that we think further and stronger action should be taken.

It is becoming more and more urgent that all mental nurses should be on the State Registers, and we are still of the opinion that the educational machinery of the Association offers the best and most ecomonical portal of entry.

I will deal with the first matter at once. The disabilities of the mental nurse not being registered chiefly affect at the moment the private mental nurse, and the call for the services of this kind of nurse is more likely in the future to increase rather than to diminish if the recommendations of the Royal Commission are embodied in an Act of Parliament. The unregistered mental nurse is already excluded from several of the largest nurses' co-operations and agencies, and this attitude, I am sure, is likely to be adopted by all of them. I was, as President, in correspondence with these bodies, and I did my best for the unregistered qualified mental nurse, but, as reported to the Association, they would not give way on the matter. They said nurses should be considered in the same light as the doctors, and that you would not get doctors' agencies to recognize a medical man who is not on the Medical Register; and so, they said, nursing agencies cannot recognize those nurses who are not on the Nurses' Register. This, of course, will practically cut out entirely the unregistered mental nurse from private work.

An additional diability is foreshadowed in the Bill for the Registration of Nursing Homes, under which provisions the unregistered mental nurse will be excluded from employment in such registered homes. If Clause 9, as it at present stands, of that Bill becomes law, the unregistered nurse will be excluded from an important section of the private mental institutions in England and Wales.

Now as regards nurses employed in public mental hospitals, I believe most, if not all, of the local authorities accept either the Association's or the General Nursing Councils' certificates of proficiency in mental nursing as qualifying for the post of staff-nurse; yet there is no security that this attitude will continue. It seems to me to be inevitable, sooner or later, that the local authorities will insist upon their nurses being registered on the General Nursing Councils' Register. We therefore owe it to the mental nurses that our proficiency certificate should carry with it registration on the State Register. (Applause.) I put it to you that the logic of these facts drives us to the conclusion that the Association must either take steps to secure that its nursing certificate becomes registrable, or, providing it can be done without detriment to the whole mental nursing structure, cease to tempt mental nurses with an unregistrable qualification, and leave the local authorities and the General Nursing Councils to fight the matter out.

I have no doubt that during the course of this debate we shall hear something about the "one-portal" system of entry to registration; we shall be told, I expect, that it is a very great principle, and one which the Association—having been first to adopt it—should support in its larger application. I confess I am not much attracted by the one-portal system, but its value, if any, depends entirely upon its nature and how it is applied. It always appears to me that any one-portal system, based on efficiency, if rigidly carried out, must have more regard to the lowest than to the highest standard of efficiency, and impose a dead level of standard of efficiency, and put out of play the competitive principle. A one

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portal to be of real service should have regard to character, culture and moral values, rather than to professional education, and thus free the latter for competitive evolution and the survival of the most efficient. Such a portal would be the ideal one for entry to the medical and nursing professions.

However, let us grant, for argument's sake, that the one-portal system of entry to the nursing profession as at present understood is a great principle—one to be advocated. Surely, in these Isles there is not one portal only, but four. Are there not four Nursing Councils, each with its own portal? Might they not possibly have different standards? It is this Association alone that affords a complete one-portal system for mental nurses in Great Britain, Ireland, the Colonies and the great Dominions beyond the seas. Besides, the one portal of each of those General Nursing Councils only applies to the Preliminary examination. There is a separate Final examination for every section of the Register. Long ago I suggested this Preliminary examination as a basis of compromise between the General Nursing Councils and the Association. I have always been willing for the General Nursing Councils to conduct, or be responsible for, the preliminary examination of mental nurses, which means that the Association would recognize these preliminary examinations in lieu of its own, and that the General Nursing Councils would accept, in return, the Association's Final examination for registration.

It may be argued against this that the General Nursing Councils cannot legally accept the certificate of another body for registration purposes. Perhaps not according to existing rules. On looking through these Acts of Parliament, I cannot find that there was any difficulty originally. Section 3 (*c*) of the Nurses' Registration Acts, 1919, is the only reference. It does not, it seems to me, compel them to become educational and examining bodies for any or all classes of nurses. Granted that such a difficulty arises, if the Association passes this resolution, we should, in the first place, encourage the General Nursing Councils to have it removed by seeking the necessary alterations from the Legislature, before we invoke the aid of the latter, as indicated in our resolution.

I have also given much thought to the suggestion that the Association should cease to issue a qualifying mental nursing certificate, leaving that to the General Nursing Councils, and institute in its place an Honours certificate. The idea no longer attracts me, having regard to the fate of our M.P.C. There is no doubt that the Universities will, in time, supply this need; in fact the London University and, I think, the Birmingham University also, have already established diplomas in nursing, with mental nursing sections. So our Honours certificate in mental nursing, if established, would be but short-lived.

Then there is the suggestion that our Association should go out of business entirely in this respect, and leave it to the General Nursing Councils. This suggestion is, in my opinion, unbusinesslike, and, if our nursing certificate can become registrable, there is little to be gained, and all to be lost by surrender. If common sense prevails on both sides, such a surrender is unnecessary. I am certain that the solution advanced in this resolution should be attempted first.

I second this resolution in no spirit hostile to the General Nursing Councils. I recognize that the Legislature has called them into existence, and that they have been entrusted by the State with important duties. It is not for me to incite a Royal Association to embarrass State-instituted bodies in the carrying out of what the latter deem to be their legal obligations, but it is to be remembered that we, as an Association, also have our obligations—obligations which, in a sense, transcend all legal enactments—namely, those we owe to humanity, not the least of which is to secure the skilful and kindly nursing of its most despised section, the mentally afflicted.

