

uniform. In the religion of the Sikhs no cutting instrument is ever to touch the hair. Now the Army Council has decided that in any future cases of Sikhs being admitted on probation to the Indian Medical Service and attending the Royal Army Medical College and Royal Army Medical Corps Depot they are to be permitted, should they wish to do so, to keep their hair long and wear a puggaree with uniform instead of a helmet."

#### THE SANITARY SERVICE OF THE TERRITORIAL FORCE.

Arrangements have been made by a committee of officers for a dinner of the officers of the Sanitary Service of the Royal Army Medical Corps, Territorial Force, at the Hotel Métropole on Saturday, May 8th, at 7.30 P.M., at which Mr. Haldane, the Secretary of State for War; Sir W. G. Nicholson, G.C.B., Chief of the General Staff; Sir Alfred Keogh, K.C.B., Director-General of the Army Medical Staff; and Sir W. H. Mackinnon, K.C.B., M.D., Director-General of the Territorial Force, will be present as guests. Those who wish to attend the dinner should intimate their intention at once to Surgeon-Colonel William R. Smith, M.D., 37, Russell-square, London, W.C.

Scarlet fever has broken out on the *Impregnable*, the Devonport training-ship.

## Correspondence.

"Audi alteram partem."

### THE MINORITY REPORT OF THE POOR-LAW COMMISSION AND THE INFANTILE MORTALITY IN WORKHOUSES.

To the Editor of THE LANCET.

SIR,—The figures published in the Minority Report of the Poor-law Commission as to the infantile mortality in workhouses and Poor-law infirmaries obviously require careful investigation. There are, however, certain considerations which make it highly probable that the deductions drawn from them by the Minority Commissioners and by some writers in the public press are not justified. For instance, the whole of the figures after the first three weeks of life are obviously erroneous, because the report states that they have been obtained by assuming that the death-rate amongst the children discharged is at the same rate as amongst those detained in the infirmary. The fact is, however, that infants are not detained as a rule in the infirmary after the first three weeks unless the child is ill. Obviously, if the death-rate of these sick children is assumed to apply to the healthy children discharged the death-rate so obtained will be very much greater than the real death-rate. Again, some of the figures are so extraordinary that they can hardly be accepted until verified and the methods of recording the births and deaths have been critically examined.

However, confining one's attention to the death-rate during the first three weeks of life, the figures given show that the death-rate is higher in infirmaries and workhouses than it is amongst the general population. The cause of this is fairly obvious. Amongst the women received into the maternity wards of workhouses and Poor-law infirmaries are many who have been underfed and overworked throughout the period of pregnancy and many who have been admitted to the infirmary owing to syphilis and other diseases; the majority of them are unmarried, and in the case of many, owing to disease or to deliberate interference on the part of the mother, the child is born prematurely. It is manifestly unfair to compare the infantile death-rate of such a population with the infantile death-rate of the general community. The same influences do not affect to anything like the same extent the voluntary lying-in hospitals or maternity charities: firstly, because the benefits of such charities are usually reserved to respectable married women; and secondly, because pregnant women suffering from concurrent disease tend to be weeded out from the *clientèle* of such charities and sent into Poor-law infirmaries and general hospitals. Nevertheless, one lying-in hospital quoted in the report shows

a mortality rate of 59.3 per 1000 for the first 14 days of life, as compared with a mortality-rate for the same period in Poor-law institutions of 46 to 53 per 1000.

How impossible it is to found any certain conclusions upon the figures supplied is well shown by the returns obtained by the Minority Commissioners from the Plaistow Maternity Charity. In this charity only 15.33 per 1000 of the children died during the first fortnight—i.e., about half the infantile death-rate in the general population for that period. From this the writers of the report draw the conclusion that it is better the mothers should be attended in their own homes than sent into hospitals or infirmaries. On the same lines one could argue that, in order to reduce the infantile death-rate in the general population, all mothers should be confined in what the Minority Commissioners describe as the "poor and wretched homes" of Plaistow.

I am, Sir, yours faithfully,

C. T. PARSONS.

Fulham Infirmary, Hammersmith, W., March 20th, 1909.

### THE SECTION OF ANÆSTHETICS OF THE ROYAL SOCIETY OF MEDICINE AND THE PROPOSED GENERAL ANÆSTHETICS BILL.

To the Editor of THE LANCET.

SIR,—I think this question should be lifted out of its present somewhat personal atmosphere into one worthy of its importance. I may refer, however, very briefly to Dr. F. Hewitt's letter in THE LANCET of March 13th, p. 790, to express my regret that he finds my attitude unintelligible; my present letter I trust will prove that my position is really a simple one and consistent with what many may regard as equitable and advantageous to the public interests. The statistics of deaths under nitrous oxide which Dr. Hewitt has been good enough to explain are, as he says, really immaterial to the issues; they were, however, originally advanced to support the contention that qualified dentists are not persons to whom the grave responsibilities of administering an anæsthetic should be intrusted. The statistics in their present form demonstrate that in 21 years six deaths have occurred in the practice of dentists. We have yet to learn whether the administrators in these particular cases possessed the L.D.S. diploma or fell into the categories of "registered dentists" or "unregistered" dentists. The "unregistered," it may be pointed out, are in the eyes of the law not dentists. The statement that of the 12 administrators, grouping all the anæsthetists together, four possessed a diploma (what diploma?) and four possessed only the right to practise in virtue of being registered, while four were not dentists at all, does not itself afford any direct evidence that L.D.S. diplomates have lost a patient through administering nitrous oxide. Four of them may have done so, and the fatality may have occurred through want of skill, but the whole matter is one of supposition and must at present be left undecided.

Let us now consider the main issues. These are: (1) the danger to the public through the use of anæsthetics by persons possessing insufficient, or no medical and surgical knowledge; (2) the inadequacy of the present scope of the teaching of anæsthetics and the absence of statutory compulsion requiring students to give proof of knowledge of experience in the administration of anæsthetics before admission to examinations for a degree or diploma qualifying to practise.

1. All, I take it, agree to the existence of this danger and would heartily welcome any efficient means of preventing it. For unqualified persons to give anæsthetics is one of the most dangerous forms of unqualified practice, if not the most dangerous. Some members of the profession may doubt whether such perils can be prevented by Acts of Parliament; even so, obviously any step should be welcomed which holds out a chance of checking the evil. By the drafting of the proposed "General Anæsthetics Bill" "medically qualified and registered practitioners" are made the only legal anæsthetists. Personally I regret this and consider that dentists possessing a diploma, whether at present in practice or yet to enter upon practice, should be included among those legally qualified to administer anæsthetics in dental practice. I should prefer that "Clause 1" should read: "Any person other than a legally