

of special pavilions, in each of which one or two groups of these patients can be dealt with in strict separation from the rest of the asylum population, and under such supervision as to render combinations and revolts impossible. Each separate service has several small workshops, one for every two patients; these all open on to an inspection corridor. In each dormitory the number of beds is similarly limited to five.

At Villejuif, where these lunatics are to be dealt with, the scheme adopted provides for two pavilions for men, each of which will be divided into two totally distinct establishments of sixteen patients each: women patients will be accommodated in a single pavilion for forty-four inmates divided similarly into two groups; while to deal with exceptionally refractory cases there will be two small additional pavilions for ten patients each. Work, though not obligatory, is to be "encouraged," and Dr. Colin anticipates that this can be done so effectually as to deprive the asylum of some of the charm it possesses for the worst class of "repeater." The author does not touch on the question of expense;

W. C. SULLIVAN.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

ANNUAL MEETING.

THE sixty-third annual meeting of the Association began at 11 a.m. on Thursday, July 21st, 1904, at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. Dr. Ernest White, the retiring President, occupied the chair.

Present: Drs. W. Lloyd Andriezen, Fletcher Beach, George F. Blandford, Charles H. Bond, David Bower, Arthur N. Boycott, John Carswell, Alfred W. Campbell, Patrick E. Campbell, James Chambers, Crochley Clapham, Robert H. Cole, Maurice Craig, William Douglas, Thomas Drapes, George J. Eady, Fred. W. Edridge-Green, G. Stanley Elliot, John E. M. Finch, Horace E. Haynes, John W. Higginson, Charles K. Hitchcock, J. Carlyle Johnstone, Robert Jones, Harold A. Kidd, Arthur B. Kingsford, Reg. L. Langdon-Down, H. Wolseley Lewis, Henry C. MacBryan, Henry J. Macevoy, Peter W. Macdonald, Thomas W. MacDowell, William F. Menzies, Charles A. Mercier, Alfred Miller, John Mills, Cuthbert S. Morrison, H. Hayes Newington, Michael J. Nolan, Bedford Pierce, James F. G. Pietersen, Evan Powell, Henry Rayner, John M. Rhodes, Alan Rigden, George M. Robertson, T. Claye Shaw, George E. Shuttleworth, R. Percy Smith, J. Beveridge Spence, Robert S. Stewart, Henry Stilwell, William H. B. Stoddart, Frederic R. P. Taylor, Herbert C. Thomson, T. Seymour Tuke, John Turner, Alex. R. Urquhart, Frederick Watson, Lionel A. Weatherly, Edmund B. Whitcombe, Ernest W. White, Albert Wilson, T. Outterson Wood, David Yellowlees.

The following sent apologies for non-attendance: Drs. J. Lougheed Baskin, James W. Evans, Charles E. Hetherington, William J. Mackeown, Landel R. Oswald, David Rice, J. Bruce Ronaldson, D. G. Thomson, Alfred F. Tredgold, Adam R. Turnbull, William R. Watson, Mr. Charles D. Wigan.

The following visitors were present: Mr. Bloomfield, Col. Robertson, C.I.E., Dr. Sydney Allen (New Zealand).

The minutes of the preceding annual meeting were held as read, and signed by the President.

ELECTION OF OFFICERS AND COUNCIL.

The President nominated as scrutineers Drs. Macdonald and Taylor. The list, as submitted to the meeting, was confirmed unanimously.

| | | |
|--------------------------------------|-----------|--|
| <i>President</i> | | R. PERCY SMITH, M.D. |
| <i>President-elect</i> | | Sir JOHN SIBBALD, M.D. (nominated by the Council). |
| <i>Ex-President</i> | | ERNEST W. WHITE, M.B. |
| <i>Treasurer</i> | | H. HAYES NEWINGTON, F.R.C.P.E. |
| <i>Editors of Journal</i> | | { HENRY RAYNER, M.D. A. R. URQUHART, M.D. CONOLLY NORMAN, F.R.C.P.I. |
| <i>Divisional Secretary for—</i> | | |
| <i>South-Eastern Division</i> | | A. N. BOYCOTT, M.D. |
| <i>South-Western Division</i> | | P. W. MACDONALD, M.D. |
| <i>Northern and Midland Division</i> | | BEDFORD PIERCE, M.D. |
| <i>Scotland</i> | | LEWIS C. BRUCE, M.D. |
| <i>Ireland</i> | | W. R. DAWSON, M.D. |
| <i>General Secretary.</i> | | ROBERT JONES, M.D. |
| <i>Registrar</i> | | ALFRED MILLER, M.B. |

Members of Council.

South-Eastern Division.—DAVID BOWER, M.D., T. OUTTERSON WOOD, M.D., DAVID G. THOMSON, M.D., H. WOLSELEY LEWIS, F.R.C.S.

South-Western Division.—HENRY C. MACBRYAN, L.R.C.P. and S.Ed., GEORGE BRAINE-HARTNELL, L.R.C.P.

Northern and Midland Division.—RICHARD J. LEGGE, M.D., C. K. HITCHCOCK, M.D.

Scottish Division.—J. CARLYLE JOHNSTONE, M.D., D. YELLOWLEES, M.D.

Irish Division.—A. D. O'C. FINEGAN, L.R.C.P.I., M. J. NOLAN, L.R.C.P.I.

Nominated Members.—A. W. CAMPBELL, M.D., R. B. CAMPBELL, M.B., MAURICE CRAIG, M.D., ROTHSAY C. STEWART, M.R.C.S., F. R. P. TAYLOR, M.D., A. TURNER, M.D.

ELECTION OF STANDING COMMITTEES.

It was moved, seconded, and carried unanimously that the Parliamentary Committee be taken as it stood.

Educational Committee.—The PRESIDENT: The names before you have been adjusted by the Nominations Committee.

Dr. MERCIER.—I propose that to these names be added that of Dr. Lionel Weatherly.

Dr. CARLYLE JOHNSTONE.—I second that.

Dr. SPENCE.—I suggest that the name of Dr. Graham, of Belfast, be added. He has served on the Committee for a number of years, and though he has not attended very often, he is desirous of serving, and will attend more regularly if elected.

Dr. NOLAN.—I second that.

The PRESIDENT.—I put it to the meeting that this list, with those two names added, be received and adopted as the Educational Committee for the ensuing year. This was carried unanimously.

The PRESIDENT.—The next is the Library Committee. Adopted *nem. con.*

TREASURER'S REPORT.

Dr. HAYES NEWINGTON.—I beg to submit my Report, as contained in the balance-sheet.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1903.

REVENUE ACCOUNT—January 1st to December 31st, 1903.

| 1902. £ s. d. | Dr. | £ s. d. | Cr. | 1902. £ s. d. |
|------------------|--|-----------|--|------------------|
| 521 16 2 | To Journal, Printing, Publishing, Engraving, Advertising, and Postage ... | 57 9 9 | By Dividends ... | 16 13 11 |
| 141 8 7 | " Examinations, Association Prizes, and Clerical Assistance to Registrar ... | 209 5 8 | " Sale of Journal ... | 189 8 6 |
| 46 12 3 | " Petty Disbursements, Stationery, Postages, etc. ... | 38 14 2 | " Sale of Handbook ... | 34 0 0 |
| 136 12 5 | " Annual, General, and Divisional Meetings ... | 132 15 6 | " Advertisements ... | 33 6 0 |
| 6 6 0 | " Rent of Premises at 11, Chandos Street, care of Office, etc. ... | 51 0 0 | " Fees, Certificates of Psychological Medicine ... | 30 5 1 |
| 98 7 2 | " Audit and Clerical Assistance ... | 182 13 0 | " Fees, Certificates of Proficiency in Nursing ... | 171 17 0 |
| 5 11 10 | " Miscellaneous ... | — | " Subscriptions ... | 636 16 6 |
| 71 4 3 | " Library ... | — | | |
| | Balance ... | 1148 4 1 | | |
| | | 6 16 5 | | |
| | | £1155 0 6 | | £1155 0 6 |

BALANCE-SHEET—31st December, 1903.

| 1902. £ s. d. | Liabilities. | £ s. d. | Assets. | £ s. d. |
|------------------|--|------------|--------------------------------------|-----------|
| 1 0 4 | Journal Account, balance of ... | 116 18 1 | Lloyd's Bank:—Bankers ... | 529 4 9 |
| 15 13 11 | Examinations Account, balance of ... | 44 6 5 | New Zealand Stock: ... | 49 4 9 |
| 22 1 11 | Petty Disbursements Account, balance of ... | 14 18 11 | £33 per cent. value at this date ... | 314 1 5 |
| — 0 0 | Meetings Account, balance of ... | 10 4 0 | Hack Tuke Memorial ... | 333 18 10 |
| 21 0 0 | Rent Account, balance of ... | 21 0 0 | Victoria Stock: ... | 88 17 9 |
| — 0 0 | Miscellaneous Account, balance of ... | 99 17 9 | Dr. Paul's bequest ... | 189 11 6 |
| — 0 0 | Library Account, balance of ... | 2 17 10 | New Investment (1903) ... | 40 2 0 |
| 44 5 3 | Gaskell Fund, balance of ... | 85 5 4 | Sales Account, balance ... | 44 2 0 |
| 1324 7 9 | Balance on 1st January ... | 1324 7 9 | Fees Account, balance ... | 133 7 0 |
| | Add:—Balance of Revenue Account ... | 6 16 5 | Subscriptions Account, balance ... | 144 7 6 |
| | | 1331 4 2 | | |
| | Deduct:—Decrease in value of New Zealand Stock ... | 6 4 5 | | |
| | New Zealand Stock (Hack Tuke Memorial) ... | 6 8 3 | | |
| | Victoria Stock (Dr. Paul's bequest) ... | 6 4 1 | | |
| | Do. (New Investment) ... | 9 17 6 | | |
| | Subscriptions written off ... | 34 13 0 | | |
| | | 63 7 3 | | |
| | | 1267 16 11 | | |
| | | £1663 5 3 | | £1663 5 3 |

E. WOODINGTON.

H. HAYES NEWINGTON, TREASURER.

REPORT OF AUDITORS.