We feel that, as a body, we can ensure this better than the State can acting alone. We inaugurated, and have evolved, an efficient service in this respect—not perfect, but always advancing and improving. We offer co-operation, not hostility, and we think that the State should accept that co-operation. Under the exceptional circumstances prevailing as regards the nursing of the great mass of the mentally afflicted, this is called for in the interests of mental patients, of the mental nurses, and of the mental institutions.

In the past we have done, and we continue to do, this work conveniently and economically. Most of it is voluntary labour, and any monetary gains made by the Association go to a worthy cause, namely, the progress of psychiatry.

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The State can only do this at great cost to the candidates and considerable inconvenience to many of the mental institutions. In no way do our proposals detract from the idea of the one-portal system, whichever way it is regarded. The Association's certificate maintains a one-portal system for the mental nurse, in an Imperial sense, and if the certificate becomes registrable, the mental nurse passes through the single portal for all nurses of either England, Scotland or Ireland. Neither is there any need for the General Nursing Councils to discontinue their mental nursing examinations, for there may be areas and circumstances where this work can be done by them more conveniently than by the Association. That, of course, is a matter for the General Nursing Councils to decide.

We do not wish the mental nurse to stand apart from her sisters in other branches of nursing, but to continue to be worthy of equality with them. We have no desire that the examinations in her case should be less stringent, but we wish them to be appropriate and adequate for the purpose, and put her and the mental hospitals to the least cost and inconvenience. The resolution, we believe, will, if acted on, secure this; it is a gesture towards the general body of nurses and the General Nursing Councils, not away from them. Let us be quite clear on this point. Anybody who reads the proviso carefully will see we are offering a good deal to the General Nursing Councils. We suggest that we should co-operate with them and they co-operate with us, and that our examinations, should be subject to such provisions and modifications as may be from time to time agreed upon between these two bodies. In practice it will mean in due course that the mental nurse, aspiring to be a registered nurse *vid* the Association, will need to pass the Preliminary examination, or one of the same standard or nature, of the General Nursing Council, and a Final examination of a standard and nature largely, but not absolutely, determined by the only body really capable of doing this, namely, our Association.

In conclusion, let me state that I consider it is our rightful heritage that we should continue to have chief say in the training and examination of mental nurses, but, should we be dispossessed of this, or come to surrender it, our history and traditions demand that we should not, as it were, "sulk in our tents," but continue our efforts to raise the standard of mental nursing and the status of mental nurses, and, as individuals, give those loyal services to the bodies which succeed us, just as ungrudgingly as, in the past, we have given them to our Association; and, as an Association, keep a watchful eye on what is being done in these matters, and give such assistance and make such representations as circumstances seem to demand. In no direction and under no circumstances can our Association neglect its obligations in regard to the care and treatment of the mentally afflicted and at the same time remain true to those great principles and ideals for which the Association has stood for these past eighty-six years. I have much pleasure in seconding the resolution. (Loud applause.)

The PRESIDENT, before asking the meeting to debate the resolution, requested that any amendments which might be forthcoming should be handed to the chair in writing.

Dr. NOEL SERGEANT asked the President if Prof. Robertson would be good enough to repeat his three definite proposals.

Prof. ROBERTSON obliged.

Dr. H. WOLSELEY-LEWIS said he had tabled what he considered was an amendment to Prof. Robertson's resolution, and which had been circulated. ["*It is undesirable that the Royal Medico-Psychological Association should make any gesture tending to dissociate the mental nurse from the general body of the nursing profession.*"]

The PRESIDENT said that in his opinion Dr. Wolseley-Lewis's amendment was a distinct resolution, not an amendment of the resolution before the meeting. The latter must be dealt with first.

Dr. R. EAGER said he had intended to second the words just referred to by Dr. Wolseley-Lewis. After what the President had decided, it would be of no use for anyone else to get up and speak on this aspect of the question if the meeting expressed itself in favour of the resolution proposed by Prof. Robertson.

Dr. D. K. HENDERSON asked whether the following words would be accepted by the President as an amendment: "*There should be no change in the examinations now conducted by the General Nursing Council, and that only nurses passing the General Nursing examination be allowed on the Register.*"

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Dr. R. EAGER said he also had sent in an amendment to the General Secretary. [" *That further extended trial be given to the working of both the Royal Medico-Psychological Association's and the General Nursing Councils' examinations, and that every encouragement be given to nurses in mental hospitals taking the State examination, so as to gain admission to the State Register.*"]* But when he saw what Dr. Wolseley-Lewis intended to propose he withdrew it and decided to second the latter.

The PRESIDENT declared Dr. Henderson's proposals to be an amendment, and that they had already been submitted in writing, and he asked him to proceed.

Dr. HENDERSON said this discussion was of extreme importance, as the Association must decide on a definite policy now, so as to avoid difficulty and trouble in the future.

Before speaking directly to his amendment, he wished to offer a comment regarding the preliminary letter, dated October 28, which had been sent out on this question by the General Secretary. This letter was received only by some of the members, and others—who might have wished to take part in the discussion—had remained in ignorance that this matter would be discussed until they received the agenda. Also, considering the importance of the topic, it did not seem fair to limit the discussion to a period of ten minutes, especially as the speeches of the opener and seconder were of considerable length. Ten minutes did not allow for anything like a full presentation of the various *pros* and *cons*.

