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Part I.—Original Articles.

*Medico-Psychological Association of Great Britain and
Ireland: Presidential Address, delivered July 20th,
1905.* By T. OUTTERSON WOOD, M.D., Senior Physician,
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GENTLEMEN,—In the first place permit me to express my high appreciation of the honour you conferred upon me by electing me your President, when the office of President-Elect was rendered vacant by the resignation of Sir John Sibbald, whose death we now deplore. Let me assure you that nothing shall be wanting on my part to advance the welfare and prosperity of our Association, and to safeguard its interests to the best of my ability.

With regard to its progress, we are in a position to congratulate ourselves upon its continued success. We are steadily increasing in numbers, our finances are in a sound condition, and we are accumulating a substantial reserve fund.

To show the advance we have made within the last few years, let us compare our position to-day with what it was five and twenty years ago. In the year 1880 we had 394 members as compared with 680 to-day. In 1880 our income from subscriptions was £353 6s.; now our accounts show that during the last financial year our income from that source alone has

been no less than £681 9s. In 1880 our invested capital was £205 in 3 *per cents.*; to-day it amounts to close upon £500, exclusive of other amounts we possess which are invested for special purposes, such as the Hack Tuke Memorial, Dr. Paul's bequest, and other funds.

These facts and figures, which are so gratifying, are well worth remembering; for, as "nothing succeeds like success," the knowledge of our enhanced position should continue to attract to us all that is of the best among our professional brethren who are joining the asylum service of the country from year to year.

There can be no doubt that the formation of the subdivisions of England has added greatly to our success. The pioneers in this excellent movement were the members of the South-Western Division, who, under the able and active direction of their Secretary, Dr. MacDonald, have succeeded in banding the members of that district together and in steadily increasing their numbers.

The Northern and Midland Division, and the South-Eastern Division, by following their good example, are also displaying considerable vitality and aiding in keeping the members of outlying districts in touch with the work of the Association. As each division is now represented on the Council by elected representative members, its views can be laid direct before the Central Board by chosen delegates.

In fact, the reorganisation largely brought about by the promulgation of the new bye-laws has already, in this and in other respects, shown excellent results and promises well for successful administration in the future.

Owing to the steady increase in our numbers our list of members requires the expenditure of a considerable amount of time and trouble to keep it correct, so that it becomes a question as to whether it would not be well to appoint some one specially to attend to it. When, as frequently used to happen, the question of selecting names for official positions on the Executive came up for discussion, we were at a loss to find out quickly the position our members held in the Association as regards seniority. I therefore, some years ago, undertook the task of revising the list and worked out as far as I could the date at which members joined, etc. It took some time and a good deal of correspondence then, and it would be a pity not to have the

list kept well up to date. The constant changes in the addresses alone are important to have correct, and I believe errors are gradually creeping in which if allowed to accumulate will make it a heavy undertaking to rectify in the future.

The work of the Association has increased enormously during the last few years, and this business of keeping a correct register of our members, with their official positions and addresses, is only one among many other details which such an organisation as ours must keep well in hand, so that the time seems to have arrived when the question of employing a paid secretary to relieve our honorary officers of a great weight of detail and drudgery might with advantage be considered.

Before that can be done, however, there is a much more pressing want which for some time past has been forcing itself upon our attention, and I think we are all agreed that the present room which represents the headquarters of our Association in London is quite inadequate and unworthy of us. Those of us who have had to spend some hours there doing gratuitous work for the Association have every reason to complain of the smallness of the breathing space, the dinginess of the surroundings, and the general discomfort. So much was the Council impressed with this, that a committee was appointed to go into the matter, and it is to be hoped that this committee will be able to lay before us, ere long, some practicable scheme whereby we shall be able to find a local habitation and an address, adequate to our ever increasing requirements. Especially is this to be desired with regard to our library, which goes on increasing year by year, and which has already outgrown the accommodation available for it.