Dr. WHITCOMBE.—I beg to submit the Auditors' Report. Your auditors beg to report that they have examined the accounts of the Association for the year 1903, and certify them correct. In examining [the heavy charge under "Miscellaneous Account," they find this is due to the exceptional expenditure incurred by the Tuberculosis, Rules, and Statistical Committees.

E. B. WHITCOMBE }
H. GARDINER HILL } Auditors.

The item to which we have referred is unusually heavy, and includes a fee of fifty guineas to the solicitors of the Association. In speaking of this I wish the Association to understand that the fee is very small in proportion to the immense amount of work which the solicitors have been called upon to perform. I think that the thanks of the Association are due to them (hear, hear).

Dr. CARLYLE JOHNSTONE.—Would it not be well to append a footnote to the accounts, to the effect that "the following are the chief items in this sum," so that there might be an explanation given in print referring to these miscellaneous charges?

Dr. WHITCOMBE.—We have noted three items: Tuberculosis Committee, £58 os. 10d.; Rules Committee (including the solicitors' fee of fifty guineas), £82 19s. 0d.; Statistical Committee, £29 14s. 0d. The others are unimportant.

Dr. MERCIER.—I would like to corroborate what Dr. Whitcombe said about the valuable services rendered by the solicitors to the Association, not only in regard to the work of the Rules Committee, but also in regard to safeguarding the interests of the Association in the production of the JOURNAL.

Dr. HAYES NEWINGTON.—With regard to Dr. Carlyle Johnstone's suggestion, I see no reason against it being adopted. But it would be very awkward to carry out the contrast in detail between the present and the preceding year as part of the account. I regret that the balance is so small. There has been a large amount of miscellaneous expenditure. I would point out, however, that in all the earning departments the income of the Association is slowly increasing—in the dividends, the sales of the JOURNAL, the sales of the hand-book, and the advertisements. The only decrease has been in the fees for certificates in psychological medicine. So that the Association need not feel anxious by reason of such a small balance; it is a temporary matter, and on the whole we are doing very well indeed. (Hear, hear.)

Dr. PERCY SMITH.—I observe that our liabilities amount to £395, as against £104 in 1902; and that there are still outstanding £99 17s. 9d. on miscellaneous account. I presume that this sum has not been paid, and that the Association has yet to meet it?

Dr. HAYES NEWINGTON.—The amount outstanding at the end of the year is larger than it was the year before; but, *per contra*, the amount at the Bank is larger, especially as there has been £200 spent out of the money balance. The accounts are not rendered to me, and therefore I have no means of paying them before December 31st. They have been paid since.

REGISTRAR'S REPORT.

The REGISTRAR informed the meeting that he had no Report to make.

REPORT OF THE EDUCATIONAL COMMITTEE.

Dr. MERCIER.—The Committee has dealt with a large number of remits from the Council, and made recommendations to that body which have uniformly been adopted. It has also revised the regulations for the nursing examinations with a view of securing more satisfactory results. It recommends to the Association—"That the period of training nurses and attendants be prolonged from two to three years, provided that one of them may be taken in a general hospital." I move that the Report be received and adopted.

This was duly seconded.

Dr. URQUHART.—I desire to submit an amendment.

A MEMBER.—Is the conclusion a matter which is separate from the Report?

The PRESIDENT.—It is part of the Report.

Dr. CARLYLE JOHNSTONE.—I presume the Report implies that the motion carries with it the recommendation of the Educational Committee?

The PRESIDENT.—Certainly.

Dr. URQUHART.—If the conclusion stands as part of the Report, I move to strike out the words after “years”—that is to say, to strike out the words “provided that one of them may be taken in a general hospital.”

Dr. CARLYLE JOHNSTONE.—I rise to a point of order. I do not think it is competent for us at this time to discuss this subject. It is on the agenda at a later period. Dr. Urquhart can introduce his amendment then.

The PRESIDENT.—With that promise, will Dr. Urquhart let the Report go forward?

Dr. URQUHART.—Certainly.

Dr. BOWER.—I propose that the Report be received. We can discuss the recommendation separately. There are two kinds of voting: a simple majority may receive the Report, but the passing of this motion will require a three-quarters or two-thirds majority.

Dr. MERCIER.—The motion before the Association is that the Report be received and adopted, including this particular motion.

Dr. CARLYLE JOHNSTONE.—This is merely the Report of the Educational Committee, and it may be received and adopted, but it is not binding on the Association in any way whatever.

The PRESIDENT.—You can receive and adopt this Report without being in any way bound by the suggestion of the Educational Committee.

Dr. BOWER.—Is that your ruling, sir?

Dr. MERCIER.—Surely, sir, if the Report embodying this resolution is adopted the resolution is adopted. (Hear, hear.) The whole is greater than a part.

Dr. HAYES NEWINGTON.—It is a very common mode of procedure. If there is a motion which is a special motion put forward by anybody for the Committee, it is taken as part of the Report of the Committee, and I should say it is perfectly competent, subject to the ruling of the President, to take that now in connection with the Report of the Committee. It was bound to go on the agenda as a separate motion, because it goes further than the ordinary procedure of the Report, in so far as it proposes an alteration of rules of the Association. Dr. Bower is right in saying that any alteration of the rules of the Association does require a specific majority.

Dr. MERCIER.—It is a bye-law, not a regulation.

The PRESIDENT.—I think we shall be helping matters if we first take it that this Report be received. Dr. Bower has proposed it.

This was duly seconded.

The PRESIDENT.—It has been moved as an amendment that the Report be received. That has been duly seconded.

The amendment was then put and carried.

The PRESIDENT.—The Report is now received.

The PRESIDENT.—I will now ask you to consider: “The Motion involving alterations of the Articles or of the bye-laws for the time being in force: ‘That the period of training nurses and attendants be prolonged from two to three years, provided that one of them may be taken in a general hospital.’”

Dr. URQUHART.—After all this preliminary discussion, I shall not take up your time with much talk on this matter. I most strenuously object to the words, “provided that one of them may be taken in a general hospital.” This is a motion presented by the Education Committee; it has not the authority of the Council of the Association, and it is pressed by the Educational Committee in defiance of the finding of the Council of the Association. (No.) It is. I appeal to you, Mr. President. There was in the Council a majority of 11 to 8 for the deletion of these words.

Dr. YELLOWLEES.—It was the duty of the Educational Committee to report to the Association, and not to the Council. They have reported to the Association, and now we are discussing their Report.

Dr. URQUHART.—It came before the Council, and now it has come before the Association. (Hear, hear.) I object to the retention of the two years system. Practically all our general hospitals have agreed that three years is to be the period

of training; and at the Edinburgh Meeting of this Association six years ago, the two years system was carried by the majority of one. (Hear, hear.) Our nurses and attendants should have the benefit of three years' training before they are let loose upon the world as competent mental nurses. I claim that there is nothing in the conditions since the Edinburgh meeting that has led to any alteration in the opinion of that large minority. If the movers of this motion had obtained reciprocity for us, if the general hospitals of the country would permit our nurses to count one year off in respect of our training, there might be something to be said for the motion; but I object to their being placed in an inferior position in any respect. I shall not detain you further, but hope that the Association to-day will come into line with general educational authority in nursing on this point.

Dr. MENZIES.—I beg to second Dr. Urquhart's amendment.

Dr. YELLOWLEES.—Dr. Urquhart has correctly stated that this motion was submitted to the Council, but he did not tell you that it was passed unanimously in the Educational Committee, and that before the Council it was only defeated by three votes—eleven to eight. Whatever bearing that may have upon procedure, it has nothing to do with the merits of the question. The question is, How are we to get the best nurses possible, and what training will make them the best nurses? I should like a little consistency in our dealing with this subject. Up to this point we have been content with the two years; and unfortunately, we have included under this period many nurses who, I honestly believe, ought not to have been included. They have come from very small institutions, where the cases were few and very few of them recent; where sickness was scarcely seen at all; where the nurses were rather ladies' maids to old demented, or something of that kind; where they saw a certain amount of insanity, and got some knowledge of it, but where they had no practical knowledge whatever of nursing. That abuse we should, if possible, provide means of rectifying. On the broad question as to which of the two is the better nurse, a nurse who has had three years of asylum training as a nurse, or one who has had two years of asylum training and one year in a general hospital, my own mind is quite clear.

Dr. CARLYLE JOHNSTONE.—What is a general hospital?