He felt that the examinations held by the General Nursing Councils should be accepted by this Association. The work done in the past by the Medico-Psychological Association in regard to the training and examination of mental nurses had been excellent; it was work which, as Prof. Robertson truly said, was on a par with that of Pinel and other pioneers in psychiatry. Though he valued highly the examination conducted by the Association, yet the system of examinations conducted by the General Nursing Councils was, it seemed to him, a better system, and would lead not only to uniformity, but also to a higher status of mental nurse. On that account members should be willing to put to one side their sentimental attachment to the work carried on for so many years by the Association, if they felt that greater benefit would accrue to the nurses from the new system. The welfare of the nurse should be the foremost consideration. The General Nursing Councils' system meant to him definite uniformity, and the mental nurse would not be differentiated in any way from any other nurse throughout the country. It was a step that would increase the self-respect of the mental nurse, and would lead to her betterment. The question of fees should not be brought into such a discussion; it was a far higher and bigger question than that.

It seemed to him that the proposer and seconder of the resolution seriously weakened their position when they stated they were willing to have the Royal Medico-Psychological Association examinations subject to the supervision and standards the General Nursing Councils might think fit to impose, and then stated that such an arrangement was analogous to the situation which existed between the General Medical Council and medical professional examinations. He did not consider this a true analogy, because he did not see how the General Nursing Council could establish adequate supervision while the examination, in reality, was still in the hands of the Royal Medico-Psychological Association. Such an arrangement would inevitably lead to friction and discord.

A truer basis of comparison is the position which exists regarding the examinations for the certificate of the Association and the present diploma in psychiatry. It is well known that in recent years Assistant Medical Officers in mental hospitals have not thought it worth while to take the certificate because they found it was of no particular help or benefit to them. This was recognized, and certain universities substituted a Diploma in Psychiatry which has set a better and higher standard. In this matter, therefore, the Association has largely ceased its activities,

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[* At the Annual Meeting in Birmingham, 1925, it was resolved that every mental institution should be circularized, recommending that nurses should enter for the Association's Preliminary examination at the end of their first year of study, and during their second year to enter for the First examination of the General Nursing Council, as this would enable them to take either or both Final examinations, and obtain a certificate in general nursing with least delay and difficulty.—EDS.]

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because a better degree has been introduced. It is important to realize that the first part of the examination for the Diploma in Psychiatry is conducted by examiners, many of whom are not members of the Association. There is hardly any doubt that the standard of medical officers has been greatly improved by the establishment of this diploma. He thought that if the Association now accepted another system of examination of nurses controlled by a central body, with a uniform standard of conducting the examinations, and the examiners not necessarily attached to a mental hospital, then the nurse herself would feel that she was getting a better examination than under the Association's system.

In brief, those were the reasons he put forward for saying it was a better policy to accept the standards laid down by the General Nursing Councils, rather than to continue training nurses under the Royal Medico-Psychological Association. (Applause.)

Dr. H. WOLSELEY-LEWIS said he would have pleasure in abandoning the resolution sent in his name, and seconding Dr. Henderson's, if that could be allowed.

Permission having been granted by the meeting, Dr. Wolseley-Lewis said he had listened with interest to the remarks of Prof. Robertson and Lieut.-Col. Lord, but there was nothing in those remarks to dissuade him from seconding Dr. Henderson's resolution.

He wished to recall to the senior members of the Association the "good old days," when a great deal of time was spent in the little room at Chandos Street discussing the earlier editions of the Nurses' Registration Bills. What was the position of the Association then? Their anxiety was to get the "asylum attendant," as he was then called, recognized at all; those attendants were so little removed, in the public mind, from the old-time "keeper," that they were entirely ignored by the nursing profession; they were grouped by the public with prison warders and policemen. In fact in the first two Nurses' Registration Bills they were not mentioned at all. Owing to the very praiseworthy efforts of this Association, they did at last gain a place in the sun, and ultimately were included in the Nurses' Registration Acts of 1919, on special Supplementary Registers. It had, however, been considered by the nursing profession as a whole as something of a concession that the asylum attendant was included in these Acts at all. In due course the General Nursing Councils were established, and in the natural order of things they had to consider the question of examinations. Something had already been said about the one-portal system, and he would like to read to the meeting a letter he wrote to the then Chairman of the General Nursing Council for England and Wales, Mr. Priestley, in August, 1921:

"*As Chairman of the Parliamentary Committee of the Medico-Psychological Association, I took an active part in the promotion of the Bill for the Registration of Nurses, and being the physician in charge of one of the largest public Mental Hospitals in the country, I am naturally interested in what is to be the future status of the mental nurse.*

"*I understand that the question as to whether there should be two examinations or one is not yet finally settled for England, but I have seen the syllabus for the first examination to be passed at the end of* 18 *months for Scottish nurses, and in my opinion it would be advantageous to have a preliminary examination to cover the minimum knowledge that any nurse on the Register or Supplementary Registers of England should be required to possess.*

"*In he interests of the nursing profession as a whole, I would urge that the education and training for this preliminary examination could be taken at any hospital recognized by the Nursing Council, whether General, Mental, Fever or Children's; and that the period of training so spent should be reciprocal between any of these institutions.*

"*To place all forms of training on an equality would do away with petty jealousies between one class of nurse and another, and would tend to do what, after all, was the main object of the Nurses' Registration Act, viz., give every nurse a national qualification and status.*"

It seemed that at first the General Nursing Council did not see eye to eye with him, and the speaker remembered the expression he used when they spoke of the mental nurse being a creature apart, which was, "Am I to conclude, then, that you are prepared to slam the door in the face of the mental nurse?" The Chairman said he would not like to go as far as that, but that a conference of nursing authorities was about to take place, and it would be open to him, Dr. Wolseley-Lewis, to attend and state his case. As a result of doing so, two examinations were