In this direction also there appears to be scope for the services of a paid secretary who could combine with his other duties that of librarian, under the immediate direction of the Library Committee.

Again, we pay yearly a large sum of money for the publishing of our Journal; and I am given to understand that it would not be beyond the bounds of good and successful management to further utilise the time of a paid secretary to aid us in becoming our own publishers, and if this could be done we should be able to save a fairly good sum annually, which would become available for paying part of his salary. There is another, and to my mind a most important, direction in which a paid secretary

could do available work, *viz.*, in attending our general meetings and correctly reporting our proceedings, for as these reports largely form the archives of our Association, it is of the greatest necessity that they should be accurate and reliable for future reference. I do not think it is right or reasonable that the general secretary, who has more than enough to do to look after the general business of the meetings, should also be expected to report the details of discussions and other matters; in fact, it is impossible for him to do it, and the appointment of a paid secretary to discharge these various duties would add to efficiency and economy.

During the last year some interesting and important subjects have been brought prominently before us.

The Absence on Trial Question,

for instance, caused no small amount of discussion amongst us owing to the action taken by the Commissioners in stating that it was illegal to bring a patient back to the institution, from which he was granted leave of absence, before the expiration of the time mentioned in the leave. The Parliamentary Committee had the matter referred to it, and, thanks to its labours, the question has been settled by the Commissioners obtaining a later and better opinion to the effect that a patient *can* legally be brought back at any time, so that our reading of the Act, upon which we had considered it right to work for so long, is confirmed.

The Dispensing of Dangerous Drugs

is a subject of the greatest interest to those of us who are engaged in private practice. In a letter to the medical press I recently ventured to call attention to the grave responsibility resting upon medical men in prescribing powerful drugs, and to the ease with which patients could obtain them in unlimited quantities by simply taking a prescription from one chemist to another. In the case to which I then called attention the patient had in this way obtained upwards of 1800 grains of hydrochlorate of cocaine in a 20 *per cent.* solution for the purpose of committing suicide. Some considerable correspondence in the medical papers followed, and I am glad to say the British Medical Association is moving in the matter;

but so far as regards the ease with which suicidal patients can obtain poisons, the evil goes on unchecked, for quite lately a patient in a "convalescent home" is reported in the morning papers to have written to the stores and obtained four ounces of pure chloroform, which she drank off and put an end to her existence.

Incipient Insanity.

The question of lunacy legislation continues to be very much *en evidence*, and calls for special notice, particularly as regards the legalising of the early treatment of cases of incipient insanity by their removal from home into private care for profit, which is forbidden by the law as it now stands. At the Annual Meeting of the British Medical Association as far back as 1896 Dr. Henry Rayner read a valuable paper, entitled "The Certification of Insanity in its Relation to the Medical Profession," in which he demonstrated the disabilities of early treatment. In the discussion which followed I then said, "it should be possible for a patient whose insanity is doubtful to be placed under care and treatment (away from home) on the application of a relative (such application to be accompanied by a written medical opinion) to a magistrate for a judicial order empowering the detention of the patient for a specified time." After some further discussion, a resolution was unanimously passed recommending the Council of the British Medical Association to move in the matter. It did so act, and in conjunction with this Association a joint committee was appointed, which laid the matter before the Lord Chancellor, who, to meet our views, inserted a clause into his proposed Bill. That Bill was withdrawn, but a similar clause appears in the Attorney-General's Bill which is now before the legislature. We may therefore hope, if it becomes law, that we shall at last obtain what we so long have been working for. But this is by no means all that is requisite. It is a well-known fact that all sorts of men and women are continually advertising in the lay and medical press and pestering us with applications for the care of insane patients—persons who know nothing about the care and treatment such cases require, and apparently do not care to know, but who are generally on the look out for some means of augmenting their income. It often happens that the friends gladly avail themselves of such persons to get rid of a

troublesome burden, and the patient is handed over to the advertiser with the too frequent result that a scandal arises or a suicide puts an end to his sufferings, and a coroner's inquest follows. Of this we had a forcible example a short while ago in the case of the Christian Scientists, who received a patient from an asylum with the above lamentable result.

