

any drug or substance whether solid liquid vaporous or gaseous and whether pure or mixed with any other drug or substance with the object of producing a state of unconsciousness during any medical or surgical operation act or procedure or during childbirth shall be liable on conviction before a court of summary jurisdiction for such offence to a penalty not exceeding £10 and in the case of a second or subsequent conviction to a penalty not exceeding £20. Provided always that a person shall not be liable to a penalty under this section if in conducting such administration he was acting under the immediate direction and supervision of a legally qualified medical practitioner or if the circumstances attending the administration were such that he had reasonable grounds for believing and did believe that the delay which would have arisen in obtaining the services of a legally qualified medical practitioner would have endangered life.

2. All examining bodies recognised by the General Council of Medical Education and Registration of the United Kingdom shall require that all candidates before presenting themselves for their final examinations shall have received thorough theoretical and practical instructions in anæsthetics and shall have personally administered anæsthetics under the supervision and to the complete satisfaction of their respective teachers.

3. This Act shall not apply to any person who having been registered under the Dentists Act, 1878, before the passing of the present Act shall administer any drug or substance with the object of producing a state of unconsciousness during any dental operation act or procedure.

4. The expression "court of summary jurisdiction" in this Act shall have the same meaning as in Subsection 11 of Section 13 of the Interpretation Act, 1899. In Scotland it shall mean any justice of the peace and also the sheriff. The expression "the Medical Acts" shall mean the Medical Act, 1858, and any Acts amending the same passed before the passing of this Act.

5. This Act may be cited as the General Anæsthetics Act, 1908.

A careful perusal of the correspondence which took place between the Privy Council and the General Medical Council as to the desirability of legislation,¹ indicates that behind the dark clouds which have for many years been gathering over this branch of practice there is a hopeful gleam of sunshine in the support given by the General Medical Council to the main principle involved in the Bill submitted to them. Everyone who is genuinely interested in the progress of anæsthesia for surgical operations will read with pleasure the views expressed by Sir Donald MacAlister, the President of the General Medical Council, in a letter which he wrote to the Privy Council—views which were fully endorsed by the General Council at its next meeting. He said:—

Clause 1 of the proposed Bill appears to me to contain what is essential for the protection of the public in this department of practice. It would indeed be well if it could be extended to all departments of practice by which life or limb is endangered.

With such a pronouncement from such an influential quarter it was certainly expected by many of those present at the meeting of the section to which I have referred that an enthusiastic and practically unanimous expression of opinion would go forth in support of the measure taken as the basis for discussion. But to my surprise—and, I think, to the surprise of others—several leading members of the section began to attack the very principle of the Bill which had been endorsed by our supreme medical body. One distinguished anæsthetist, indeed, not content with proposing an amendment which if incorporated in an Act would not carry us as far as the General Medical Council is prepared to go, endeavoured to apply to the Bill as a whole certain critical remarks which the Council had perfectly plainly and logically made with regard to Clause 2. For some reason which I have yet to ascertain the very gentlemen whom one would have expected to take advantage of the lead given by the General Medical Council hesitated and jibbed, and the meeting terminated in a state of confusion. My chief reason, Sir, for asking you to insert this letter is that I think every member of the profession should be made aware that the question of legislation as regards anæsthetics will again come up for discussion at the adjourned meeting of the section on Friday, Feb. 5th, when I trust it will receive the attention it deserves. As I ventured to say on Wednesday last the first duty of our profession is to safeguard the lives of patients intrusted to our care. With this object we are bound to take immediate steps to reduce the appalling—and, I maintain, unnecessarily high—mortality from anæsthetics. A constructive policy of some sort must be evolved in the near future, or we shall not be doing our duty to the public. So long as highly toxic drugs such as general anæsthetics may be administered by those possessing no medical qualifications, so long will this department lag behind in the great march of progress. Directly it is made a penal offence for anyone but a legally qualified medical practitioner to administer a general

anæsthetic this branch of practice will begin to rise to its legitimate level and a large number of the risks now necessarily incidental to general anæsthesia will vanish. It is perhaps unfortunate that the Bill submitted to the General Medical Council contained an educational clause, for this was the only clause adversely criticised by that body. It seems to be clear from Sir Donald MacAlister's statements that the machinery at present in the hands of the Council may be so adjusted as to secure the efficient instruction and training of every medical student in the administration of anæsthetics. If this can and will be done by the General Medical Council it may be unnecessary to encumber the Bill with the clause to which the Council has taken exception. I cannot help hoping that at the adjourned meeting of the Section of Anæsthetics on Feb. 5th a motion heartily welcoming and supporting the pronouncement of the General Medical Council as to the main principle of the Bill will be passed.