Dr. YELLOWLEES.—It is a place where nursing certificates are granted, where there is a large amount of disease, and where our nurses could get experience in sick nursing. In many asylums they get this, in others they do not get it at all. Those whom we certify as mental nurses should possess a practical knowledge of sick nursing. Most of them know very little about it except from our hand-book. With regard to reciprocity, that is not a matter which it befits our dignity to insist on, nor does it affect our duty. It is our duty to get the best training for our nurses. I believe we should be glad to reciprocate, and to give a hospital-trained nurse liberty to get our certificate in two years. I think that in putting this addendum to our resolution the Educational Committee is right, and that after two years' asylum training a woman will be a better nurse if she has one year in a good infirmary than if she had remained a year longer in the asylum. The Educational Committee *nem. con.* passed this recommendation, and I hope that it will be carried by this meeting.

Dr. CARLYLE JOHNSTONE.—I am not prepared at this moment to vote either for the motion or for the amendment. Though the motion, I understand, is the unanimous finding of the Educational Committee, there is no doubt, I think, that the Educational Committee felt a good deal of hesitation on the matter. I do not think that I voted on the question. So it is putting the matter a little strongly to say it is the unanimous recommendation of the Educational Committee. There is one thing with regard to Dr. Yellowlees' proposal which I think should be definitely fixed before we agree to it, if we do agree to it at all; that is, I think we should understand what is meant by a general hospital. That must be defined.

Dr. YELLOWLEES.—A hospital that trains nurses and issues nursing certificates.

Dr. CARLYLE JOHNSTONE.—We should define that point. We should define a general hospital as a hospital having so many beds for surgical cases, and so many for medical cases. It can be defined, and it will require to be defined. And there is another point, which I only refer to now because I, and perhaps some others present, will move an amendment later on on these lines. It is that the period of training should be carried out in one institution. That amendment will be moved,

and I only mention it now so that members may bear in mind that the motion, whatever it is, is subject to further amendment, which will be moved later.

Dr. WHITCOMBE.—I would like to point out that this clause is a purely permissive one, and therefore I see no reason for the suggested further amendment, because it gives the power to nurses and attendants to take their training in an asylum for three years. The whole thing is permissive. I take it that very few superintendents of asylums would engage nurses to spend two years in asylums and then allow them to go to general hospitals. They would ask a nurse to go to a general hospital for one year, and so have the benefit of that hospital training. It is purely a question of time. The three years can be spent, according to this motion, in an asylum, or two in the asylum and one in a general hospital, as the nurse desires.

Dr. YELLOWLEES.—I was speaking of south of the Tweed.

Dr. WHITCOMBE.—It has not been my experience in England.

Dr. TAYLOR.—I would ask, if the three years' system is to become the rule of the Association, whether that will necessitate alterations with regard to the lectures. The present rule says two courses of lectures must be given. Then also with regard to the hand-book, will any alteration be necessary in the hand-book? The sick nursing part is not very elaborate at present, and possibly that part may be amplified if the three years' training is adopted.

Dr. ROBERTSON.—I have great pleasure in supporting Dr. Urquhart's amendment. There is one point which I do not think members of the Association sufficiently bear in mind—that though there are resemblances between the training of nurses in general hospitals and those in asylums, there are also very great differences. A very important difference, which influences the management of the insane, is that nurses go to general hospitals in order to get a diploma to enable them to practise privately afterwards, in exactly the same way as medical men go to a university to get a degree which will enable them to practise privately. The majority of sick people are not sent to hospitals; they are nursed in their own homes. On the other hand, the vast majority of insane people are treated in asylums. And what we want to do is to train nurses so that they may remain in asylums, and that experience of nursing may be gained for sick people in asylums. Therefore the longer we can get nurses to stay in asylums the better it will be for asylums and for insane people. (Hear, hear.) One of the faults of the two years' training is that, in the majority of cases, the moment our nurses have taken the certificate for proficiency in mental nursing they leave asylums and go to private practice. My experience is that we lose their services after two years, and if we can do anything which will make them stay a year longer in the asylums it will be to the advantage of our patients, as well as to themselves. I believe that one of the weak points in connection with Dr. Yellowlees' suggestion is, that nurses will leave asylums after two years and go to general hospitals to get trained as hospital nurses, and thus we lose them altogether. If a nurse takes one year to start off with in a general hospital, and then comes to an asylum, or if they will come back after general training, the asylum will benefit. What we want is to induce these nurses to come back and practise in asylums.

Dr. BEDFORD PIERCE.—I believe it is exceedingly important that we should use measures to get our nurses to stay longer with us. We have at the Retreat followed the practice of engaging nurses for four-year terms, without difficulty, and with considerable benefit to the institution. I am sure that this has also greatly benefited the nurses' training. And if the effect of this motion will be to reduce the course of training to two years, I believe it will be injurious in many ways. With regard to the suggestion which has been made, that one year of hospital training is a great advantage, I do not think any hospital will take a nurse for one year only unless she pay a guinea a week—I speak of the good hospitals—and a guinea a week is more than most of our nurses can afford to pay.

Dr. OUTTERSON WOOD.—It has been stated before that the difficulty is, that large hospitals will not take asylum-trained nurses at any price for one year only. They have to go through the full hospital course, whether they have been in asylums or not. There can be no doubt that by increasing the period of training in asylums for our nurses to three years we shall get the best results. At the same time, there is a good deal to be said on the other side, namely, giving the nurse

who has had twelve months' hospital training her certificate after two years' training in an asylum. There can be no objection to that. But I agree with Dr. Robertson that it is not right for us to retain nurses for two years and then allow them to slip through our fingers, after they have had the benefit of our training. They never come back, but prefer three guineas a week in private work because they are asylum-trained, or they remain general hospital nurses.

Dr. SPENCE.—It is true that in the Educational Committee this resolution was supposed to have been passed unanimously. It would have been better to have said that it was passed *nemine contradicente*, because there were many who objected to this motion as it stands. Personally, I did not agree with it. If it had been put in this way, that a nurse who had already received a general certificate from a properly recognised hospital might receive a mental certificate after two years' training in an asylum, I think it would have been better, and in agreeing to the motion in this form you would simply be doing your duty. You must do your best from the nursing point of view. I must say that Dr. Robertson's point of view is rather selfish. It is true that we should do our best for ourselves, as probably most of us do, but as we get older, I think we feel that we want to try to do something for other people as well. (Hear, hear.)

Dr. MACDONALD.—As one of those to whom this matter was referred, I should like to speak of what has been the feeling of many. I had a great difficulty in getting a consensus of opinion on one point, *viz.*, as to the year of hospital training. One or two said they thought it would be an advantage, but, on the whole, opinion was against it, because it was regarded as impracticable. The only feasible suggestion made was that the first year of nursing training should be spent in a general hospital. All objected strongly to training a nurse for two years and then losing her by her going into a general hospital. I may say that almost 90 *per cent.* of those who replied to my secretarial postcard are in favour of the term being prolonged to three years. One or two expressed themselves very strongly that the term of three years should be served in one institution. (Hear, hear.) And, personally, I do not grant a certificate to any nurse who has not served for three years within our own walls. (Hear, hear.) Therefore, I cannot support Dr. Yellowlees' motion, and shall vote for the amendment.

Dr. YELLOWLEES.—Are there not Reports from all the divisions? I am glad that Dr. MacDonald has told us what he has ascertained.

Dr. NOLAN.—To some extent it was thought in Ireland that this would be a limited operation. The fact is, that the applicant who has come into an asylum after a year in a general hospital is usually a failure. We thought that the proposal would be limited and permissive, and so unanimously adopted the motion.

Dr. BOYCOTT.—The meeting of the South-Eastern Division was held before this matter was referred to them, and we have not had a meeting since. Our next meeting will be held in October.

Dr. MACDONALD.—The same applies to the Northern Division; we were simply told of it.

Dr. CARLYLE JOHNSTONE.—At the meeting of the Educational Committee I moved that it be referred to the Divisions. The object of that was to ascertain the views of the Divisions. We have not got the views of the Divisions to-day, and I think that this is not a very business-like way of treating such an important subject.

Dr. BOYCOTT.—It is impossible to hold meetings of a Division at odd times whenever such matters may be referred to them. The Divisions hold their meetings on certain dates, which have to be fixed beforehand.

On being put to the meeting, there voted for Dr. Urquhart's amendment 13 and 7 against.

The PRESIDENT.—I declare the amendment carried. I will now put the amendment as a substantive motion.

Dr. CARLYLE JOHNSTONE: I wish to move an amendment.

Dr. BEDFORD PIERCE.—I wish to move an amendment. My amendment is that following on the words, "That the period of training nurses and attendants be prolonged from two to three years," the words be adopted: "Provided that the

term of training be two years in the case of certificated nurses who have been trained for three years in a general hospital which is recognised by the Council."

Dr. YELLOWLEES.—I second that with much pleasure, sir.

Dr. ROBERT JONES.—I am very glad to have the opportunity of supporting the amendment at present under consideration, as it will enable us to encourage fully trained hospital nurses to join our asylum service, and so qualify in both hospital and asylum nursing. I have had nurses who have come to me from hospitals, and who have served in the asylum for two years in order to get the medico-psychological certificate for mental nursing. I am in thorough accord with anything which will give facilities for getting into our asylums more hospital-trained nurses. They are of the utmost value. Since Claybury has been opened as a county asylum we have had a large number of women who have been delivered of children. We have performed important surgical operations, and for this it is necessary that the nurse should follow and understand the practice of antiseptics and the use of surgical dressings. I support the amendment with pleasure.