Again, incipient mental cases have been called "*nervous*," "*hysterical*," or "*neurasthenic*," and on the advice of some "expert" have been placed in "medical homes" and Weir-Mitchelled, rubbed, and galvanised, and otherwise "*treated*" with the view of "curing their nerves." The effect of such treatment, however, is very naturally unsatisfactory, for the mental disorder continues to develop, and in the end, after the loss of most valuable time, inimical to recovery, the patient has to be certified and placed under proper control, notwithstanding the large sum spent for the expenses of the medical home, which are enormous, and which have drained the resources of his friends. One such case quoted in a paper I read upon this subject at a general meeting of the Association at Derby, in 1903, was said to be suffering from "*hysteria*," but had to be certified immediately after. This patient was brought to me recently suffering from a recurrent attack, from which she is at present recovering in an asylum.

To remedy this unsatisfactory state of things it would be well if some scheme could be adopted for the registration of places and persons taking mental cases. Especially is this so with regard to the so-called nursing homes, which abound, and which are, in many instances, kept going by the detention therein of cases of doubtful and even plainly certifiable insanity. In my opinion, the state registration of nurses should follow the registration of the persons who employ them in these homes if we wish in a satisfactory manner to legalise the early treatment of cases therein. This would, however, necessarily entail a considerable extension of the present means of official supervision. We could not expect our overworked Board of Commissioners as at present constituted to undertake any additional labour of this kind. The Board of Lunacy is manifestly understaffed, as Sir John Batty Tuke very plainly showed when he brought the matter before the House of Commons, and nothing short of a substantial addition

to its number would enable it satisfactorily to grapple with the enormous addition to its work such extension would entail. If the law is to be made "more elastic" it can only be made so by largely increasing the number of the Medical Commissioners in Lunacy in order to provide for the greater supervision such elasticity will necessitate, for we already have reason to complain of the inadequacy of supervision the Commissioners are able to exercise. In the paper read at Derby, in February, 1903, above alluded to, I advanced the following opinion:

"The point upon which the whole (of this) question hangs is that of adequate supervision. It is a very simple one. The Commissioners in Lunacy have all the facts in their possession. There is no need for any Commission of inquiry about the Lunacy Laws; we know quite enough about them already. The appointment of Deputy Commissioners who should be local expert representatives of the Board in large centres of the population will, in my opinion, meet every requirement."

These Deputy Commissioners would be more likely to have some personal knowledge of the places and of the people receiving incipient cases, and could take a better, because a more independent, position in exercising the necessary supervision and control to prevent abuses.

Voluntary Boarders in Public Asylums.

We find in the case of registered hospitals and licensed houses that persons with incipient insanity can be induced to place themselves under treatment by obtaining admission into institutions as voluntary boarders, and it is reasonable to propose that this privilege may be legally extended so as to apply to the public asylums receiving paying patients. That which is good for the well-to-do cannot be bad for the poor, and as county asylums are now permitted to take private patients and provide the necessary accommodation for them at reasonable rates, they might also be empowered to take voluntary boarders. At any rate, the question is well worth consideration at the hands of our colleagues, the medical superintendents of county and borough asylums. If greater elasticity is required in encouraging the early treatment of incipient insanity, surely here

is a field for extension in this direction. Very many cases have come under my personal care in the hospital out-patient department, in which admission as voluntary boarders into our public asylums might have been the means of curing the patients and have thus saved their relatives many a pound by their rapid recovery under early voluntary treatment, instead of their being allowed to drift owing to the impossibility of obtaining for them the early institutional treatment their condition required, and of which they would willingly have availed themselves.