I am, Sir, yours faithfully,

Queen Anne-street, W., Jan. 23rd, 1909. FREDERIC HEWITT.

THE DEPARTMENTAL COMMITTEE AND AMENDMENT OF THE MIDWIVES ACT.

To the Editor of THE LANCET.

SIR,—Your annotation on the Departmental Committee on the Midwives Act¹ will have rendered valuable service to the medical practitioners of England and Wales if it awakens them to a sense of the importance of the occasion and the possibly far-reaching effects of the report which may be expected in due course from the committee recently appointed. It is disappointing to find that the appointment of the Departmental Committee has attracted very little attention from those whose interests are chiefly involved, that is to say, the body of general practitioners whose work lies entirely or partially in working-class communities. Perhaps they have not yet grasped the situation or they are so over-worked at this season of the year that they cannot find time and energy to prepare "copy" for the medical press. The Departmental Committee appointed by the Lord President of the Council will be chiefly concerned with two questions: (1) as to the supply of midwives; and (2) as to the due remuneration of medical practitioners called to abnormal cases by midwives acting under the rules of the Central Midwives Board.

As a member of the Central Midwives Board nominated by the Lord President it would ill become me to criticise the composition of his Lordship's Departmental Committee; but I have no desire and I am under no temptation to do so. Inquiry must be beneficial. There is, however, one defect so obvious to the medical reader as to suggest mere oversight, yet probably entailing such unfortunate consequences that it may be mentioned with every wish to be helpful and without offence to any concerned. The Departmental Committee as at present constituted contains no representative member of the medical profession conversant with the routine of midwifery work among the poorer classes, with the sort of practice in fact which brings the doctor into close relations with the midwife while she is engaged on the duties of her calling.

The Departmental Committee is without doubt composed of able men, all distinguished in their own particular official positions, but it is difficult to believe that a report drawn up by a committee even so composed will be received with the same confidence by the medical profession as that of a committee containing one or more medical members qualified by special experience, independence, and sound judgment to elicit the most valuable evidence on certain aspects of the questions involved and to assist in preparing a report. It would be a misfortune if an easily remediable defect were to be permitted to weaken the confidence of the great body of the medical profession in the value of the report of the Departmental Committee and damp the ardour with which otherwise they might coöperate in giving practical effect to recommendations.

With regard to the two chief points for inquiry, I should like with your kind permission to offer some suggestions to the professional brethren interested. These suggestions are

¹ Brit. Med. Jour., Dec. 5th, 1908, Supplement, p. 302.

¹ THE LANCET, Jan. 16th, 1909, p. 187.

the outcome of considerable rumination over the reports which are regularly received by the Central Midwives Board, over what one learns in conversation with medical practitioners concerning their experiences, all weighed in the light of personal experience as a general practitioner in years gone by. My suggestions, put forward with much diffidence, may possibly form some part of the basis of discussion among those who are chiefly concerned; I harbour no illusion that they are matured in detail for practical application.

Firstly, with regard to the supply of midwives, we are at the present time, both as to quantity and quality, just emerging from a state of barbarism. There are too many midwives of sorts here in the north; it is alleged that there are too few in the south and west of England. Seeing that there are about 23,000 names on the Midwives Roll, about 15,000 actually in practice, with an annual increment of about 1000, it may be supposed that distribution by relieving the congested districts would be a way out of the difficulty. But such a course is utterly impracticable; the ordinary midwife must, as a rule, practise where she was brought up, or at least where she has long resided and is well known. With selected women made official and subsidised it would be different. Another difficulty to be overcome or circumvented lies in the fact that so few of the numerous midwives can make a decent living out of their professional earnings alone, and now that they are prevented from quackery among women and infants by the "tyranny" of the Central Midwives Board the earnings are more precarious than ever. Many of them must engage in supplementary occupations not always compatible with the midwife's calling. Upon the whole, a distinct improvement can already be observed in the work of the midwives as a class. There are, of course, many shocking exceptions, but these are being gradually eliminated through the administration of the Midwives Act by the local supervising authorities and the Central Midwives Board.

