

filthy beyond description. The Army doctor at Senekal did what he could for the poor patients, and spared nothing, but he had to work with the material he got. As to matters at Winburg, I would rather give my experience to the Hospitals Commission, provided I were promised immunity from prejudice for telling the truth." Concludes: "The whole scandal in the main is due to the want of transport and the niggardly scale on which the War Office allows medical requisites. Those mainly responsible are living in luxury at home, while the flower of British manhood have been dying on the veldt of Africa for lack of the commonest comforts necessary to life."

It may interest you to know this patient was inoculated on the voyage out in March last.

Yours faithfully,
M. W. GILLIES,
Matron.

AN OPEN QUESTION.

To the Editor of the "Nursing Record."

Dr. Wiglesworth has received from an unknown source the current number of the NURSING RECORD which contains an annotation upon his letter to the *British Medical Journal*, protesting against the appointment of a female practitioner as locum tenens to Dispensary District in Ireland.

The annotator takes grave exception to his remark that it is still a very "Open Question," "whether the entrance of the feminine element into the ranks of the medical profession was either necessary, wise or politic."

To demolish this open question and to demonstrate the ignorance of Dr. Wiglesworth on the subject, the annotator triumphantly states that "women have long since won and unquestionably maintained their right to a place in it," and so dismisses the "open question" as conclusively settled.

But Dr. Wiglesworth would very respectfully and humbly point out that this position, so dogmatically assumed, cannot be maintained, it being contrary to logic and against the first principles of political economy. To assert that a position has been "won and maintained," by no means conclusively proves that it was either "necessary, wise, or politic." A reference to the history of various nations amply demonstrates the fact that many laws have been added to the statute book under the pressure of public ferment, subserviency to partisan feeling, or by weak-kneed politicians under temporary stress, which by their subsequent neglect or lapsed application have proved that their admission thereto was neither "necessary, wise or politic."

Time only, and a very lengthened period of it, not simply a matter of a few years, alone will demonstrate the wisdom, &c., of this admission, but till then, according to reason, the matter will remain an "open question," and the right to maintain that it is so, does not prove that the contender therefore is either an ignorant sophist or "behind the times" in his view of the matter. Persons who make dogmatic assertions should bear in mind that there are two sides to every question, which only the lapse of time will reconcile, supposing that reconciliation is possible.

As the premiss of this open question has been so curtly dismissed, it is useless to discuss the other

points contained in the annotation, they being but details and in no way altering the contention.
Liverpool.

[We fully appreciate the force of Dr. Wiglesworth's contention that the wisdom of any law must bear the test of time. We indeed showed that we bore this fact in mind when we stated that women had not only won but *unquestionably maintained* their right to a place in the medical profession. These words Dr. Wiglesworth appears to have lost sight of. We believe Dr. Wiglesworth's "Open Question" to be "conclusively settled," for it is now 30 years ago since Mrs. Garrett Anderson took her M.D. degree and 35 since she obtained her L.S.A., and since that time the ever growing demand for their services has caused an increasing number of women to enter the medical profession. Another first principle of political economy is the law of supply and demand. So long as the demand exists the supply will be kept up, and we have only to note the prosperous women practitioners at the West End of London, driving about in their smart carriages to know that the public do not endorse Dr. Wiglesworth's views on the question. Neither do we see the least indication that there is any question of withdrawing from medical women the right granted them to practise, as an unnecessary, unwise, and impolitic measure. Opinions differ, but, in ours it is "behind the times" to place any sex limitations upon women's work; whatever work they may have the capacity for, should be open to them. As there are two sides to every question we are quite content to leave our views to the judgment of time.—ED.]

MEDICAL PRACTITIONERS AND MIDWIVES.

To the Editor of the "Nursing Record."

DEAR MADAM,—I was glad to see the line taken in your article last week on the Relative Position of Medical Practitioners and Midwives. I am sure that a great deal of medical opposition to midwives as a class is based upon their knowledge of the inefficiency and corresponding self sufficiency of many midwives. If once it were made clear that the women to be registered were qualified nurses, much opposition to a Midwives' Bill would cease. But then such a Bill would not be one for the Registration of midwives but of nurses, and surely this is what we need. As was well said by more than one speaker at the Nursing Congress last year, notably Dr. Sarah Hackett Stevenson, the midwife pure and simple is a thing of the past. She has evolved—that is to say if her training is satisfactory according to the modern standard—into either a medical woman or a trained nurse. So we come once more to the same old point on the circle. What we need is the Registration of Trained Nurses. I am so glad to see that you emphasise the necessity for including midwifery training in the general nursing curriculum. The specialist midwife certainly can urge her claims with a show of reason so long as so many nurses are ignorant of this branch of their work.

Yours faithfully, L. O. S.

[When a minimum curriculum of nursing education is laid down there is little doubt that obstetric nursing will be included in it. What constitutes efficiency in obstetric nursing is a much debated point. Some hold that an obstetric nurse who cannot diagnose obstetric conditions is an unsafe person, and others that diagnosis is outside her province.—ED.]

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