The Public Trustees and Executors Bill.

It frequently happens that we are consulted about the mental condition of a patient whose only relatives may be aged parents or some distant connection, and we are asked to advise as to the steps to be taken in order that the property of the patient (not necessarily a lunatic) may be made secure. The Bill now before Parliament is for the purpose of creating "the Office of Public Trustee," and it provides that the Lord Chancellor with the concurrence of the Treasury is to appoint one. This will be a boon to the public because of the great difficulty which exists in inducing competent persons, other than solicitors, to act, and the difficulty is growing. The weak-minded folk about whom we are consulted are often friendless and inexperienced in business matters, and this makes them the ready prey of all sorts of sharks, as we very well know. To such people the Public Trustee would be of the greatest value, and in many instances he would be the means of obviating the necessity for taking proceedings before a Master in Lunacy which, in certain cases and for various reasons, is not desirable.

Nursing.

This is another matter which has been brought prominently before us during the past year, and there are several points in connection with it which will well bear further consideration. In July, 1897, I published a paper in the *Journal of Mental Science* entitled "The Asylum Trained and Certificated Nurses of the Medico-Psychological Association." That paper was intended to be a reply to aspersions cast upon our nurses by certain persons who were then ignorant of the system of training and the examinations we had instituted. In the paper

appears the following paragraph referring to the success that had attended our nursing system: "We find we are face to face with an unequivocal success, and by the force of circumstances we are compelled to act up to the responsibility of the position in which we stand, *vis.*, that of being one of the most important, if not the most important of the nursing authorities of this kingdom, an authority with which the nursing community will have to reckon, and which it is our duty to uphold." When that was written we had only 2,500 nurses' names upon our register; now the number of nurses, male and female, who hold our certificate for proficiency in nursing is no less than 6,900. This body of trained and certificated nurses is, I believe, the largest number of any known in the nursing world who hold certificates of uniform value from one constituted authority, and whatever is done in the way of legislation with regard to the State registration of nurses or otherwise, it must be our duty to strive energetically to safeguard the interests of these nurses, male and female, and we, as their representatives, can make our intervention on their behalf of some avail with such a weight of numbers as we have behind us.

We took a strong step in the right direction at our last annual meeting when we definitely fixed the period of training for our certificate at three years, for by so doing we freed our nurses from the taunt of being inadequately trained, as compared with hospital-trained nurses. This extension of time will give our nurses a status they never had before, and will greatly strengthen our hands in advocating their claims for inclusion in any scheme of State registration. That this is an urgent matter we are well aware, for in the Bills introduced into Parliament our asylum-trained nurses are ignored, and no representation is given on their proposed Councils to our Association. Unless these serious defects are removed in committee, the passing of such a Bill will be a fatal barrier to our nurses acquiring that position to which they are so fully entitled. Much will depend upon the result of the special Committee now considering these Bills and taking evidence from various sources in connection with them. There is another point which I might mention here, and it is one which calls for immediate remedy. It is the custom of calling our male nurses "attendants." This is decidedly a weak point in

our system, for the name is as much out of place as the names "warder" or "keeper" of bygone days. Its retention tends to lower the position of our male nurses, and I would venture to suggest that men who enter our institutions for the care and treatment of the insane, on completing their three years' training, and taking the certificate of our Association, should be given the name of "*nurse*," which they have justly earned. No good purpose can be served by retaining the name "attendant" for our qualified nurses, and I must confess when I recently saw an advertisement in the medical papers announcing the date of the next examination "for the certificate in nursing and attending the insane," I thought the inclusion of the words "and attending" superfluous, and that they did not tend to raise the tone of our certificate which is given "for proficiency in nursing."