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established, the first to be obligatory for all nurses, and thus a common portal of entrance to the nursing profession came about. This was a matter of very great importance to the mental nurse. It had been suggested that the standard of the first examination was too high, but he would like to say that since the General Nursing Council established the examination, his institution had sent up 81 candidates, of whom 51 had passed, an average of 63%, which, though not as good as he hoped it would be in the future, could not be regarded as a bad start. At any rate it was better to bring the nurses up to the standard than to reduce the standard to the level of the nurses. He had been associated with mental hospitals sufficiently long to have seen the enormous improvement which had taken place in the personnel of the nursing staffs; but still more striking was the favourable attitude, the more tolerant attitude, of the nursing profession generally, and the growing appreciation of the mental nurse by her sisters in other branches of the profession. In support of that statement he would refer to the editorial in *The Nursing Times* of October 28, and a letter from Miss Cowlin, Education Officer for the College of Nursing, dated September 23 last, to a member of his staff:

"*The subject you suggest is excellent, and I am exceedingly grateful to you. I know, however, you will not omit to stress the importance of mental nursing becoming a part of the general nurse's training, and I think you might urge how valuable it would be now for the general trained nurse to supplement her training with a certain amount of experience in a mental hospital.*"

Mediæval ideas with regard to mental nursing were disappearing; the prejudice against the mental nurse was fading away. He was getting an ever-increasing number of secondary school girls as probationers. Princess Mary was taking an interest in mental nursing, and opened the new training school at Barming early last summer. The King, in his Birthday list of honours, recognized mental nurses for the first time. A special board to represent mental nurses was established at the International Nursing Conference at Geneva in July; the universities of London and Birmingham had instituted a diploma in mental nursing; and in America and in most European countries the mental nurse now had a status equal to that of her sisters in other branches. In a word, the mental nurse was emerging from the shadows, and he did not doubt that, in due course, she would take the position which was rightly hers in the full light of day, just as the general nurse did seventy years ago.

He appealed to the younger members of the Association, the superintendents of to-morrow, not to do anything which would tend to lower the status of the mental nurse, not to do anything which would hamper her evolution, not to do anything which would retard her progress towards the place which, he believed, destiny had reserved for her, at the head of the nursing profession. After all, she was the partner of the members of this Association in the treatment of mental diseases, and in relation to no disease, perhaps, was such a partnership of greater importance. Whatever methods of treatment members of the Association might adopt in their work, it was the nurse who carried them out; the doctor might call the tune, but it was the nurse who played it. He invited members to read again the resolution proposed by Prof. Robertson; its very length condemned it! It was full of alternatives and excuses! They knew the motto: "Qui s'excuse, s'accuse." In his opinion, if this resolution was passed to-day it would be a blot on the escutcheon of this Royal Association, which the tears of a generation of mental nurses would not wash out.

Dr. R. EAGER said he was pleased to support Dr. Henderson's amendment. He hoped he would not be understood to disparage in any way the Association's nursing examinations, as he had the greatest respect for them. But it was necessary to advance with the times. He did not see why the course of events should not be allowed to continue uninterrupted until a solution of the problem emerged of itself. He did not know why it was said—"We cannot go on running these two examinations." If a nurse did not choose to raise herself and her status, there was no reason why she should go in for the General Nursing Councils' examinations. Let nurses enter for whichever of these examinations they wished to. The General Nursing Council had included mental nursing in their registration scheme, and the speaker considered that this was sufficient recognition of the work the Association had been doing. The new body honoured the Association by accepting its syllabus and course of training practically as it stood, except for a few minor details. The General Nursing Councils' recognition of the mental

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nurse had raised her status, had given her a definite chance to stand on the same footing as the general hospital nurse. She had now an opportunity, which she never enjoyed before, of entering for the same preliminary examination as the general hospital nurse, and if she now wished to go on to general hospital training on passing that examination, she could not in the future have the finger of scorn pointed at her and told that she came from an inferior class. By adopting Prof. Robertson's resolution, the Association would be taking away from the mental nurse the only argument of weight she had in her claim for equality with the general hospital nurse. If she had to confess she had passed only a substitute examination. she would thereby be considered to be an inferior person. In Devon, the committees of the county mental hospitals and the local general hospital at Exeter had come to an arrangement whereby the mental hospital nurses, provided they had the General Nursing Council's certificate in mental nursing, could go to the general hospital for two years' training and pass the State general nursing examination and thereby be doubly qualified and registered as general as well as mental hospital nurses.

Prof. Robertson's resolution would, if carried, imperil those privileges.

The National Asylum Workers' Union were asking the Association to give them a lead in this matter. The President of that body stated very definitely at its last annual meeting that nurses should be encouraged to take the General Nursing Councils' examinations. He hoped the Association would not lead them astray.

He had other points, had time permitted, to advance in support of his views. This was not a matter of personal interests, or whether one examination meant more trouble or more preparation or presented more difficulties than the other or whether they could continue both examinations, or whether one should be given up. The only question was, what was best for the mental nurse. Were members of the Association at that meeting going to advise her to take a course which would raise her status? Status had far-reaching effects according to whether it was raised or lowered. He therefore appealed to his hearers to give this resolution serious consideration before casting a vote in its favour. He urged them, in the strongest possible terms, to support the amendment, and not to adopt a course which, in his opinion, would lower the status of the mental hospital nurse. Rather than do that, matters should be allowed to continue as at present. (Applause).

