

Hospital, Kotah, expresses the hope that the high-caste women for whom the Hospital is intended will soon "learn that it is not the object of the "English doctors to do them harm, and that her "only desire in their regard is their welfare." In midwifery cases in particular the help of lady doctors is urgently needed, but here prejudice is particularly active. How great a loss of life results may be gathered from a sentence in the report of the lady doctor at Patiala: "This year the people "have not usually waited until all hope was apparently gone before sending for me."

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I AM indebted to Dr. DOLAN, of Halifax, for the following interesting notes which appeared in the *Provincial Medical Journal*, and which treat of a most important subject. "'In Darkest England' is the title given to a map showing the distribution of alcohol in Hospital treatment in the unions of England. Rutland is high in comparison with other parts of England, but even here the cost per head is not very excessive. This map is based on the old fallacy that our workhouses are filled with the victims of drink. We should like very much to see a map showing the consumption of alcohol in the different Hospitals co-terminous with the Unions, and we hope that some such map will be shortly executed, for this is the only legitimate comparison that can be made. In the Leeds Infirmary alcohol is used. It cannot for an instant be pretended that the physicians and surgeons attached to the Leeds Infirmary are less skilful than the medical officer attached to the Leeds Union. If alcohol be required in the Leeds Infirmary for the treatment, say, of pneumonia, most practitioners would feel inclined to adopt such a line of practice, and not to copy the example set at the other Institution.

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We have no doubt that if the staff of the Leeds General Infirmary were attached to the Leeds Union Infirmary the consumption of alcohol would reach the standard arrived at at the Leeds General Infirmary. The teetotal party are attacking by this agitation the medical men who are in the position of medical officers, and though Dr. NORMAN KERR may disclaim any intention of interfering with the discretion of the workhouse medical officer, the practical outcome of the agitation is that teetotal guardians may worry the medical officer until his position becomes most uncomfortable. He has no staff, as in the general hospital, to fall back upon for supports, the medical officer has alone to bear the brunt of the attack upon his knowledge. When the general

hospitals are treated in the same manner as our union Hospitals we shall have very much more respect for the views of those who are trying to enforce compulsory abstinence upon the sick, and who are also trying to compel the doctor to alter his line of practice to suit their views.

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It is quite possible that some practitioners may for the sake of peace and quietness sacrifice their own views, and dispense with the use of alcohol. In fact, they may not be teetotalers themselves, and may not in private practice dispense with the very medicine they discard when treating the sick poor. We do not say this is the case, but it is certainly within the pale of possibility. A medical man who uses alcohol in his private practice, and who dispenses with it in dealing with the sick poor, acts not only inconsistently but immorally. We demand for the sick poor in our union infirmaries exactly the same treatment which is given in general hospitals. We have obtained for them improved wards and nursing, and all the other requirements which are found to be necessary in general hospitals for the efficient treatment of sickness. We ask for no more; we cannot do with less, for we cannot for one instant admit that there should be two lines of treatment or conduct—one reserved for poor persons who voluntarily pauperise themselves to obtain surgical or medical aid at the general hospital, and another for those who are compelled by exigencies to seek the aid of the State-supported hospital.

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The working man in the general infirmary to-day, with a fracture or pneumonia, may be in the State-supported hospital to-morrow, and if still sick it would be iniquitous to give him either a lower form of treatment or to cut off any necessary supply of alcohol which might be beneficial, simply because a number of excellent people are under the delusion that it is drink alone which fills our workhouses. We have written so often on this subject that we need not weary our readers with a recapitulation of our arguments in favour of our contention: (1) that old age is one of the prime factors in filling the Union Hospitals; (2) that sickness is the next; and that both are influenced by circumstances over which the recipients of relief have no control; and lastly, that the low wages of the unskilled labourer prevent any adequate saving either for old age or sickness. We do not dispute for an instant that drink is responsible for a portion of our pauperism, but as fully 80 per cent. is due to other causes, it is illogical to punish the 80 per cent. for the errors of the 20 per cent."

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