Some of our members have advocated the principle of substituting female nurses in lieu of males for male patients. Doubtless a certain proportion of male cases of physical illness in hospitals or hospital wards may be suitable to be nursed by females, but the proportion cannot be very large, and among acute mental cases it is bound to be small. On the other hand we must be careful in carrying out this idea, excellent enough as far as it goes, that we do not damage the cause of our male nurses by pushing it too far and thus producing in their minds a feeling of irritation which will not be good for the patients, for the institutions, or for the nurses themselves, or which may lead them to become careless about that part of their calling which is so important—the nursing in its highest sense of the chronic as well as the acute forms of insanity, the docile as well as the dangerous. We must not forget that competent male nurses are as much an absolute necessity in asylum life as they undoubtedly are in private practice. We cannot do without them, and an important point to recollect is that there is no other institution in the kingdom which trains and qualifies men for the position of nurses as we do, and this is an additional reason why we should be careful not to belittle their capabilities and qualifications. It has been my good fortune to come across some excellent male nurses, and I am inclined to think they are very much what we ourselves make them. To quote from an exceptionably able and temperate letter written by a matron in the *Asylum News* for March last: "A kind heart, common

sense, devotion to duty, loyalty to proper authority, these are not the sole prerogatives of women, and the man who, possessed of them, is also a well-trained mental nurse, can nurse insane men as well as, and with greater propriety than, any woman."

We must further remember that we are the qualifying body for these nurses, male as well as female, and it is an essential part of our duty to do what we possibly can to keep up the standard of our qualification by careful teaching and strict examination, and to improve the position they hold in relation to nurses of other institutions. The hospital-trained nurses obtain their certificates from a large number of different sources, and there is nothing to guarantee the uniformity of their training or the standard of their examinations, neither are all the institutions which grant them their certificates of equal standing. Their certificates cannot, therefore, favourably compare in this respect with that of a well-organised system such as ours is, ramifying as it does all over the kingdom and colonies, and dependencies of the Crown, with one uniform system of training and one standard of examination under the supervision of our Association. Doubtless faults may be found here and there with our methods, for no system is perfect, but what defects there may be, can be but of minor importance. Everything must have a beginning, and as time goes on and any flaws in detail come to light they can be easily remedied. At any rate it cannot be denied that we have done excellent work, and there is no reason why our system should not continue to prosper in the future as it has done in the past, if we keep moving with the times, and our examiners see that a fair standard is maintained. The possession of our certificate in private work is of the greatest value, and at once procures an assured position and the higher rate of payment of three guineas per week for mental cases. This to some nurses is doubtless a great attraction, and tends to draw them away from the asylums. As, however, the supply meets the demand this will diminish in the course of time.

There is another point worth noting, and it is this: we often hear it said that hospital training should count in the training for our certificate, but what constitutes hospital training? It is a very uncertain and variable quantity, for among hospitals generally there is a great want of uniformity. For instance, a nurse who has *served* three or four years in a hospital is said to

have had that length of training, though she may not have attended lectures or passed an examination, and yet these nurses with their three years' *service* have been registered as trained. It is only recently that systematised courses of lectures have been introduced into many hospitals, and yet these hospitals will not recognise our training, which in many respects is better than their own. Neither will they give our nurses credit for the one, two, or even three years' training they may have had under our system. They must go through the whole of their training again to obtain their hospital certificate qualifying them for registration as hospital trained. So in our case the hospital training may be of value as regards the, strictly speaking, sick nursing of the sane, but to obtain our certificate for proficiency in nursing the insane, nurses must be trained under our system; they are of but little use to us without it. Hospitals are quite as chary of taking nurses from other hospitals, let alone asylums, as many of our members are of taking nurses from other asylums, so that, unless some definite understanding can be come to between individual hospitals and asylums whereby an interchange of nurses may be agreed upon, the difficulties which now exist to what would be an excellent arrangement will not readily be overcome.