Dr. HENRY YELLOWLEES supported the resolution, and wished to speak to it from a point of view which had not been sufficiently stressed. He would put before the meeting facts, rather than expressions of opinion. The first was that he was one of those who told Dr. Eager he would not continue to run two examinations much longer, and he would now repeat that statement, and he did not seek to defend it. It was also true that the majority of mental hospitals would not continue to hold two examinations which were independent of each other. Many mental hospitals had never made the attempt, while many more had made it, but had given it up. A certain proportion were still wearily carrying on, saying "How long, O Lord, how long?" The fence was becoming uncomfortably crowded, and those concerned were faced with a choice of two alternatives. Granted that they would not go on indefinitely with two examinations, they were faced with adopting an examination which would give mental nurses a higher status, namely, admission to the State Register—and, incidentally, killing their own Association's examinations—or taking the second alternative, that of sticking to the latter, which would be regarded by the general public as a lower nursing qualification. It seemed to him to be obvious that the resolution of Prof. Robertson offered almost the only hope of a way of escape from an exceedingly difficult position. If this resolution should be carried, one of two things must follow, and whichever followed, members would at least know where they stood—a consummation devoutly to be wished.

The General Nursing Council might, and he hoped they would, accept the Association's examination, subject to such control, guidance and directing care as they might think fit to impose. And if they did that, he could not understand why any body of opinion should have cause of complaint. (Applause.) He failed to see what bearing such a happening would have upon the relation of the general nurse to the mental nurse, and he did not see how it would increase the divorce, if divorce existed, of the general nurse from her sister, the mental nurse. But if there were people who held that view, their remedy was easy; let them cling

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to the General Nursing Councils' examination. There might be people who thought their recognition of the Association's examination was too tardy, or their blessing too qualified, to make a dignified co-operation. It was possible that the General Nursing Councils might prove obdurate and might tell the Association to mind its own business. As he had said, the situation would then remain as it was, with the added consolation that members knew it, and, as an Association, they were faced with the need to decide which murder they would commit. Should they kill their own examination, or should they kill the status of their own nurses? He wanted to say that if before having to face this slaughter they had the consciousness they had at least made a gesture and approached the Council, that would be one thing which had changed it from murder to justifiable homicide. He hoped, very earnestly, that this resolution would be passed. He did not pretend to care tremendously for some of the details of expression, still less did he think that the hint or threat of a brand-new Act of Parliament was likely to influence the General Nursing Councils—at least in the direction desired. But those were small matters. The essence of the resolution was that it was the one way of escape from a grave difficulty. His quarrel with the resolution was that he feared it was too late. The essence of it was a matter which he had, in a humble way, attempted to bring to the notice of members for three and a half years. But "better late than never." He took for his comfort the recollection that many strange things had happened before at the eleventh hour. He hoped the *rapprochement* would be one more to add to the list, and that the passing of this resolution would be the first step towards that end. (Loud applause.)

Dr. A. A. W. PETRIE said all members of the Association wanted their nurses to be both trained and registered. What stood in the way of the latter at the present time was the cost of the General Nursing Councils' examinations. If, by negotiation, the Final examination could be got into the hands of the Association, or the General Nursing Council could provide a rather more suitable preliminary examination, he thought their object would have been achieved; they would have their nurses not only educated and trained, but registered. And as the great bulk of the mental nurses were concerned with members of this Association, the position of the Association was an important one, which possibly the General Nursing Council might consider. He had heard that the General Nursing Council expressed the opinion that they had no power to accept other examinations in lieu of their own for registration purposes, and until they obtained powers they would not be able to accept that Association's co-operation.

But Prof. Robertson's resolution opened the way to negotiation. Like most members, he wanted to see the mental nurse brought more into the general fold.

He did not think the M.P.C. and the D.P.M. comparison was a good one; it was rather an example of a better diploma winning its way through, despite its not being registrable. If there was to be special legislation regarding the nursing certificate, the D.P.M. might be advanced to a registrable position, and a status obtained for its holders as was held by holders of the D.P.H.

But the first object should be to negotiate. The problem was largely a question of cost. This depended greatly on the method of conducting the examination. What made the General Nursing Council examination so expensive was having neutral examiners for the oral examinations, and if the Royal Medico-Psychological Association appoints neutral examiners, their examination would be more costly. But he felt that negotiation might lead to what the bulk of the members of the Association desired, namely, that the Preliminary examination should be common to all, and that the Association should be allowed considerable control in regard to the Final examination. (Applause.)

Dr. W. J. T. KIMBER said he did not think a charge of being swayed by sentimental reasons should be made against the members supporting Prof. Robertson's resolution. The mental nurse was the superintendent's partner, as Dr. Wolseley-Lewis had already said, and a very small number of mental nurses took the State certificate, while large numbers took the Association's certificate. It looked as if very few of the mental nurses in the country would be registered at all, and superintendents would be working with people without the recognition they ought to have; it would be almost like "covering" unqualified practice. Such a state of affairs ought not to exist.

Dr. Wolseley-Lewis had also said that the mental nurse was now emerging from the shackles in which she had been held in the past, implying that the

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liberation was due to the State examinations. Statistics, however, did not support that; it was due to the efforts of the Association. (Applause.) The mental nurse was improving greatly, and he did not think the mere fact that State registration had been in existence a few years had had a great deal to do with it. All were out for the benefit of the nurse, and members wanted a registered nurse with whom to work. (Applause.)

Dr. BEDFORD PIERCE said he felt it his duty to support the amendment and vote against the resolution. In the first place this was a meeting of medical men, and in his opinion it was undesirable that doctors alone should decide important matters affecting the welfare of nurses. If the Association had nurses as associate members so that nurses and matrons were members of its Education Committee, more might be said for Prof. Robertson's resolution. He felt it was an anomaly —doctors to legislate in this way on matters affecting the nursing profession.