Dr. MERCIER.—It will throw a very heavy duty on the Council if they are required to recognise every general hospital which grants certificates to nurses. Can we not take the *dictum* of some other body? Is there not some other body which takes up such matters? Does not the Royal British Nurses' Association already recognise certain appropriate institutions, and guarantee them to be sufficient? If we could take that guarantee, instead of setting up one of our own, it would save us trouble.

Dr. BEDFORD PIERCE.—I think we should manage our own affairs.

Dr. MILLS.—I think we should define a general hospital to be one recognised by the Local Government Boards in England, Ireland, or Scotland, or by the Colleges of Surgeons and Physicians, or the universities of those countries. That would define a general hospital better than throwing the responsibility on others.

Dr. BOYCOTT.—There are two separate questions here. One is that our nurses shall have three years' training; and the other is, whether one of those years be omitted for the hospital-trained nurse. I think it is better that the amendment which was proposed by Dr. Urquhart should stand, and that the other question should be regarded as an entirely different one afterwards. If it could be put down definitely that the period of training of the nurse should be three years, it could afterwards be arranged if the Association thought one of those years might be omitted for hospital nurses.

The PRESIDENT.—The motion now is, that the period of training for nurses be prolonged from two to three years. The amendment to that is, "Provided that the term of training be two years in the case of certificated nurses trained for three years in a general hospital which is recognised by the Council."

Dr. SPENCE.—It is a pity it should be put in that way, "recognised by the Council," because, as the Secretary of the Educational Committee has said, it would entail a lot of additional work and responsibility on the Council, and I think we can reasonably object to that. I suggest that we should go to the Royal British Nurses for their opinion on the matter. I understand that, this Session or next, there will be a short Act of Parliament governing the registration of nurses. Nurses who are placed on that Register might be recognised by us as nurses who could have their training in our asylums limited to two years.

Dr. CARLYLE JOHNSTONE.—The Council will naturally recognise an institution which is recognised by the existing authorities on the subject.

Dr. ROBERTSON.—I do not think there is much difficulty in defining the standard which should be recognised. It has been investigated very thoroughly by Sir Henry Burdett; there are hospitals with 100 beds, half of which are medical, and half surgical. These are recognised as affording a sufficient training, and then there would be no difficulty.

Dr. SPENCE.—But it does not follow that because a hospital has 100 beds training would take place.

Dr. BOWER.—The wording leaves it free to the Council to decide when they have time to discuss the subject.

There voted for the amendment 24, and it was declared carried by a very large majority.

Dr. CARLYLE JOHNSTONE.—I move as an amendment, "That the period of asylum training be carried out in one asylum." (Hear, hear.)

Dr. PERCY SMITH.—Where are the words to be put in? It makes it a very complicated sentence.

The PRESIDENT.—I rule that amendment out of order.

Dr. CARLYLE JOHNSTONE.—I would like to explain how it is in order, because this motion does not alter the existing rules with regard to this fact, that at present the nurse may receive a short portion of her training in one asylum and another portion in another asylum. This does not alter that. I propose that the training should in future be all in one asylum.

Dr. MERCIER.—On a point of order, I suggest that that is no amendment.

The PRESIDENT.—I have ruled that it is no amendment.

Dr. MERCIER.—Notice must be given of such an amendment.

Dr. CARLYLE JOHNSTONE.—Has notice been given of the other?

The PRESIDENT.—It was carried as an amendment of a motion of which due notice was given.

Dr. CARLYLE JOHNSTONE.—Mine is an amendment of a motion of which notice has been given. I think I am entirely in order.

The PRESIDENT.—I am afraid I must rule you out of order. Is there any further amendment? Then I put the motion with the last carried amendment as a substantive motion.

Dr. WHITCOMBE.—May I ask when this comes into effect? A large number of nurses are training for the November examination, and it may affect them.

Dr. BOYCOTT.—Is this hospital training to take place before or after the asylum training?

The PRESIDENT.—You must take it as it reads.

The motion as amended was then put as a substantive motion, and carried.

Dr. CARLYLE JOHNSTONE.—I will bring up my motion at another time.

Dr. PERCY SMITH.—There has been no answer to Dr. Whitcombe's question as to when this is to come into force.

Dr. MERCIER.—It makes a very material alteration in the regulations for the examination, and, as Dr. Whitcombe has said, a large number of nurses are training under the existing regulations, and they ought to have sufficient notice of this new rule. On previous occasions we have always given ample notice, usually twelve months or so; and I think the same notice should be given now.

Dr. SPENCE.—It would be wise, now that the Association have expressed their opinion, that the whole matter should be referred to the Educational Committee, in order that they may take such steps as will bring it into full working order and give the proper notice. That cannot be done in a day.

Dr. YELLOWLEERS.—With powers, I understand?

The PRESIDENT.—Yes, with power to deal with it.

Carried.

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. FLETCHER BEACH.—The Parliamentary Committee beg to report that as the Lunacy Bill introduced into the House of Commons by the Attorney-General deals chiefly with the care of incipient lunatics, and embodies to a great extent the views of the Association, it has not been necessary for the Committee to take any action in the matter, nor has it been necessary for the sub-Committee appointed by the Parliamentary Committee to confer with the sub-Committee appointed by the British Medical Association.

With regard to the London County Council Lunacy Bill, no action has at present been taken, but if the Bill comes up at any future time, the Committee will be prepared to move in the matter and bring the views of the Committee before the Lord Chancellor and the Commissioners in Lunacy.

As regards the two Registration of Nurses Bills, the framers of those Bills have been communicated with, but the representation of the Association on their Committees is considered inadequate, and the Committee have laid their views before the Council.

Dr. Rayner having raised the question of the best means of insuring that persons of weak mind should only be received into the houses of suitable and respectable persons, the Committee, being of the opinion that it is not competent to deal with the question, recommend the Council to appoint a Committee to examine it and report.

I move that this Report be received and adopted.
This was duly seconded and carried.

REPORT OF THE LIBRARY COMMITTEE.

The Committee, in order to make the Library more generally useful by developing the circulation of books to members, recommend:

1. That a sum not exceeding £50 be granted for expenditure in the purchase of new books, binding, etc.
2. That a subscription up to £10 10s. if necessary be paid to Lewis, entitling the Library to the loan of books.
3. That members be invited to present books suitable for the Library.
4. That the Library be open daily to members during certain hours, that it be kept warm and comfortable, and that writing materials be supplied.
5. That the honorarium to the Medical Society's Librarian be increased by a sum of £5, subject to further increase at the discretion of the Council for extra services as Acting Librarian.
6. That the following Rules be submitted for the Regulation of the Library.
 - (a) That certain books be confined to the Library by order of the Committee.
 - (b) That no book be injured or defaced by writing or otherwise.
 - (c) That only one book at a time be taken out by a member unless by special permission of the Committee.
 - (d) That no book be taken from the Library until it has been entered by the Librarian.
 - (e) That a member in whose name a book is entered be responsible for its return or for the value of its loss to the Association.
 - (f) That any book may be recalled by the Librarian after a fortnight.
 - (g) That members be liable for prepostage of books.

Dr. R. H. Cole has been appointed Honorary Librarian, *vice* T. Seymour Tuke, resigned.

Dr. FLETCHER BEACH.—We have had to make a slight alteration in No. 5, because Mr. Hall, who now acts as our Librarian, is about to resign, and it would be better, therefore, when we make our arrangements with another Librarian that we should have a free hand in dealing with him. The Treasurer has agreed with what has been proposed. I move that the report be received and adopted as amended, and that it be referred to the Council to take action.

Dr. URQUHART.—Is there not a necessity for proceeding with this at once? Would it be possible for the new Council to meet to-morrow morning, as Mr. Hall is ill, and must leave very soon? It would be also a favourable opportunity for the new Council to give notice of motions, or to consider special business. I think it would be in the interests of the Council generally, and in the interests of the representative members of the Council who may be sent here for special business, to have a short meeting of the new Council on the morning of the second day of the annual meeting.

Dr. PERCY SMITH.—It is impossible to summon the new Council now; there may be some who are not here.

The PRESIDENT.—I do not think that the suggestion is in order. It has been proposed that this Report be received and adopted, subject to the modification inserted.

Dr. MORRISON.—Who recommends the books for the Library? Is it open to the members of the Association to suggest the purchase of any books, or is that entirely in the discretion of the committee?

Dr. FLETCHER BEACH.—If any member of the Association will suggest books we will be only too glad to consider the suggestion.

Dr. MERCIER.—I protest against the time of the Association being taken up with such a trifling matter. It is, of course, open to Dr. Morrison or any other member to approach the Library Committee.

The resolution was then put and carried.

THE LIBRARIAN.

The PRESIDENT.—I will now ask Dr. Jones, the General Secretary, to introduce

a motion which has been adopted by the Council, regarding Mr. Hall, the custodian of our Library.