Again, of all those 6,900 nurses whose certificates we have registered, of how many can we say that we personally know them to be proficient in nursing, not merely technically, but personally qualified, which means that they are possessed of those individual characteristics which go so far towards making a really good and efficient nurse. But the same applies to the nurses of the Royal British Nurses' Association. Possibly many of you may not be aware that in founding that excellent Association, there was a period of grace, during which those already engaged in nursing were admitted to registration under special conditions, that is, without having passed an examination or attended courses of lectures. The present period of training for hospital nurses, the establishment of lectures, the size of hospital recognised by the Association, and the general requirements of the Board of Registration are all developments of the Association which have followed since its foundation, and have brought it up to its present position of strength and usefulness. I think therefore we have every reason to be satisfied with the results which so far have followed the registration of our nurses'

certificates, but we are like the Royal British Nurses' Association when it started, in that we have passed through the early stage of our existence as the qualifying body for asylum-trained nurses.

Some excellent authorities rightly maintain that all the technical knowledge in the world cannot make a nurse, for nurses are born, not made, and we gladly acknowledge how true that is, but no one can deny that given two "born nurses," one of whom shall be in the possession of our certificate, the one with our training is the one upon whom we should rely in an emergency. Where we, as the qualifying body, are wanting is in the fact that we merely register the certificates and not the persons who possess them as the Royal British Nurses do, and the remedy for this weak spot in our system seems to me to be to follow the example of the Royal British Nurses' Association and organise a Registration Board of our own as soon as possible. Having served for some years upon the Registration Board, the Executive Committee, and being now on the General Council of the Royal British Nurses' Association, I am fully acquainted with its procedure, and know that no nurse's name is passed by the Registration Board without every inquiry having been made at the institutions (and there was no limit to them—she may have been trained in a dozen for that matter) not only as to her training, but also as to her personal character and individual fitness for the work. If, therefore, we are prepared to take yet one more step towards bringing our nurses into line with the members of the Royal British Nurses' Association and the Midwives' Board, so as to enable us to advocate their claims on equal terms with the two latter, we must establish a Registration Board and make it compulsory for each of our nurses to pass it. Then we shall be able to say of our own knowledge we can guarantee them to be thoroughly trained and personally competent. It is true that up to last July our nurses obtained our certificate on a two years' training, but a very considerable number of these have served their three years and over, and they could therefore come before the Registration Board and qualify as fully trained, together with those now under training who will have to serve their three years according to our new arrangement. Thus they will all compare favourably with the nurses of the other associations, and no opposition to their inclusion in any scheme of State registration can be raised

against them. Here, again, in the foundation of this Registration Board, we would find work for our paid secretary, which would take up a considerable amount of his time, and relieve our Registrar of much clerical detail. In the event of the Association taking a favourable view of the suggestion to have a Registration Board it would be necessary to refer the question to a committee to consider it in all its bearings, and if found to be feasible, to work out the details and report generally as to its advisability. Of one thing we may be certain, that no satisfactory plan for consolidating our position and placing ourselves in the way of doing the best for our nurses and adding to our reputation as their qualifying body, can be properly carried out without one. I repeat and desire to emphasise the fact that there are at present only three organised qualifying bodies for nurses in the field with regard to State registration, *viz.*, the Royal British Nurses' Association, the Midwives' Board, and our own Association, and that the only objection that can be raised against our nurses being included in the proposed legislation is that they have not passed a Registration Board as the others have done. There is one more point in this connection which we must consider, and it is this: that by our constitution, as we hold our meetings all over the kingdom, it might occasion some difficulty if we have only one Central Registration Board. This, however, could readily be overcome by grouping our training institutions according to the divisions of the Association in which they are situated and having Divisional Registration Boards in touch with the Central Board. This would give even a better guarantee than does the Royal British Nurses' system for that personal knowledge of the competency of our nurses which is so desirable. That we must move with the times is certain. To stop would be fatal. We have begun, and so far satisfactorily carried on, this work, and, seeing the strong position we now hold as the representative qualifying body for mental nurses, feeling as we do the right they have to be treated on equality with others, we need have little fear of procuring for them the State registration they deserve, should it be granted to the others, and should we so desire it. Personally, I am not yet quite sure that all the stir now being made about State registration will be of much material benefit to the nurses themselves, and as to whether this perking them up with a glistening pride may not end in

their wearing a crown of sorrow, and not tend to their ultimate advantage, but what seems very evident is, that if other nurses are to be placed under Parliamentary protection, there is no reason why ours should be left out and looked askance at, and in the eyes of the public made to appear outside the pale of official recognition.