How, then, are we to maintain a reasonable standard of efficiency while supplying a sufficient number of midwives for the classes of the population of England and Wales which require their services? A suggestion for a solution of this problem comes from the recent action of some county councils. Several English county councils have offered scholarships or bounties to suitable women to induce and enable them to go into training as midwives. Now if this is done voluntarily by some why should it not be made a rule obligatory on all county and county borough councils? That is to say, the State, as in Continental Europe, should undertake the training of the number of midwives required by the population. In this country "the State" would be the local authorities, and they would select suitable pupils for training and train only the number actually required in their own areas. This would put an end to a demoralising competition which there is some reason to fear is already causing temptation to crime. It would also do away with that selection of the unfittest which we may observe now going on all over the country. It is such an economical and easy exercise of benevolence to provide for the widow of a man-servant or to support the poor wife burdened with a chronic invalid husband to send her for training as a midwife. The ground for selection in such cases is not the fitness but the poverty of the pupil. Under a more rational system, if such women were not only poor but fitted by education and temperament to make efficient midwives, so much the better satisfied with their selection the committee of a county council might be. But it is surely a mere platitude to assert that poverty alone should never establish a claim to public assistance towards training for the calling of midwife.

Many arguments could be adduced in support of the changes—reforms which I am hinting at. The better the position of the midwife the more it will become an object of ambition for the most suitable class of women and the more the midwife will fear to lose her post by transgression of either moral or legal obligations in her professional capacity. It might be premature to suggest here the establishment by coöperating local authorities of rate-aided lying-in hospitals for the training of midwives like the State-supported maternity hospital schools of France and Germany and other countries. These institutions will come with the municipalisation of *all* public hospitals and the restriction within reasonable limits of "hospital abuse," including, too,

small staffs and indecent partiality in making appointments. This consummation is not, perhaps, such a remote event as the many who are indifferent to the signs of the times may imagine.

The second important question before the Departmental Committee is the remuneration of medical practitioners who are summoned at the request of midwives to render assistance in cases of danger or difficulty. The worst blot upon that very defective measure, the Midwives Act, 1902, is the entire absence of any germ of a provision for the payment of fees to medical men called upon to render their professional services to poor women in obstetric emergencies. Probably the advocates of the Bill felt in their haste to get it through that if it were weighted with controversial clauses it would sink out of sight. Nevertheless, with all its weaknesses in the past the Act has been useful and it seems destined with some amendments to work a beneficent social revolution. And the most urgent amendment required is the removal of the intolerable grievance from which the hardest working members of the medical profession suffer at the present time. It is therefore highly desirable that suitable witnesses should go before the Departmental Committee and offer evidence founded upon intimate personal knowledge of the working of the Midwives Act as it has affected the general practitioner. It seems to me that sympathetic and experienced witnesses from the Manchester and Salford area alone could contribute most important, possibly sufficient, evidence on the working of the Act in urban communities. Manchester shows the administration of the Act at its best; Salford at its worst. There can be few districts in the country where such a striking and instructive contrast forces itself upon public attention in what is to all intents and purposes the same population.

In Salford an unenlightened borough council refuses to administer the Act in an efficient manner and subjects the medical practitioners to ill-usage, while an unspeakable board of guardians endeavours to increase the pauper element among the poor and by little else than chicanery withholds the well-earned remuneration from practitioners who are so unfortunate as to do the work in emergencies for the district Poor-law medical officers when they cannot be found. In Manchester everything is in favourable contrast to all this discreditable maladministration; the details would occupy too much space to describe, but the facts are open to the observation of the whole country; Manchester officials have nothing to conceal. I have no idea what the scope of the evidence required by the Departmental Committee may include, but some account of the administration of the Midwives Act in Manchester and Salford could hardly fail to be relevant and useful, and our local medical organisations might very well combine in an effort to get the facts brought under the notice of the Departmental Committee.