Dr. ROBERT JONES.—Mr. Hall has written his resignation, and is leaving, under medical advice, as his health is very seriously impaired. He has rendered very valuable services to the Association for a period of over ten years, and he is now about to go. The Council felt they were parting with him with very great regret, and that they would like to do what they could to make it easier for Mr. Hall to leave his post. It has already been proposed, seconded, and carried unanimously, in the meeting of Council, that the sum of twenty guineas be voted out of the Association funds to Mr. Hall. This matter, I think the President will state, is entirely within the power and discretion of the annual meeting to deal with, and it was hoped the proposal of the Council would meet with the approval of the annual meeting.

Dr. URQUHART.—I have been asked to second this motion. I cannot say it is a pleasure to me to second it, because Mr. Hall has been one of the most valuable officials that this Association has had. Perhaps he has not been so much in contact with the Association generally as with its officers. He has been most careful of our interests, and I hope the Association will mark our appreciation of Mr. Hall by voting this parting gift. His health is very precarious. The Medical Society is doing something for him, and I hope that the British Medical Benevolent Fund will not forget him, for he has long been their collector, and has brought large amounts of money into that worthy charity. Mr. Hall has served us for ten years, and I hope you will not consider that the Council has been extravagant in approving of this motion. I may especially add that the Treasurer sees his way to meet this expenditure.

The proposal was unanimously agreed to.

EDITORIAL REPORT.

This was presented by Dr. RAYNER, and is as follows:

"The past year offers little for comment or report from the editorial staff. The issue of the JOURNAL has again been increased, from 1,050 to 1,075, to meet the advance in the numbers of the Association. The endeavour to duplicate the exchange of Journals recently made, with the sanction of the Council, has met with some success, several Journals having accepted the offer. These duplicate copies will be placed at the service of the Library. One or two Journals have offered to exchange for past periods extending over several years. As the stock of past numbers of the Journals is considerable, and such an exchange would be of advantage to the Library, the Editors recommend that in suitable cases such exchanges should be carried out. The Editors desire again to record their appreciation of the valuable assistance afforded them by the assistant-Editors, Dr. Chambers and Dr. Lord."

Dr. URQUHART.—I move that the Report be received, adopted, and entered on the minutes.

This was duly seconded and carried.

REPORT OF COUNCIL.

Dr. ROBERT JONES, as honorary secretary, presented the Report as follows:

"The past year, 1903, has been somewhat memorable as recording the completion of the reconstitution of the Association. It will be remembered that in May, 1901, a special committee was appointed to consider—

"1. The reprinting of the rules.

"2. The addition of amendments which had been made from time to time; and

"3. The introducing of such others as the Committee thought necessary.

"This Committee reported to the Annual Meeting, 1902, in Liverpool, at which meeting it was further decided to appoint a new Committee to reconsider the matter after it had been referred to the Divisions. This last Committee reported in July, 1903, and, to confirm and to legalise its findings, one extraordinary meeting was held on November 18th, and two more were held on December 17th, with the result that the Association has been practically reconstituted. Some of the main features of the new constitution are—the appointment of a Nominations Committee; the auditing of the accounts of the Association by two members outside

the Council; the registration and publication of attendances of officials for two years; fixing the dates of all general and divisional meetings a year in advance; and a general elasticity of the rules, permitting the devolution of more power and interest to the Divisions. These changes have incurred a very considerable increase in the duties of all the officers of the Association, but the thanks of the Association are especially due to the Chairman of this Committee, Dr. Urquhart, for the active, energetic, and business-like interest he has taken in the work of carrying these changes through.

"The Association continues to increase in membership and prosperity, and the following tabular statement shows the increase during the past seven years:

| | 1897 | 1898 | 1899 | 1900 | 1901 | 1902 | 1903 |
|---------------------------|------|------|------|------|------|------|------|
| Ordinary Members | 524 | 540 | 560 | 568 | 580 | 586 | 597 |
| Honorary do. | 38 | 38 | 36 | 38 | 37 | 37 | 36 |
| Corresponding do. | 12 | 12 | 12 | 10 | 11 | 12 | 12 |
| TOTAL. | 574 | 590 | 608 | 616 | 628 | 635 | 645 |

"During the year 1903 there were twenty-six resignations; four members died—Drs. Thomas Patrick O'Meara, John Glen Forsyth, Robert V. Fletcher, and one honorary member, Dr. Norton Manning. Ten names were removed from the register for non-payment of subscriptions, and fifty were elected—a net gain of ten members.

"The Council note with much satisfaction that the Statistical Committee have now presented their Report, which has been circulated to every member of the Association. The Council hereby desire to place on record the indebtedness of the Association to the Committee for its voluntary task; more especially do they appreciate the directing authority of its Chairman, Dr. Yellowlees, and the services of its able Secretary, Dr. Bond.

"The Parliamentary Committee has requested the Council to submit to the Educational Committee the advisability of extending the period of training for the Association's Certificate in Nursing from two to three years. The Committee has also taken action in regard to the Bill before Parliament for the Registration of Nurses.

"The Educational Committee has given special attention to the examinations, both for the Certificate of the Medico-Psychological Association for proficiency in Mental Nursing, and also for proficiency in Psychological Medicine. It has also issued a new syllabus for the latter examination. It has brought forward a motion to be considered at the annual meeting, after having been submitted to the Divisions, in regard to the period of training for nurses.

"The special thanks of the Association are due to the Registrar, Dr. Alfred Miller, for his time and valued services, as also to Dr. Mercier, the Secretary of the Educational Committee.

"The papers read during the year, both at the General and Divisional Meetings, have attracted good attendances and given rise to interesting discussions. The thanks of the Association are due to Dr. James Neil for entertaining the members and permitting them to hold their meeting at the Warneford Asylum, Oxford, on February 12th, 1904.

"The President, Dr. Ernest White, has directed the affairs of the Association with courtesy, dignity, and impartiality. He has presented a gold badge, to be worn by the President of the Association for the time being, and which to-day, for the first time, distinguishes the Presidential office. The Council desire him to accept their warmest thanks for his great interest in the affairs of the Association, and they also desire that he may long enjoy his retirement. He carries into his leisure the kind feeling of every member of the Association.

"The Editorial Staff have more than kept up the good reputation of the JOURNAL, and the Council thanks all its officers for their whole-hearted services."

Dr. YELLOWLEES.—I move the adoption of that Report, and I am sure we shall agree in thanking our General Secretary for his untiring energy and efforts.

Dr. SPENCE.—I cordially second the motion for the adoption of the Report. I have only one word in criticism to offer, and that is, that we do not have the opportunity of seeing these Reports before we come into this room.

The PRESIDENT.—Is it your pleasure that the Report of the Council be received and adopted?

Carried unanimously.

STATISTICAL COMMITTEE.

Dr. YELLOWLEES.—I have the honour, as Chairman, to submit our Report; and I need say very little about it, as it has been in your hands already, though not for so long a time as we desired. Still, it has been presented at the earliest possible moment. I would say one or two words generally, without entering into any discussion. The keynote of our work was this: we felt that an asylum physician had something more important in his life than statistics, that he is already burdened far too greatly with statistical labour, and that our great effort must be, if possible, to simplify that labour, and lessen it. We felt, as the Association has long felt—and three of your present Committee, Dr. Rayner, Dr. Hayes Newington, and myself, were on the old Committee—that the old tables which we have used so long should give place to new tables upon different lines. We tried to lessen the work with regard to the tables, and with regard to the many communications and requests made by the Commissioners for additional information. I hope we have succeeded in that attempt. We have divided our tables into four groups: admissions, discharges, deaths, and residues. We have chosen only such tables and such information as we think of real and practical value, correlating as far as we could when correlation seemed of importance. But the essential and important part of our scheme is this: The Medical Register which we propose is something quite different from the present Medical Register, and is altogether separate from the Civil Register, which contains legal and social facts; its peculiarity is that it shall contain every fact required for the compiling of the tables, so that if this Register be accurately kept throughout the year, and filled in by medical authority, that Register alone will supply, at the end of the year, the material for the whole of the tables. They need never be touched by a medical authority again; but all the tables can, from that Register, be compiled by a clerk. I think that a very great convenience, and I hope the Association will think it so too. It involves a certain amount of clerical work daily, say in filling up one or two lines of the Register; but at the end of the year the thing is done; and then one month from the end of the year the completed tables can be ready for the printer. More than that, we have, with the consent of the Council, and with your consent, approached the Commissioners in this matter. After conference and full consideration the English Commissioners, to our great satisfaction, have expressed their willingness to divide the Register into a Civil Register and a Medical Register, and have expressed their provisional approval of the Tables and Register which we have suggested. I think that is a very great gain. It is the first time in the history of this Association that we have had any such conference with the Commissioners, and we gladly acknowledge their courtesy and consideration. This is all I need say at present. It is a scheme which we have worked out after a good deal of patience and endeavour. Its details we lay before you, and submit them for your acceptance or criticism. I formally move the adoption of the Report.

A MEMBER.—I second that.

