

heard. There were two courses open to the reporter: either to take down the words as read out by Sir Dyce Duckworth or to copy them from the written report. The reporters very wisely preferred to copy the written report instead of trusting to their hearing on account of the imperfect acoustic properties of the council room, and that was the sole offence which had called forth the remarkable resolution moved by Sir Dyce Duckworth. He strongly deprecated a resolution on such a flimsy basis being passed, when the reporters were only doing their duty in accurately reporting the proceedings of the Council. Moreover, if the resolution were carried, it would not in any way be a remedy for the evil of which Sir Dyce Duckworth complained. The result would simply be that, on account of imperfect hearing, instead of the reports being accurate as they had hitherto been, they would be imperfect. It was due both to the reporters and to the Council, when the reporters were invited to attend and a report was read word for word, that the press should be supplied with the exact documents.

The PRESIDENT stated that Sir Dyce Duckworth had modified his resolution, so that it read:

That this Council views with grave displeasure the communication to the press of any reports to the Council which are marked "confidential."

Dr. McVAIL pointed out that the modification did not affect the matter at all, as all the reports were marked "confidential." It would simply mean that when a report was read the press would have to trust to their hearing instead of having a correct copy before them, and it could only result in inaccurate reports. The only way in his opinion to get over the difficulty was for the Council to consider the reports before entering them on the minutes. He trusted the resolution would not be carried.

Dr. FRASER pointed out, as a remarkable fact, that the actual report in question was not marked "confidential."

Dr. HERON WATSON said for his part he did not in the least degree wish any blame to be attached to the reporters, or to the medical press, but to the person who handed to the press reports belonging to the Council, containing information which it was premature to communicate to the public.

Dr. MOORE said that certain matters had appeared in the Dublin papers before they were reported to the members of Council, and such a proceeding was likely to be very hurtful to the Council.

Dr. TUKE said that for about two years the whole of the business of the Council, as stated in the confidential and provisional programme, was given by one of the medical papers (the *Lancet*). In the present instance, however, the reporters, as far as he could understand, had only exercised their legitimate rights in reporting what they had heard at the Council.

Dr. BRUCE was of the opinion that the resolution cast an aspersion on the press without any ground whatever.

Mr. CARTER expressed the opinion that too much had been made about a very small thing. In his capacity as visitor he had made certain observations in the report of the Examination Committee which he was afterwards told had given offence where no offence was intended, and he agreed to withdraw the observations. It appeared that a brief summary of the observations had got into print, and that was the whole matter. The least said about it the sooner mended.

The resolution was then put to the Council and declared to be lost.

The PRESIDENT said that the press were present by permission of the Council. They had always shown great tact in reporting the proceedings in the past, and he felt sure that the same tact and discretion would be exercised in the future.

Sir DYCE DUCKWORTH agreed with the President that such would be the case. He was quite satisfied with the discussion that had taken place, and he felt sure that what had happened would not occur again.

The session was then brought to a close.

Corrigendum.—In the list of medical men suggested by Dr. Heron Watson as suitable members for a consultative sub-committee on the revision of the *Pharmacopœia* our reporter omitted the name of Professor Charteris, of Glasgow.

INFANT MORTALITY AND FACTORY LABOUR.

FROM Mr. Asquith's remarks in reply to a deputation from the Parliamentary Bills Committee which waited upon him on November 14th in order to call attention to the effect on the infant mortality of mothers neglecting their home duties to work in factories, it would appear that he did not appreciate the true bearing of the statistics in the Committee's report, a copy of which had some time previously been forwarded to him. The report did not, as might have been inferred from what Mr. Asquith said, go into the question whether the infant mortality of our large towns was on the increase, but had reference solely to the persistently high mortality among infants in one class of artisan towns as compared with another, the main reason for which, according to the contention of the Committee, being the employment of young married women in factories, and the consequent increase in the proportion of artificially fed infants, among whom it has been conclusively proved the mortality is enormously high.

Mr. Asquith said: "In reference to the employment of mothers after childbirth, no doubt the facts which Dr. Reid had brought together were striking and significant; but he could not say that it had as yet been established to his satisfaction as a scientific conclusion that the increase in infant mortality which had undoubtedly taken place, and was taking place, and was one of the most melancholy features of our vital statistics, was due solely or even chiefly to the employment of women in factories too soon after childbirth." Taking Mr. Asquith's own figures, we do not admit that they justify his conclusion that the infant death-rate is increasing, and we assert that they have no bearing whatever on the question of factory labour in relation to infant mortality.

Wolverhampton was mentioned as a striking example among the large towns in England where the infant mortality was on the increase, and particular stress was laid upon the figures quoted owing to the fact that it was one of the towns included in Dr. Reid's inquiry in which married women were not engaged in factory work. As a matter of fact, Mr. Asquith was wrong as regards the latter assumption, for Wolverhampton was classified in the second group of Staffordshire towns which embraced those where the trade carried on is such as affords employment for a considerable number of married women. Disregarding this for the present, however, let us examine the figures on which Mr. Asquith based his conclusions. He stated that in 1885—why he especially selected this year does not appear—the infant death-rate of Wolverhampton, that is, the number of infants who died during the first year of life per 1,000 births, amounted to 140, and that in 1893 the rate had risen to 208, the average for the nine years being 175. Why, we ask, was nine years selected as the period, and why did Mr. Asquith disregard the elementary principles of statistics, and base his conclusions on such insufficient data as the comparison of one year with another, or even one year with a nine years' average? The fallacy of such a proceeding will at once appear on referring to the figures in the following table, which is compiled from the past annual reports of the medical officer of health for Wolverhampton. It will be noticed that during the nine years' period quoted by Mr. Asquith, two phenomenal years occurred, namely 1885, when the infant death-rate was much lower than it had ever been during the twenty years for which the figures are given, and 1893, when it greatly exceeded any previously recorded rate. As a matter of fact, the prevalence of infantile diarrhoea, in the main, accounted for the high rate of 1893, just as the exceptional absence of that disease gave rise to the low rate of 1885. This is shown by the great increase in infant deaths during the third quarter of 1893, as compared with the corresponding quarter of 1885, and in the reports of the medical officer of health for each of those years the exceptional rates are so accounted for. Now, as summer diarrhoea is, in the main, dependent upon long-continued high temperature, both these rates are incidental to exceptional climatic conditions, and might very well have occurred in the reverse order; so that—apart from the too short period upon which Mr. Asquith sought to establish his statements that infant mortality was increasing—the figures themselves do not warrant such a conclusion.