As to the future, by far the most important question which keeps thrusting itself upon our attention and must find some solution is this: what amendment of the Midwives Act will remove the exasperating annoyances inflicted upon so many practitioners by greed and incompetence in the administration in some parts of the country? The doctors give their services by day or night, well knowing that they will receive no payment, or they refuse to answer the summons, and then they are held up to the scorn and contempt of their neighbours as hard-hearted and cruel monsters. Such a state of things is intolerable; it has been put up with vastly too long; it should cease forthwith.

This is no political question; it is one purely of fair dealing and social amelioration. The whole medical profession might combine and use such influence as it may possibly possess in order to obtain a reasonable settlement. Local authorities should be made legally responsible for the fees of the accoucheurs who come to the aid of the midwives in an emergency. The employment of a midwife under present social conditions may well be accepted as *prima facie* evidence of poverty in the family of the patient, and if any proportion of emergency fees is recoverable from the husbands that must be a question for the local authority, not for the doctor. He should be as confident of payment for work done as he is at present of receiving in due course and without worrying formalities his small fee for the notification of certain infectious diseases. It is all skilled work done in the interests of organised society. Prompt and skilful treatment in cases of obstetric

emergency saves lives and prevents the misery which results from certain chronic ailments. Such aid brought to the poorer working-class women has the additional advantage of ultimately saving the pockets of the ratepayers. To the ratepayer it matters little or nothing whether the pittance which goes into the doctor's pocket is administered by the city or borough or county council, or even by the board of guardians. He only wishes to know that his money is disbursed fairly for value received without the harassment and ill-usage of those who have earned it, and he does not clearly see why the Poor-law should come in at all.

If you work out the arithmetic of the situation by addition and subtraction you will reach the conclusion, on the debit and credit reckoning without considerations of sorrow and suffering, that it would well repay the ratepayers of city or county to take matters out of the hands of the "guardians of the poor" throughout the length and breadth of the country, to put an end to the ill-usage of the humble medical practitioner, and to pay him decently well for his services.

I am, Sir, yours faithfully,

Manchester, Jan. 18th, 1909.

WILLIAM J. SINCLAIR.

To the Editor of THE LANCET.

SIR,—Sir William J. Sinclair has done good service to the general practitioner by drawing attention to the formation of this committee by the Privy Council. There is no doubt that in 1902 the medical profession was caught napping. There will be no excuse for us if we lose this opportunity now offered for amending the Act and the present rules of the Central Midwives Board which are only in force until Sept. 30th next.

The British Medical Association has been asked if it desires to tender evidence. The reference to the Departmental Committee is "To consider the working of the Midwives Act, 1902, and in particular with reference to the supply of midwives and the cost of training, the remuneration of medical men summoned on the advice of midwives under the rules in pursuance of the Act, and the delegation of their powers by county councils under the Act."

There seem to be two principles that should be urged: (1) adequate and immediate representation of the general practitioner by general practitioners nominated by the Association on to this Departmental Committee; (2) adequate representation of the general practitioner by general practitioners elected by the Association on to the Midwives Board. With these acceded to, as also: (3) adequate guaranteed payment for services rendered to the State by attending women before, during, and after labour; and (4) no State subsidising of midwives, the profession can rest content that the Act will not be able so grossly to be worked to the detriment of the doctor or of the woman and child for whose benefit it has been enacted. Will every general practitioner, therefore, *at once* bestir himself and take steps to induce his local medical society (or division of the Association, branch council or executive committee of the division) to put at the disposal of the Association evidence on the four points referred to the committee, as also a resolution in favour of the four principles enumerated above? Time is valuable. I am, Sir, yours faithfully,

London, S.W., Jan. 26th, 1909. E. ROWLAND FOTHERGILL.

