

Opportunities for Women in Medicine

SIR.—“Cambridge Woman Graduate’s” letter in the *Journal* of December 25, 1937, raises a vexed question. In its wider implications, however, apart from Cambridge graduates in medicine, the grievance is not a new one. To put it plainly, women, as a rule, are tolerated, not welcomed, in the medical profession, or, with a few outstanding exceptions, in its lower ranks only. To take the Public Health Service, in which I happen to have been in the past most interested, there are few, if any, of the higher appointments, such as medical officer of health in the counties or county boroughs, held by a woman. There are, indeed, assistantships in plenty, but it is depressing to work for years with no prospect of promotion, it may be, subordinate to one who is only superior by virtue of his sex; and these remarks apply, *pari passu*, to other branches of the profession, such as honorary posts in hospitals, which naturally go to alumni of these hospitals, most of which are closed to women undergraduates.

I may add that being off the active list, having started my medical career in the 'nineties, I have no axe to grind, but I cannot but feel that even now, when many more posts are open to them than was the case in the past, women are still *caeteris paribus* at great disadvantage in competition with men in the medical profession. I could enlarge at further length on the subject if your space permitted.—I am, etc.,

Sussex, December 25, 1937.

EVA MCCALL.

SIR.—I was delighted to read in the *Journal* of December 4 (p. 1124) of the opportunities for medical education afforded to women students at the new West London Medical School, and agree with the writer of that article and with several of your correspondents that such facilities are long overdue. But there is still cause for anxiety. The injustice of the present position—“that women are deterred from entering the profession”—is made clear by the article, and the unfairness of past events hinted at—“the experiment . . . was tried . . . and abandoned . . .”—though just how unfair those happenings were can only be known to those who, like myself, were actually working at a hospital while an anti-women campaign was being conducted. In view of all this, it is disquieting to learn that “there is no present intention of confining the school to women students” and that “the future development of the school in this respect cannot be foreseen,” though if there are lessons to be learnt from history in this case they might be foreseen only too clearly. In plain language, is there any guarantee that these twenty-five places, or any proportion of them, will be reserved for women students, not only now but in the future? Unless this is assured, can we expect the women to believe that they are not being made use of in an emergency, only once more to find the doors shut against them when their usefulness has passed?—I am, etc.,

DOUGLAS E. BARTON, M.B., B.S.

Morden, Surrey, Dec. 28, 1937.

Correct Footwear

SIR.—One item of women’s clothing stands out prominently as responsible for discomfort and disability. It is the shoe, and in particular the toe of the shoe. Take the shoes of a small child and of a woman. Compare the shapes of the toes, and it will be seen that in the latter there is insufficient toe-room. Look at the plantar aspect

of the toes of the average small child and compare it with that of the average woman. In the former the toes are separate and straight, in the latter there is evidence of lateral compression-cramping and some degree of deviation from the straight. The inner border of the shoe should be straight up to the level of the tip of the great toe. If it deviates outward it will in time produce some degree of valgus deformity. Where this deviation is great, as in the shoe with the comparatively sharp mesial point, gross deformity will result in the course of time. Long years of wearing anatomically incorrect shoes will in many cases spoil the feet and rob them of beauty. It may be years before symptoms send the patient to seek advice, and by that time deformity is established and restoration of form and function well-nigh impossible.

Fashion decrees for women’s feet a shape of shoe-toe which is anatomically incorrect, and which is the chief factor in altering the shape of the toes. Where this alteration is great it is accompanied by other changes in the feet which, but for the offending shoe, need never have occurred. To preach to the unwilling in private practice the doctrine of the straight inner border is unprofitable and a mere beating of the air. To attempt to lessen the amount of disability due to preventable foot troubles it is desirable that the manufacturers should put on the market a model acceptable to women and at the same time anatomically correct. Education as to correct footwear and the ills which follow the use of the incorrect should, in the course of years, bear fruit and stimulate a demand which is at present all too small. The Ministry of Health should have figures and be able to assess the amount of trouble arising from “bad” shoes, and will be able, too, to judge if it would be worth while to arrange for annual “foot” lectures by expert lecturers to the senior classes in girls’ elementary schools and secondary schools throughout the country. I plead for room for the toes. May the importance of toes and shoes receive due notice in the national fitness campaign! Here is a field for preventive medicine, and at low cost. Once correct shoes have achieved popularity they should cost no more than to-day’s shoes. There remains only the cost of the essential education. Results would not come quickly, but by 1980 figures should be starting to show a drop in the number of chiropodists and in the number of operations for hallux valgus!—I am, etc.,

Worthing, Dec. 30, 1937.

C. GIBSON.

SIR.—In the *Journal* of December 11 (p. 1198) Dr. Thomas Marlin tells us that many disabilities may be traced to foot-discomfort; he is certain the whole construction of footwear requires alteration. Dr. Tom Hare (December 25, p. 1302) insists that the medical profession should direct the correct shoeing of mankind. It is safe to say that over 90 per cent. of women in this country and in all classes of society show obvious deformity of the feet. The commonest deformity is a crowding together of the tips of the toes; instead of lying side by side and separate, as in bare-footed tribes, the little toe is deflected inward, the great toe outward, while the intermediate toes to which prevailing shoe-fashions allot no space assume the well-known “hammer” form. Constant pressure upon abnormal projections thus arising leads to corns, bunions, and other painful local reactions that give constant employment to an army of chiropodists. Especially common is a large and hideous projection at the metatarso-phalangeal joint of the great toe. The same, though to a lesser degree, is true of many men’s feet. To remedy these troubles is difficult, but prevention is simple, so simple that it seems ridiculous to have to