Dr. CARLYLE JOHNSTONE.—I wish to propose an amendment. We are extremely indebted to the Committee for their labours, but I do not think we are in a position to-day to settle this most important and revolutionary affair. I move that the Report be received and the Committee be cordially thanked for their work, and that the Committee be re-appointed for one year, and in the interval the subject be referred to the Divisions for consideration and report to the Committees. I do not think that the Committee have the slightest desire to rush this

matter through. Naturally they are anxious that it should be terminated as soon as possible, but the members of the Association have only had one week to consider this subject, whereas it has been under the consideration of the Committee for two years. Of course, the compiling of these tables is usually done by the individual members of the Association, and it is going to be done by the superintendents of our county asylums. So first you must carry them with you, and also you have to carry the Boards of Commissioners with you. In Scotland—I do not know what happens in England—that may require a certain amount of legislative enactment. I do not know that the Commissioners in Scotland are prepared to adopt this register at this time. They cannot, because it will have to be altered to suit Scottish arrangements. I do not wish to say anything in the way of criticism—I very largely approve of the recommendations of the Committee—and I do not propose to debate the question.

Dr. ROBERT JONES.—I think Dr. Carlyle Johnstone is right in suggesting that we should not hurry this matter. We have not had time to consider it, and we have before us the recollection of the Tuberculosis Committee. I think it most desirable that this Committee should be re-appointed, with the view of re-considering some of the items, if necessary. I will second the proposition without taking up more time.

Dr. URQUHART.—Does this motion preclude the discussion of this matter to-day? Because there are many questions which might be cleared up at once, without trouble to the Divisions.

The PRESIDENT.—If the matter is to be referred to the Divisions, the less discussion we have now the better. We are already much behind time. We have an amendment before us that the Report be received, that the Committee be thanked for their labours, and that the Committee be re-appointed for a year, and the matter be referred to the Divisions for consideration and report.

Dr. MERCIER.—If this amendment is to be considered as a silencing amendment and as stifling discussion on the matter, it would be a pity, for any discussion that takes place here would go to enlighten the Divisions in their deliberations on the matter. There are some who are unable to attend the Divisional meetings, and they would be shut out from any expression of opinion on the matter. Subject to your ruling, I shall propose upon this amendment to discuss the tables generally.

Dr. CARLYLE JOHNSTONE.—My amendment does not silence it. I have considered the matter for a week, but I do not wish to express any opinion on it.

Dr. MERCIER.—I did not apprehend that was the intention. I hope your ruling, sir, will allow the matter to be discussed.

The PRESIDENT.—Certainly.

Dr. MERCIER.—I would remind the younger members that more than twenty years ago, when the existing tables were first brought into force, I strongly objected to them, and suggested that their proper destination would be to become *tabula rasa*. I remember to-day the genial contempt and quiet scorn which was poured upon my proposal by the then President, Dr. Orange, and the matter has been more or less under my consideration ever since. Perhaps this prolonged contemplation of it may give me some title to an opinion. I know that my friends Dr. Yellowlees and Dr. Spence regard me as a person who objects and opposes for the mere sake of objecting and opposing, without much regard to the merits of the subject-matter under dispute. I wish I could disabuse them of that notion, but, unfortunately, I labour under the infirmity that when I wish to conciliate, I am apt to offend; when I wish to convince, I am apt to provoke hostility; and when I wish to persuade, I only arouse antagonism. Therefore what I say I trust the Association will regard as impersonal—as if it had been spoken by somebody else. At any rate, I think it will be admitted that it is more desirable that this matter should be considered within the limits of this Association, and in a friendly, sympathetic, and benevolent spirit, rather than that it should be discussed and criticised in the world without, in the spirit in which the tables of the Tuberculosis Committee were discussed and criticised. The first comment I have to make upon the tables is to express my earnest and sincere admiration of the large-mindedness and comprehensiveness with which the changes have been made (Hear, hear), and my admiration for the skill and acuteness with which a high degree of order has been evolved out of something

not very far removed from chaos. And in any remarks I may have to make, which will be critical in character, I hope it will be understood that they arise from no lack of admiration for the excellent work which has been done, but rather from an earnest desire that work which is generally so good should be freed from the blemishes which seem to me to exist, and to be capable of removal. I think we have a great opportunity before us; I think we have the chance of getting this scheme adopted generally, not only by the administration of this great country, but by the subordinate and inferior administrations of the Isle of man, Berwick-upon-Tweed, Scotland (laughter), and Ireland; and also that we may set such an example to foreign countries that it may result in an international scheme by which the statistics of insanity of all countries may be comparable with one another. I think that is an object which is fairly within our compass. It is fairly within view if this thing is done judiciously and wisely, and if it is carried out in the spirit in which it has been so far advanced already. The first criticism I have to make upon Table IV, the admission group, is, that there is a note in the written Report that the Committee did not feel either that the time for classification was ripe, or that the suggestion of a new classification really formed a part of the task imposed upon them. Well, that is a task which, after all, they have not been able to escape from. They have been obliged to suggest a classification. Dr. Yellowlees is in the position of the virgin who was immortalised by Lord Byron, who, "murmuring she would ne'er consent, consented." They have had to produce a classification.

Dr. ROBERT JONES.—May I make a personal appeal to Dr. Mercier? There are only fifteen minutes of the morning left, and if there is a general disposition to consider the whole of the Report of the Statistics Committee, we shall have to go through with it. I would like to appeal to Dr. Mercier to allow the discussion to take place later on in the branches.

Dr. MERCIER.—But when will you give the opportunity for discussion? because I think the tables should be discussed. I have no desire to stand between the meeting and further business. ("Go on.") I will endeavour to abbreviate my remarks, but I shall find it impossible to say all I have to say against these tables in the short time allotted to me. Dr. Yellowlees and his colleagues have made a classification. Now, what are the essentials of a good classification? I say they are three. A classification, to be good, must include all the things to be classified and nothing else. In the second place, it should separate things which are different, and associate things which are alike. In the third place, it should not include the same thing under more than one class of the same rank. In that respect I think everybody will agree with me. But I regret to say that all those canons of classification have been violated by Table 4. It does not include all the things which have to be classified. I see in it no place for suspicion, no place for illusion, or hallucination; I see no place in it for suicide, nor for the various phobias and manias; and such very distinct forms or varieties of insanity as acute delirious mania and paranoia have no place in it at all. It associates things which are unlike; it puts together under the same heading such diverse things as morbid hesitation and kleptomania; it puts together under the same heading stupor, which is an anomaly of conduct, and confusion, which is an anomaly of thought; it puts together under the same heading such diverse things as obsession and sexual perversion. And it also includes, in different classes of the same rank, the same thing several times over. Here are classes of the same rank—general progressive paralysis, mania, melancholia, and alternating insanity. Now, I submit that is much the same as placing dropsy upon the same level as acute nephritis, and much the same as placing paralysis as one class on the same level as anterior poliomyelitis. Mania, for instance, is a part of general paralysis; it is a part of alternating insanity; it is surely a part of epileptic insanity; and yet it appears in a place by itself. While I do not maintain that we are, as yet, in a position to formulate a perfect classification of insanity, still, I do think we can formulate a classification which is better than that. I do not think a classification of bodily diseases which spoke of dropsy, and convulsions, and palsy, and lameness, as diseases would be passed by a body of competent physicians. Æsculapius and Hippocrates, Celsus and Galen, Avicenna, Averoerres and Rhazes were wise and learned physicians in their day—and I desire to speak of them with all respect; but it is no disparagement to them to say

that our knowledge of mental disorder has advanced since their time; and I think that their nomenclature may fairly be placed beside their theories of the causation of disease; and that mania, and melancholia, terms which have done such good service for three or four thousands of years, may now enter into their long rest and may be placed reverently upon the shelf, in company with "radical heat," "radical moisture," with "inward vapours," and "calid humours," with the three kinds of spirits—natural, vital, animal, and the rest of the mediæval and classical vocabulary. I do not know whether I am going on too long, sir. ("No, no.") The only other criticism I will make is upon the table of causation. I have already expressed in private my objections to this to Dr. Yellowlees. Although it is a great improvement on what we have seen before, it is open to certain radical objections. I pass over my objection to the consideration of heredity as a stress. It seems to me a misnomer and a misapprehension of the meaning of words to call that a stress which is a part of the constitution of the thing to which stress is applied. Passing that over, which may be considered a personal fad, I do take exception to heredity being considered to include these sub-headings alone. What is really indicated by the word "heredity" in the table is inheritance, and no place is left for the consideration of consanguinity or exsanguinity, which are important branches of heredity. And then, what is meant by the inheritance of paralysis? By paralysis do we mean paralysis agitans, or hemiplegia, or alcoholic paralysis, or neuritis, or traumatic paralysis? Or what form of paralysis do we mean? ("All.") Then, if we mean all sorts of paralysis, we are including the inheritance of vascular disease and nervous disease, of diseases of the connective tissue, and so forth, and diseases induced by poisons, all under the same heading. Next, tubercular inheritance. It is now pretty well established that tubercle is not inherited, and I think it is unfortunate that the word "tubercular" should have been used in this connection. I would suggest a return to the old term "scrofula," which sufficiently indicates what is inherited in cases in which tuberculosis occurs. Among the physiological defects and errors I find no mention made of unduly rapid growth, which is an undoubted antecedent of insanity in many cases where insanity occurs in young persons. In (*g*) we find specific fevers as a cause of insanity. I submit it is very important that the period of the fever at which the insanity occurs should be indicated. It may take place in the incubatory stage, it may occur at the maturation of the fever, or it may come as a sequel. I think that should be indicated. I find no mention of hæmorrhage. Hæmorrhage is a very important cause of an intractable form of insanity. And nowhere do I find mention of sleeplessness, which certainly is among the causes of insanity. I should very much like an explanation of the term "neurotic diathesis"; I am entirely in the dark as to what it means. And under heading (*k*), Congenital and Infantile Mental Defect, it seems to me that some of those conditions should come under (*e*), as being inherited; that some of it should come under (*i*), Lesions of the Brain and Spinal Cord, as in hydrocephalus; some of it should be (*g*), as being toxic, as meningitis and syphilis; and some of it under (*h*), as traumatic, as undoubtedly some cases of congenital defect are due to injuries during labour, and so forth. Lastly, there is the cause of previous attacks, and I can only repeat here the criticism that I advanced twenty-one years ago upon this very point, and say that I shall understand how a previous attack can be the cause of an existing attack of insanity when it is explained how it is that a man's eating his breakfast is the cause of his eating his dinner.