A somewhat fantastic psychological analogy would illustrate this point. This Association has done wonderful work for the training of mental nurses, but it was in danger of being like a mother who objects to her child growing up. Having carefully nurtured it for years she does not feel able to trust it to be independent. We know that disaster is to be expected. Either a mother-fixation keeps the child at home and he never grows up, or the child goes his own way and loses respect for his parent.

He felt that in mental hospitals generally the nursing profession should carry more weight, that the ward sisters should have more authority and the matrons be more independent, so that the status of the nurse should more closely approximate to that in the general hospital.

With reference to the suggestion that the General Nursing Council should supervise the Royal Medico-Psychological Association in the conduct of its examinations, he did not think it likely that a body of doctors would consent to be dictated to by nurses in such a matter. For instance, was it likely that the General Nursing Councils would be able to remove examiners appointed by the Association if in its judgment it became necessary?

Regarding the Preliminary examination, did Col. Lord mean that in future the Preliminary examination should be handed over to the General Nursing Councils and that the Royal Medico-Psychological Association should only be concerned with the Final? He did not understand whether the proposer of the resolution agreed with this. He himself supported Dr. Wolseley-Lewis in the importance of the Preliminary examination being the same for all nurses; that there should be this common ground of training in anatomy, physiology, hygiene and sick nursing for all, whether training for the general register, or the supplementary registers for fever nurses, or mental nurses, or for the nursing of sick children.

At a conference in the early days of the General Nursing Council of England he had advocated this common ground of training, and he felt it extremely important that mental nurses should share in this.

He considered it unfortunate that, if the Royal Medico-Psychological Association objected to the policy of the General Nursing Councils in conducting their own examinations for the registration of nurses, it had not protested before.

Six years ago the Association was fully informed of the policy of the General Nursing Councils, and two years later were aware that its rules were submitted to the Minister of Health and laid on the table of the House of Commons, and yet the Association made no protest.

Before concluding he would like to mention another point. This question of examination is but a small part of the work of the Association. All this fuss is being made about the examination, but the real work lies in the training of nurses.

It is well known that examinations are inadequate as a test of proficiency, and this is particularly so in regard to mental nursing.

Come what may, the Association would continue the training, and he considered that its examinations should be continued for the many nurses who did not wish to be registered, but that the examination for registration be left to the General Nursing Councils. (Applause.)

Dr. H. J. NORMAN said that most people favoured a spirit of compromise, and though members might feel that State registration was the goal to be worked for in the hope of eventual achievement, the suggestion contained in Prof. Robertson's resolution was one which might tide the Association over. There would then be

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time to look round, and in the process of years to come the General Nursing Councils standard could be approximated to; it had been done in other educational spheres. He was sure the resolution had not been brought forward in any spirit of animosity. There was no difference of opinion among members as to the value of the nurse's work; they realized what improvements had taken place, and part of the credit for that they could take to themselves. If there was to be a satisfactory solution, this, he felt sure, was the way to achieve it. It might not be many years before it was completed. At the present time it was a mere matter of examination fees—that was the crucial point; the nurse found the question of the expense a difficult one; it was not so much a question of the standard of examination. He favoured this attempt to compromise. (Applause.)

Dr. J. G. SOUTAR said it seemed that Dr. Bedford Pierce imagined that on this question the Association had had no policy, beyond accepting that of the General Nursing Council. That was not so. From the commencement of these negotiations there was a party in the Association who claimed that the Association's examination should be the one to qualify the nurse for admission on the State register. He wished to enter a protest against the suggestion that the Association had been altogether remiss in this matter. Had the Association from the first urged with determination the sufficiency of the Association's examination for nurses' registration, they would probably have won the day. But there was capitulation. That, however, was no reason why, at the eleventh hour, a stand should not be made; and he thought a successful stand could now be made on the basis of Prof. Robertson's resolution. (Applause.)

Dr. DONALD ROSS wished to support Prof. Robertson's resolution. He thought both sides in this matter were really striving, in the main, after the same thing. Various appeals had been made, *ad misericordiam*, not to do anything to harm the nurses. He did not think any harm would be done them; their status was largely in the hands of the Association. In his view the improvement in the status of the nurse was not due to this State registration. Was not the status of the doctor improving? The general public was now learning more, and, from a variety of causes, the mental nurses' hospital work had come more into the open, and the public had begun to realize what those engaged in mental hospitals had done and were doing. He did not agree with the remark made by Dr. Bedford Pierce that the Association in the past had made no protest.

Dr. Bedford Pierce also protested against a meeting of doctors deciding on a matter which concerned nurses; there was much to be said for that, but, after all, was it the medical students who decided about professional training and examinations? No.

Dr. Yellowlees had spoken of the difficulty of running two examinations. What was really meant was the difficulty of preparing candidates for two examinations. At his institution there had been no candidates for the General Nursing Council examination; but if anyone had wished to enter for it, they would have had the same training. One speaker thought this resolution was too late, but he, the speaker, did not agree with that view; in fact he regarded the present moment as opportune. At first the work of the Association in this matter was not well understood by those who laid down General Nursing Councils' rules and regulations. The General Nursing Councils now knew more about the Association, and understood it better, and so, it was to be assumed, they would be more ready to meet the Association; indeed General Nursing Councils might welcome this approach.

Dr. Eager seemed to assume that the General Nursing Councils' examination was of a higher standard than the Association's, but he did not agree with that either; he thought it had been the aim of the General Nursing Councils to make it more or less the same. Neither did he agree that the status of the nurses would suffer if the object of the resolution was attained.