GOUT IN A WIRED BONE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Jan. 23rd, p. 219, Mr. Edred M. Corner, in his article on fractures of the olecranon, after describing a case in which an acute attack of gout followed wiring, says: "It is the only case of gout in a wired bone which I have seen or heard of." The following is an almost exact duplicate of Mr. Corner's case.

Fourteen years ago I assisted the late Mr. William Square in wiring the patella of a man, aged 50 years, for a recent transverse fracture. The case impressed itself on my memory for two reasons. Firstly the drill, weakened by the eye, which in those days the instrument maker insisted on making in the end of the blade, broke off and remained embedded in the upper fragment, compelling me to drill another hole, and secondly the joint within 48 hours of the operation presented every appearance of impending suppuration. This condition, with slight remissions, lasted a week, at the end of which period an attack of gout in

the great toe gave the clue to the condition of the knee-joint.

The patient suffered only moderately, and, being accustomed to frequent attacks of gout, was much less concerned about his swollen knee than were his medical attendants.

The patient recovered with a perfect knee-joint.

I am, Sir, yours faithfully,

Plymouth, Jan. 24th, 1909.

C. HAMILTON WHITEFORD.

POISONING FROM ANILINE BLACK ON SHOES.

To the Editor of THE LANCET.

SIR,—Your interesting remarks on "Poisoning from Aniline Black on Shoes" in the issue of Jan. 9th, p. 117, opens up the at present debateable question as to which is the more toxic, aniline or some of its salts, particularly the hydrochloride. Most competent authorities, such as Sir Thomas Oliver, Dr. T. M. Legge, and Dr. W. F. Dearden, have inclined to the former view; nothing but direct experiment can settle this point, which at the present moment is under investigation by Dr. Sellers.

For some time I have looked upon many cases reported as aniline poisoning as being due to its salt, the hydrochloride; it is just possible that the interesting case you cite may claim a like causation. The majority of these aniline black dyes for leather are made with the salt and contain no free aniline. The following prescription has been given me as a common sample of the ingredients composing this particular class of black dyes: Aniline hydrochloride, 100 parts; copper sulphate, 0.1 part; sodium chlorate, 6.0 parts; and ammonia, 1.6 parts. The above are dissolved in water and thickened with gum. The large proportion of the hydrochloride contained in it is very noteworthy, and although this salt may not be as volatile it is probably more poisonous than aniline, being absorbable by the skin. This will account for the symptoms observed.

The results of the analysis of the urine, such as the presence of the oxidation products of aniline, and the absence of aniline, would seem rather to favour the view of an intoxication by the salt rather than by the oil. This may be contrary to the current opinion but is supported by a case I have now under investigation.

I am, Sir, yours faithfully,

Wigan, Jan. 23rd, 1909.

R. PROSSER WHITE.

THE CAUSE AND PREVENTION OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—If you have not already closed this discussion, I should like to point out how very little evidence has been produced in support of the view that "the essential cause of dental caries is a faulty system of feeding." Dr. J. Sim Wallace has had success in ten cases (I am afraid he knows nothing of the failures of his system), and that makes his theory well worth trying; but ten cases are no proof, for any man in general practice can bring forward ten or thrice ten "pap-fed" children with sound teeth. In his contention with the editor of the *Dental Surgeon* he is claiming the skin before the bear is killed, or at all events before he has proved that it is dead! The credit of a discovery goes not to him who first suggests it but to the man who proves it to the satisfaction of experts. There is hardly a modern discovery that has not been vaguely suggested by someone in the past. When Dr. Wallace has proved his theory he will well deserve and will receive the credit, no matter who first suggested it.

The interesting information from Dr. G. Elliot Smith that dental decay was common only amongst the adult aristocracy in Ancient Egypt does little, if anything, to support Dr. Wallace's theory, unless it can be proved that the babies then were given hard food before they were weaned and that the poor ate harder food than the rich. I thought they lived on lentils and onions boiled in a "flesh pot" with a morsel of meat to give them a flavour. A very poor peasantry, like that in Ancient Egypt, almost always boils its food, for that is the easiest way to cook vegetables, and the way to make meat go the furthest. But this would not be a food