Dr. BEDFORD PIERCE.—The words "associated condition" are at the head of the column. We do not say it is the cause.

Dr. MERCIER.—I beg your pardon. That part of my criticism falls to the ground, but the Table then ceases to be a Table of causation. I think I have said enough to show I am in harmony with the principle of Dr. Carlyle Johnstone's amendment. It is not often I am so happy as to find myself in agreement with Dr. Carlyle Johnstone, and if I had had the framing of the amendment myself, it would have been to the effect that the Committee receive from the Association the very warmest thanks for their very skilful, laborious, and meritorious services (Hear, hear), that their request for re-appointment be acceded to and that they be requested to give further consideration to Tables 4 and 6.

Dr. HAYES NEWINGTON.—I congratulate Dr. Mercier on his critical powers.

We can recognise in what he said a lot of the spirit that leads to all-night sitting. You can go on *ad infinitum* with these criticisms, and no doubt they are perfectly just as far as he is concerned. But as far as the Committee are concerned, they knew that Dr. Mercier would hold certain opinions, that A would hold others, and B others, and the Committee have tried to represent a good sound working average of opinions. With regard to those old terms in the nomenclature we have purposely adopted them. Personally, I would sooner label the causes A, B, C, to show that they have no pathological or symptomatological connection with the disease, but that we recognise them as carpet-bags into which to put them in default of a satisfactory classification. Still, that is hardly the question now. We should recognise fully that there is no right to ask this Association to hurry through matters, because we know that there is ground for criticism, and just criticism. That should be heard and acted upon by the Committee. But what we do hope and ask is, that we shall have something more than a general approval of the Report. We have had a lot of delicate negotiations to carry through in connection with bodies, and so on; and we should like the meeting, if it could at an early date, to say that a certain general idea is thoroughly approved of and endorsed by the Association. This general idea, as Dr. Yellowlees has said, is first of all to shape the various Registers into such form that they will receive all the necessary information, and that they could be handed to statisticians to work out, and thus save the medical authorities a great deal of clerical trouble. That idea has involved communicating with authorities. And we should now like, if it could be possible, for the meeting to say at an early date that that was approved. We recognise that it would not be right, after what has been said, to ask for that to-day; but we think there should not be the waste of a year. In another year the propositions which are put before the meeting will be equally open to criticism and will, perhaps, be equally criticised; and so it will go on from year to year, and we shall never be satisfied. I propose that the Report be deferred until the November meeting, and if this is agreeable the Secretary could make a note of it, and the November meeting could be made a special one for arguing this out. I do not know that we could spend two or three hours in a better way in November than in trying to come to a conclusion on this. If that were carried, it would give opportunity to the branches to express their opinions, which could be brought before the Committee. The Committee would then, no doubt, be able to hold a meeting of its own and report further on what they have learned. I propose that, if I am in order in so doing.

(The chair was here occupied for the remainder of the morning by Dr. Spence.)

Dr. CARLYLE JOHNSTONE.—There is an amendment before the meeting: That the Committee be cordially thanked for their labours and be re-appointed for one year, and that in that interval the subject be referred to the Divisions for their consideration and report.

The CHAIRMAN.—I will now put that.

Dr. YELLOWLEES.—We have not the slightest desire to rush this matter; it would be wrong. The Committee have no wish to thrust it on the Association, and we entirely agree with the amendment of Dr. Carlyle Johnstone that it should be sent down to the Divisions and be criticised by them. It is too important to be rushed. All we ask for to-day is approval generally of the scheme and the way in which it has been worked out, not committing you to any detail, so that with your approval we can continue our negotiations with bodies with whom we are in communication now. If it be the wish of the meeting to adjourn the special business of the tables till the November meeting, it would be a great gain, and very much better than laying it by for a whole year. If we could get this through in November, it would be possible then to do some of the tables, or all of them if you like, for this present year. (No, no.) The Committee disclaim all desire to rush this matter in any way, and they will be content with any decision.

The CHAIRMAN.—The motion retains the Committee for another twelve months.

Dr. YELLOWLEES.—We are willing it should be deferred and considered, only we want to know that the principle is generally approved.

The CHAIRMAN.—I understand that the matter is to be referred to the November meeting.

Dr. HAYES NEWINGTON.—Dr. Carlyle Johnstone evidently thinks that our recommendation, that the Committee shall be re-appointed for a year, is for the purpose of keeping the matter open for that time. It is to be re-appointed for another year for specific purposes—to present a table of heredity, to suggest forms to facilitate compilation, and generally to arrange for carrying out the works of the Association in this matter. That is the object of our recommendation. I think the amendment would read very well if it were passed, because it would permit that we would report in November; that amendment does not delay the matter for a year. May we have the terms of his amendment in writing?

The CHAIRMAN.—Will you put it into writing, Dr. Johnstone? Whatever is done it is felt that the sincere gratitude of the Association is due to the Committee in the matter, as they have done excellently.

Dr. CARLYLE JOHNSTONE.—If my seconder will agree to the alteration, I shall be glad to substitute a modified amendment, to this effect: "That the consideration of this question be adjourned until the November meeting of the Association, when proper facilities shall be given for its discussion; that that meeting shall be devoted principally to the subject-matter, and that it first come before the Divisions."

The CHAIRMAN.—I take it there will be time to do that.

Dr. YELLOWLEES.—I agree with that.

Dr. CARLYLE JOHNSTONE.—If my seconder agrees.

The CHAIRMAN.—I should like to hear a list of the meetings.

Dr. ROBERT JONES.—The Irish Division has sent in November 24th as their day, but our meeting is on the 17th, though Dr. Nolan informs me that there will be no difficulty in changing it.

Dr. YELLOWLEES.—I accept that. May we ask that the decisions of the opinions of the Divisions be sent to the Committee, so that we may have a Committee meeting before the general meeting?

The CHAIRMAN.—Yes.

Dr. MACDONALD.—I would point out a difficulty. I think steps should be taken as soon as possible after this meeting to give notice to every member of the Association that this question will be considered at the Divisional meetings, because the majority of members will not know anything about this until they have seen it in the JOURNAL. Notice should be sent to every member of the Association that this question will be considered in the Autumn.

Dr. ROBERT JONES.—I think this should come as a resolution from this meeting, and that it should go out to members from the annual meeting. It is a big question.

The CHAIRMAN.—Will you take instructions from this meeting, Mr. Secretary, that a circular be sent out as soon as possible after this annual meeting.

Dr. URQUHART.—I am willing generally to approve of what the Committee has done. In detail I desire to ask various questions. I understand that Divisional meetings are now to be convened to discuss these tables, and that this annual meeting is to be adjourned to discuss them in the light of what the Divisions may say, in November, and that the Committee will afterwards be empowered to proceed with their final Report for the annual meeting of next year.

Dr. HAYES NEWINGTON.—No, that was not my proposal. It was that the November meeting should have power to adopt these tables, and that there should not necessarily be a Report again to an annual meeting; but that this annual meeting—being adjourned till the time of the ordinary meeting in November—should finally deal with the Report.

Dr. URQUHART.—I find difficulty in voting for that, because we—a small number of members—are taking it upon ourselves to-day to finish this work in November without having the opinion of the great majority of the Association.

The CHAIRMAN.—The fact of sending out the circular gives men the opportunity of expressing their opinion.

Dr. CARLYLE JOHNSTONE.—I do not think we can govern the finding of the November meeting; we are not dealing with an alteration of articles or bye-laws: it is this debate which is being adjourned. The November meeting may decide to reject or to adopt the whole thing, but I am willing that the opportunity should be given them.

Dr. HAYES NEWINGTON.—Surely it cannot be wrong for this Association in

annual meeting to refer a decision on a particular point to the Association in general meeting! It is not as if it were referring it to another body.

Dr. MERCIER.—It may be much more convenient as a matter of procedure to adjourn this annual meeting until November. For instance, it may happen, when we come to deal with this again, that a circular may have to be printed; we may instruct that new tables shall be drawn up, and something have to be done involving an expenditure of the funds of the Association beyond £25, which can only be done at an annual meeting; and we can safeguard ourselves if we resolve to adjourn this annual meeting, rather than to make it an ordinary general meeting.

Dr. URQUHART.—Perhaps Dr. Carlyle Johnstone will say if he is in favour of adjourning this meeting.

Dr. CARLYLE JOHNSTONE.—I do not object in the least.

Dr. YELLOWLEES.—We have done it before.