The question of one portal for nurses had been stressed, but there were four possible portals under the General Nursing Council Acts. The Association, however, had an Imperial portal, covering Great Britain, the Dominions and the Colonies, and it had behind it the opinion of the 1905 Select Committee. Some of the remarks in the Report of the Royal Commission on Lunacy and Mental Disorder could be quoted in support of this resolution. Now the Association had a Royal Charter, it had a greater claim for recognition. (Applause).

Dr. NOEL SERGEANT said he thought Prof. Robertson's resolution represented the only concrete proposals for action; and no speaker had pointed out anything

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inherently evil in them. The chances of success with the General Nursing Council would be enormously increased if there were greater unanimity among members of the Association on the subject.

Dr. G. W. SMITH said he wished to support Prof. Robertson's resolution. The comparative figures of the nurses entering for the State registration examination and the Association's examination spoke for themselves. He had no information or explanation as to why there should be such a wide discrepancy between the figures. He had a fear that the State examination had not been accorded the support it should have had throughout the country. It was his feeling that Prof. Robertson's resolution was going to break down the barrier existing—sentimental, defensive and otherwise—to entrance to this examination. The Association was evidently hostile to the machinery of the General Nursing Councils' examination. There were many practical difficulties in the way of conducting the latter examinations, and he believed none had been removed, nor had any attempt been made to ocercome them. If the Association now passed Prof. Robertson's resolution, he thought those difficulties would be in the way of being solved. Having offered the Association's machinery to the General Nursing Councils, he thought that, without lowering the standard in any way, the Nursing Councils would gratefully accept this machinery, and thus the *impasse* might be removed. (Applause.)

Dr. W. F. MENZIES said that after listening to most of the debates which had been held by this Association for 39 years, he could say that he had never heard more charming speeches than those delivered by the proposer and seconder of the resolution. They were maintained at a very high level, and dealt with principles rather than with details. But, however much one sympathized with their object, he thought it was necessary to mention a few details now and again. He referred to the details in regard to which the Association's examination fell short of the State examination.

It was said that the Association's examination was too difficult. That might be, but the difficulty lay in the medical, theoretical or written part. Their examination fell short of the State examination in the practical details of nursing. *i.e.*, in the bedside work.

The second point concerned a live register. If the Association had had a live register, he would have been glad to support Prof. Robertson's resolution; but how could members take steps to ask the General Nursing Council to accept the Association's examination when it had no live register? It would be easy to have one; there was no need to charge a fee; a notice could be sent round each year, and after replies had been received, those who did not reply could be crossed off the register. And if in addition lines of approach nearer to the Nursing Councils' examination could be established, two difficulties would have been removed from the Association's examination. It has been said that those who were twenty years ahead of public opinion were cranks; those who were five years ahead made their fortune. He, the speaker, was a crank. As far back as 1888 he suggested areas for the nursing examination so as to avoid the teacher being the examiner. That had been partly met by establishing general examiners, but much still remained to be done in regard to the oral and practical part of the examination. Their nurses did not always get enough sick-nursing training in the mental hospitals, therefore he would like to see nurse coadjutors limited to doubly-qualified nurses only.

He had been on the Education Committee of the Association practically all his official life, and had always tried to work for the good of the Association, especially in the matter of the training and examination of mental nurses, and he would have liked to see what he had referred to carried out. If these arrangements had been in existence to-day, he could have supported Prof. Robertson's resolution; as matters were, however, that was impossible.

Dr. C. W. FORSYTH supported Prof. Robertson's resolution, and expressed his disagreement with Dr. Menzies' statement that the nursing part of the Association's examination was not equal to that of the General Nursing Council. Nurse-examiners assured him that the examination of the Royal Medico-Psychological Association was as stiff as that of the General Nursing Council, and that the candidates were as efficient.

Prof. ROBERTSON, in reply, said he would first wish to express his very great pleasure at the reception which had been accorded this subject at the hands of

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the Association, and the pleasant way in which it had been discussed by all the speakers.

The speech which interested him most was that of Dr. Bedford Pierce, who had had such a long connection with the nursing side of the specialty; he was one of the two representative members of the Association of psychiatry on the General Nursing Council of England and Wales. Scotland had no representative on its General Nursing Committee at all.

Dr. Bedford Pierce said in his speech that it was not quite proper that questions concerning nursing should be decided upon by a meeting consisting of doctors only, and that nurses ought to be present. He, Prof. Robertson, agreed that nurses should be more represented on the Educational Committee of this Association than they had been so far, but it was known that nurse examiners had been added to the list of examiners of the Association for some time. He would point out to Dr. Bedford Pierce that the subject had been in the hands of nurses in the General Nursing Councils, who were practically all general hospital nurses, and who not only had no interest in mental hospitals, but looked down on mental nurses. Therefore the state of affairs on the General Nursing Councils was much worse than if they had consisted of doctors.