It is somewhat instructive to consider the manner in which this question of State registration of nurses was brought so prominently before the public. It came about somewhat in this way. The Royal British Nurses' Association having applied for a Royal Charter, found itself opposed by some of its own members, who, failing to block the granting of the charter, got up a Bill for the State registration of nurses. The effect of this move was to imperil the Royal British Nurses' Association by undermining its system of registration, which is undeniably good. The Royal British Nurses' Association in self-defence was compelled to promote a Bill of its own, so that the House of Commons found itself faced by two Bills, both being supported, but on different grounds. Hence the appointment of a Select Committee to inquire into the necessity for doing what the Royal British Nurses' Association was already doing so well, and what we have been doing for years for our asylum-trained nurses. All the argument about the protection of the public is only used for the purpose of advancing the merits of one Bill and its supporters against the other. The public with regard to the employment of nurses is well protected by the members of the medical profession, who take good care to employ such nurses as are properly trained, of good character, and well recommended. One of the results of this dual Bill-promoting business was the alacrity with which the promoters turned to us for support; and we found those who had referred to our nurses and our training (about which they were lamentably ignorant) in terms which were simply outrageous, craving for our support for their Bill. It is to be hoped that our Association will be careful not to identify itself with any such, but steadily, and independently, will persevere in the determination to have justice done to our nurses, and to obtain for them a recognised position in the nursing world to which we claim they are entitled. Whatever may be the outcome of the movement in regard to the State registration of nurses I doubt if any scheme can improve upon the excellent system of

the Royal British Nurses' Association under the Presidency of Her Royal Highness the Princess Christian. I feel that our Association is largely indebted to Her Royal Highness for the interest she has also taken, on more than one occasion, in the status of our asylum-trained nurses, and I know personally how fully Her Royal Highness appreciates their work. If State registration should become an accomplished fact, I trust the Royal British Nurses' Association will be authorised to register hospital-trained, and our Association, asylum-trained nurses.

In the very limited time at our disposal I have endeavoured to mention a few of the practical points in connection with our work as an Association. It is an Association which is increasing year by year in strength and usefulness, and which is branching out in many directions, bringing us more and more into touch with the public and with the members of our profession generally. Psychological medicine is now more intimately associated with general medicine than formerly, and I trust it will continue to be our object to strengthen the bonds which are uniting us, and which will ere long bring us into one harmonious whole.

Dr. YELLOWLEES : Mr. President, I am very glad, Sir, that my voice is the first to address you by your new title. The duty has been assigned to me—and it is a pleasure as well as a duty—to propose a very earnest vote of thanks to you for the admirable address to which we have listened. Our presidential addresses have been either strictly scientific, or, as yours has been to-day, directly referring to our administrative work and eminently practical. I am quite sure that in all you have said this afternoon you have carried your audience with you, and you have earned our special thanks which I beg now heartily to move. (Applause.)

Dr. ERNEST WHITE : Mr. President, allow me as one of your very oldest friends to congratulate you on your excellent address. It is just the type of address that we expected from you, and we feel sure that your guidance of the affairs of the Association during your year of office will be equally practical. I have very much pleasure in seconding this vote of thanks.

Carried by acclamation.

THE PRESIDENT : I am very much obliged to you indeed for your vote of thanks to me for what I have endeavoured to make a practical address upon matters with which we have to deal in carrying out the work of our Association.