The CHAIRMAN.—I am sure it is the right way.

Dr. YELLOWLEES.—The annual meeting is not committed to any opinion about it; it can do just as it likes.

Dr. CARLYLE JOHNSTONE.—My point is that the question shall be brought up and considered by the Divisions before that meeting, and that one member of the Committee should attend each of the Divisional meetings for the purpose of giving us information. We shall be much indebted if they will arrange it.

Dr. YELLOWLEES.—I am sure the members of the Committee will, as far as possible, try to carry that out. I think it most desirable.

Dr. CARLYLE JOHNSTONE.—My amendment is rather loosely worded. It is: "That the Report be received, and the Committee be cordially thanked for their labours; that the Committee be re-appointed; and that the transaction of the private business of this meeting be adjourned till November 17th; and that the Report be considered at the next meeting of the Divisions, and that the Divisions be requested to report in writing their views to the Statistical Committee." I do not say anything about the adjournment of the annual meeting.

Dr. URQUHART.—I desire to add that this meeting do stand adjourned till November.

A MEMBER.—We cannot have the President's Address this afternoon, if you adjourn the meeting to November.

Dr. MERCIER.—Yes, you can.

Dr. HAYES NEWINGTON read the rule governing the procedure in such a case (Rule 94), and asked if the adjournment was to be *in toto*, or only in regard to this particular business.

Dr. CARLYLE JOHNSTONE.—This particular business.

Dr. HAYES NEWINGTON.—At an annual meeting adjourned for this purpose?

The CHAIRMAN.—At the end of the meeting to-morrow it will be an instruction to the Chairman to say that this meeting is now adjourned, for the purpose of considering the Statistical Committee's Report, till November. I am told by the Secretary that it is possible to do this. (Hear, hear.) I will so arrange.

DATES OF MEETINGS.

Dr. ROBERT JONES.—These are all fixed, except the Irish meeting, in November.

Dr. ROBERT JONES.—The dates of the meetings are as follows: The Irish Division, November 4th, now suggested by Dr. Nolan; South-Eastern, October 6th; South-Western, October 28th; Northern and Midland, October 13th; Scottish, November 4th; our own General Meeting, November 17th. Meetings next year, 1905: Irish Division, May 9th; South-Eastern, April 27th; South-Western, April 11th; North Midland, May 4th; Scottish, March 10th; our own, February 23rd; and our own May Meeting, May 18th. Irish Division, further meeting, July 5th.

ELECTION OF ORDINARY MEMBERS.

The PRESIDENT nominated Dr. MacDonald and Dr. Bond as scrutineers.

The following candidates were elected ordinary members: Bodvel-Roberts, H. F., M.A. Cantab., M.R.C.S., L.R.C.P. Lond., Assistant Medical Officer County Asylum, Hatton, Warwick (proposed by Drs. A. Miller, A. W. Wilcox, and

Robert Jones); Vincent, George, M.B., B.Ch. Edin., Assistant Medical Superintendent St. Ann's Asylum, Trinidad, B.W.I. (proposed by Drs. George S. Seccombe, G. Stanley Elliott, and P. Campbell).

ELECTION OF HONORARY MEMBER.

Sir John Batty Tuke, M.D., M.P., was unanimously elected an honorary member of the Association.

ELECTION OF CORRESPONDING MEMBERS.

Dr. Koenig, Dalldorf Asylum, Berlin; Dr. Caroleu, Medical Superintendent of the Asylum of Santa Cruz, Spain; and Dr. Caetano Beirao, the President of the Psychiatry Section of the International Medical Congress to be held in Lisbon in 1906, were unanimously elected corresponding members of the Association.

The meeting then adjourned.

VOTE OF THANKS TO THE OFFICERS.

The PRESIDENT.—I have now the very felicitous duty of proposing a vote of thanks to the officers who have so ably helped me during the year of my office. During this year a great step has been taken in the evolution of the Association. This has been worked out to a very large extent by the permanent officers of the Association, for we have more or less permanent officers, officers who are re-elected annually. In addition we have other officers who come and go. To all these officers this Association is enormously indebted for the very large amount—the illimitable amount—of gratuitous work they undertake. So long as we have such good officers of our Association, and so long as they work so thoroughly well in the best interests of our Association, so long shall we flourish, and so long shall we fill that proper place which we should occupy in the economy of medicine. I propose to you, therefore, a vote of thanks to our officers, and I shall call upon Dr. Urquhart to respond thereto. (Applause.)

Dr. URQUHART.—I am sure it is the greatest honour anyone could have in our Association to serve as an officer of it. It has been a great source of gratification and enjoyment to us, however hard worked we may be, to meet with approbation and such kindly consideration at the hands of the members of this Association. I thank you very sincerely and very gratefully on behalf of the officers for the way in which you have carried this vote of thanks.

VOTE OF THANKS TO THE PRESIDENT.

Dr. WHITCOMBE.—A very pleasant duty devolves upon me. Our President, Dr. Ernest White, has not included himself among the officers of the Association, and I beg to move that the best thanks of this meeting be given to him (applause) for his very able and courteous conduct in the Chair. As an old President of the Association I realise the work that has devolved upon Dr. White during the last twelve months. He has presided at our meetings with an ability, a dignity and an impartiality which have done him great credit. I am sure that this vote of thanks will be accorded to him with acclamation. (Applause.)

Dr. OUTTERSON WOOD.—I have been asked to second this vote of thanks to our retiring President. I do so with very great pleasure, chiefly because I am an old friend of his, and knowing him as intimately as I do, it affords me the very greatest pleasure to bear testimony to what I consider the admirable manner in which he has performed his duties during the past year.

The vote was carried by acclamation.

The PRESIDENT.—Gentlemen,—I thank you very heartily for the very kind reception which you have given to the proposer and seconder of this vote of thanks to me. The next very pleasant duty which devolves upon me is to induct to the Chair Dr. Percy Smith, my successor. We welcome him to this Chair, and offer to him our hearty congratulations and our best wishes for a very successful year of office. I have now the further pleasure of adorning my successor with this badge.

Dr. Percy Smith then occupied the Presidential Chair, amid hearty applause.

The PRESIDENT (Dr. Percy Smith).—Mr. Ex-President and gentlemen,—I assure you I feel most deeply the honour the Association has done me in appointing me to succeed a long line of illustrious Presidents. I am not worthy to succeed them, but no effort will be wanting on my part to perform the duties of the President to the best of my ability. (Applause.) I believe that the President's first duty is to present the prizes. Unfortunately, to-day there is only one prize to be awarded, and that is the bronze medal of the Association. Of course we always hope that, in addition to the bronze medal and prize of ten guineas for the prize dissertation, there will be a candidate receiving the Gaskell prize, which is much more valuable. I think it is a matter of great regret that many more assistant medical officers do not go in for this admirable and valuable prize of the Association. The bronze medal is awarded on the following conditions:—To any assistant medical officer of any lunatic asylum, public or private, or any lunatic hospital in the United Kingdom, for the best dissertation on any clinical or pathological subject relating to insanity; and the prize has been awarded to Dr. Townsend, of Barnwood House, Gloucester, for a paper on "Experimental Investigations into the Toxic Relations of Melancholia, with especial reference to the presence of Indoxyl in the Urine." That has been considered by the three judges, the Ex-President, the President, and President-Elect, to be the paper most worthy of the prize. Dr. Townsend has not been able to come up to-day, therefore it will have to be forwarded to him.

The PRESIDENT then delivered his address (see page 607).

Dr. G. E. SHUTTLEWORTH read a paper entitled "The Educational Treatment of Young Epileptics" (see page 662).

At the close of the discussion on this paper it was agreed to transmit the following resolution to the Parliamentary Committee:

"That the Parliamentary Committee of the Medico-Psychological Association be requested to consider the desirability of making the Act of 1899, referring to the education of defective and epileptic children, compulsory on all educational authorities, and not merely adoptive, as at present."

Dr. C. HUBERT BOND read a paper entitled "A Plea for the Closer Study of the Body-weight and its relation to Mental Disease." This paper will be published in the next number of the JOURNAL.

SECOND DAY.

Dr. A. W. CAMPBELL contributed "Further Histological Studies in the Localisation of Cerebral Function" (illustrated by a series of lantern slides) (see page 651).

Dr. JOHN TURNER made a contribution, illustrated by lantern slides, on "The Finer Anatomy of the Nervous System, with special reference to the Doctrine of Continuity as opposed to the Neurone Doctrine." A report of this valuable contribution will appear in the next number of the JOURNAL.

Dr. W. H. STODDART read a paper entitled "The Psychology of Hallucination" (see page 633). This paper was accompanied by diagrams and stereoscopic slides.

Dr. J. CARSWELL read a paper entitled "The Occurring Pauper Lunacy of Glasgow Lunacy District, and the Provision for its Care and Treatment."

Dr. G. M. ROBERTSON read a paper entitled "Night in the Asylum."

At this stage of the proceedings the President vacated the Chair, and his place was taken by Dr. Hayes Newington.

Dr. J. MILSOM RHODES read a paper entitled "The Question of how to provide Accommodation in regard to Chronic and Incurable Cases of Mental Disorder."

The proceedings terminated by a vote of thanks to Dr. Hayes Newington for presiding during the President's absence from the Chair.