Dr. Bedford Pierce also thought it unfair that the General Nursing Councils should be attacked at this late stage. The speaker's reply to that was that there had been no attack on the General Nursing Councils. The Association had no desire to interfere with the privileges or lessen the prerogatives of the General Nursing Councils of England, Scotland or Ireland; it was the intention of the resolution that their powers should be extended, and that they should have the right of inspecting the Association's examinations and collaborating with the Association as to the basis of its examinations. It seemed, therefore, a rather unfair statement on the part of Dr. Bedford Pierce after this Association had allowed the General Nursing Councils to have "a fair field and no favour." It was said by some that the nurses' position must be considered. He, Prof. Robertson, wished to put the point forward that 3,500 nurses during the last three years had gained the certificate of the Association but were not on the State register, and in a couple of months there would be 5,000 of them in the same position. What was to happen to them? The Association had great interest in those they had trained; it was for them that something was required to be done, and it was only when it was discovered that only 126 mental nurses had got on to the State register in three years, as against 3,500 who held the Association's nursing certificate and who had been debarred from that register during the same period, that it was felt, even at this eleventh hour, that something should be done in the way of the Association holding out the hand of friendship to the General Nursing Councils to see if they would co-operate with them and so help to overcome the deplorable injustice *impasse* that had arisen.

And there was another point of very great importance. Dr. Eager had laid great stress on the Preliminary examination, stating that there should be identity as to that for the mental nurses and the general hospital nurses, and Dr. Bedford Pierce referred to the same matter, remarking that it would be a great thing if there could be some common ground, indicating this Preliminary examination. He, the speaker, had no objection to this being done, and he thought there were no insuperable difficulties in the way of it. The Preliminary Examination of the General Nursing Council of Scotland was already recognized by the Association. If the two bodies would approach the matter in a reasonable way, in the spirit of give and take, most, if not all the difficulties would be overcome. Therefore he appealed to the Association, in view of this state of affairs, to pass this resolution, seeing that at the present time the State Register was, for mental nurses, practically a dead letter.

Before he sat down he, Prof. Robertson, would like to refer to another point in Dr. Eager's speech. Dr. Eager told us that the National Asylum Workers' Union desired a lead from the Association on this matter, and that the President of the Union at its last annual conference stated very definitely that mental nurses be encouraged to take the General Nursing Councils' certificate, but Dr. Eager, in his anxiety to support his amendment, omitted to say that the President failed to take his hearers with him, and that the Conference* passed a resolution "That

* Vide *Journ. Ment. Sci.*, October, 1927, p. 774.

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pressure be brought to bear upon the General Nursing Councils to accept holders of the Royal Medico-Psychological certificate on payment of a registration fee," and further that a resolution in favour of advising nurses to obtain the State mental nursing certificate irrespective of obtaining the Royal Medico-Psychological nursing certificate was lost. (Loud applause.)

The PRESIDENT said that before he put the resolution to the meeting he had some announcements to make. He had been asked by Mr. Feldon, of the Mental Hospitals Association, to read to the meeting the following resolution, which had been passed by that Association:

> *"The Mental Hospitals Association has resolved to support strongly the Royal Medico-Psychological Association in any efforts they may make to obtain recognition of their examination as a portal to State Registration."* (Applause.)

The President went on to say that the General Secretary had received many apologies from members who found themselves unable to be present. He regretted there was no time to read the letters.

The President then put the resolution to the meeting, and on a show of hands being taken 49 voted for and 13 against the resolution. He declared the resolution carried by a majority of 36 out of 62 votes. (Loud applause.)

Dr. H. YELLOWLEES expressed a hope that there would be no delay in taking action and asked what the procedure would be.

The PRESIDENT assured the meeting that the Council would take action forthwith.

The meeting then terminated.

As there was no time to read to the meeting letters from members unable to attend, a synopsis of these letters is added:

Dr. H. de M. Alexander: *"I am entirely in sympathy with the resolution."*

Dr. John Bain: *"I am in entire agreement with the resolution as it stands."*

Dr. G. N. Bartlett: *"I am in agreement with the resolution, and hope it will be carried as it stands."*

Dr. P. W. Bedford: *"I am strongly in favour of the resolution to be proposed by Prof. Robertson and would like to register my vote in support of it."*

Dr. Lewis C. Bruce: *"I am in favour of the resolution."*

Dr. Henry Carre: *"I wish to inform you that I am entirely in agreement with the resolution."*

Dr. Geoffrey Clarke: *"I am in favour of the resolution as it stands."*

Dr. M. A. Collins: *"I am entirely in favour of the proposed resolution."*

Dr. T. M. Davie: *"I am in entire agreement with the resolution."*

Dr. J. Francis Dickson: *"I am afraid it is useless to put this matter forward. As a matter of fact, the analogy of the General Medical Council and the medical profession does not exist, seeing that at present medical registration is not, as in the case of nursing registration, under a 'one-portal system.'*

"Whilst sympathizing with the desire for the Association to keep up its educational work, I think the certificate must in future be looked upon and developed into a higher qualification, *non-registrable, and obtainable only after having been (say) two or three years on the Register. I shall be glad to support any movement in this direction."*

Dr. T. C. Graves: *"I may say that I should, if I attended, support the resolution."*

Dr. John Keay: *"I am entirely in agreement with the resolution."*

Dr. John Macarthur: *"The three members of the R.M.P.A. resident at Bracebridge are in entire agreement with the resolution, and hope that the Association will make every endeavour to carry it into effect."*

Dr. J. G. Porter Phillips—*"begs to say he is in complete agreement with the views of Prof. G. M. Robertson . . . and would much like to associate himself with the resolution."*

Dr. David Rice: *"I am in favour of the general idea of the proposed resolution."*

Dr. Ernest F. Sall: *"I wish to support the resolution."*

Dr. G. H. Harper Smith: *"I should like to stress my strong support of the resolution."*

Dr. F. R. P. Taylor: *"Were I able to be present, I should most certainly support the resolution."*

Dr. W. J. Vincent: *"I would certainly support Prof. Robertson's resolution."*

A special meeting of the Council is to be held in January to decide on the steps to be taken to carry out the resolution carried at this meeting.

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