

changes of the mucosa (22/51). 124 specimens of cerebro-spinal fluid have been examined cytologically to assist the correlation of changes in the permeability of the brain membranes and to follow the results of treatment. Experiments are in progress in order to detect areas of pathological change by injection of dyes into the cerebro-spinal system.

Chemical.—The investigation of basal metabolism during sleep has been continued. Although this has involved much work, we are not yet in a position to correlate the findings. The investigation of the permeability of the brain membranes has been continued and supplemented by similar investigations of animals under treatment. A method has been evolved for the estimation of the oxygen content of the blood, using an apparatus of the Haldane type which we have modified for greater sensitivity and use with small quantities of blood. 10 specimens of human and 20 of animal bloods have so far been investigated. The Fleischl-Meischl hæmoglobinometer has been used to check the hæmoglobin content of the blood in each case. The cholesterol content of the blood and differential fat analysis of the adrenals are being investigated in animals following injection of a paratyphoid vaccine. By modifying the technique of existing methods a satisfactory process of analysis of cerebro-spinal fluid for chloride requiring only 0.15 c.c. of fluid has been evolved, and so far 40 specimens have been examined. The results are as follows (normal 725–750 mgrm. per 100 c.c.): Average of our results (40 specimens)—718. Only one specimen was high (780 mgrm.), 34 were below 725 (lowest 684). These findings corroborate the theoretical consideration upon which the research was undertaken, that a low-grade meningitis is very common in mental hospital patients.

Post-mortem Technique for the Examination of Nasal Sinuses.

Apparatus required: Skull coronet, fine tenon saw, large trephine not less than 2 in. diameter, brace or large handle for ditto, wooden or metal guide for ditto, hammer, straight chisel, stout knife curved on the flat, Hobbies' treadle fretsaw.

The brain is removed with the minimum amount of damage.

The trephine guide is fixed so that the anterior part of the pituitary fossa is roughly central. By means of the trephine a circular saw-cut can then be made about 1½ in. deep. The occipital bone is chiselled through at the base of the saw-cut, the chisel passing deeply, as horizontal as possible, under the sphenoid block. By additional chiselling the other bony attachments are cut through and the soft parts severed by the curved knife. The block can then be removed and placed into Kaiserling solution. After fixation it is divided by a medial saw-cut with the fretsaw, thus exposing the sphenoidal sinuses.

The ethmoidal sinuses are opened by the above procedure, and should be examined both on the sphenoid block and that left behind in the skull (usually a part of the posterior ethmoidal cells comes away with the sphenoid block).

The frontal sinuses are opened by chiselling into the corner of the anterior fossa opposite the root of the nose.

The trephine is re-inserted into the hole and the circular cut continued down to the hard palate. After removal of central *débris* the antra can be examined and a note made of the condition of the mucosa.

By suitable chiselling into the temporal bone, the portion containing the middle ear can be wrenched away with lion forceps and examined.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION AND THE
GENERAL NURSING COUNCIL FOR ENGLAND AND WALES:
MENTAL NURSES AND STATE REGISTRATION.

An interesting debate took place at the 15th Annual Meeting of the National Asylum Workers' Union at Blackpool on the stalemate position between our Association and the General Nursing Council for England and Wales in regard to the recognition of the Association's mental nursing certificate for State registration.

It arose on the presentation of the Executive Council's Report on July 10, and those interested will find it fully recorded in the *N.A.W.U. Magazine* for August, 1929.

The subject cropped up again on July 11 on a motion by the South-Eastern Federation, as follows :

That this Conference express its approval of the R.M.P.A. Certificate as a satisfactory proof of qualification for mental nursing, owing to the high standard of examination, its general acceptance by Authorities, the reasonableness of the cost of obtaining the same, and the fact that some Authorities would refuse to pay the fees and bonus, and would consider instituting examinations of their own rather than submit to the imposition of the General Nursing Council Certificate.

Mr. JOYCE (Park Prewett) : After Mr. Gibson's statement on this matter yesterday there is little I can say ; in other words, he has stolen my thunder, but being the sponsor of this resolution, I must re-tread the ground. The R.M.P.A. have a high standard of curriculum, being equivalent to two theoretical examinations and a practical test held at the institution by independent examiners. It is not necessary to travel long journeys and suffer other inconveniences, apart from expenses incurred, for the purpose of sitting examinations. The fees for the R.M.P.A. examinations are quite reasonable. The passing of the final examination is a sufficient guarantee of proficiency for all who require the services of a mental nurse, whether for private or institutional nursing. It has come to my knowledge that several institutions do not pay the stipulated sums of two and three guineas, which amounts are required to cover the examination fees payable to the G.N.C. I have also been informed that several L.C.C. committees have suggested that rather than pay the amount mentioned, which in their case would run into a total of several thousand pounds per annum, they would prefer to institute an examination of their own and pay their own doctors. The R.M.P.A. examinations fulfil all requirements, and with that body they are fully satisfied. We must support one body, and this Conference should finally decide whose colours they are going to fly. With the R.M.P.A. there are cheapness, convenience and status on the one hand, and with the G.N.C. high examinations fees, the inconvenience and expenses of travelling, and a degree of autocracy on the other. I venture to ask the Conference to give a final decision on the subject.

Mr. ROBSON (Colchester) seconded.

[The resolution was carried.]

ROYAL MEDICAL BENEVOLENT FUND CHRISTMAS GIFTS.

To the Editor of the 'Journal of Mental Science.'

DEAR SIR,—It has been the practice of the Royal Medical Benevolent Fund for many years to give a Christmas gift to each annuitant, and some of the most necessitous of the grantees.

Both the annuitants, who are over 60 years of age, and the grantees are deprived of those little amenities of life which the more fortunate of us enjoy.

Many of our beneficiaries are alone in the world, as their friends and relations have passed over, and consequently they will not receive any gift or extra comfort this Christmas.

Last year the Fund gave to each 30s.; this meant an expenditure of £500. Many readers will wish that the recipients of this gift in former years should not be deprived of it this year.

But unless I am favoured by a generous response to this appeal our Funds will not allow of this gracious and friendly act.

Will every reader of this letter please consider if he or she cannot send to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, London, W. 1, a Xmas donation?

I shall be grateful whether the donation be large or small.

Yours faithfully,
(Signed) THOMAS BARLOW,
President.