

nappies" and the secret of this achievement! The twin press ironing machine was working too, many aprons quickly and well ironed. Turning again into the pretty grounds, of many paths by lawn and flower beds, noting too the tennis court and putting greens, we come to the wards where some 120 patients of all ages are admitted—being well cared for they were very friendly as we passed. There seemed to be every possible infectious illness under treatment with the exception of small-pox! The cubicles and wards were so bright, and supplied with most modern appliances; the stainless-steel sinks and bedpans, portable X-ray, plastic basins. A very interesting department we found was the well-equipped theatre and laboratory, but we had by then exhausted our time which passed so quickly.

The tour of the hospital completed leaves one profoundly impressed by the atmosphere of happy service felt throughout this community.

We feel that those responsible—the Medical Superintendent, Dr. Patrick J. Moroney, D.P.H., and the Matron, Miss Lavinia Withers, may indeed be proud to have inspired this ennobling spirit of work in so large a community.

### The Patient Complains.

IT WOULD BE A MOST salutary and helpful experience if all Matrons (suitably disguised of course!) could occasionally become patients in their own hospitals. Such an experience might do much to set in motion a reformation in certain hospitals that has not been seen since Miss Nightingale's time. For to be a patient today in some of our hospitals can be a most bitter and miserable experience from which one would protect one's loved ones at all costs. In ordinary life, criticisms and complaints are heard about treatment in hospital chiefly in the form of grumbling by patients after they have returned home and only rarely are complaints made directly to the hospitals concerned. As a nurse of fifteen years' standing and having also been a patient in various hospitals seven times since marriage, I feel qualified in some measure to state the case for the patient.

The treatment of patients in hospital today is very different from that of only a few years ago, and it is easy to see that the young nurse trained in the new atmosphere may find it very difficult to realise that a patient requires anything more from her than the pills, injections and blood transfusions she is taught to give.

But patients are sick people and need more than the drugs and mechanical aids to physical healing. They arrive in hospital frightened, perhaps in pain and certainly worried and upset. The way in which they are received and the understanding sympathy with which they are introduced to the world of hospital can make all the difference between happy acceptance and unhappy insecurity. However trivial may be a patient's illness or operation, however much an everyday event for the nurse, to the patient the trouble is serious and important, and if only one nurse meets him on arrival with kindness and helpful explanations he will gain confidence and courage to face whatever lies ahead. All too often that kind of welcome is absent from hospital wards today. It is only in hospitals where the Matron and her assistants put the patient's care and comfort first and teach real bedside nursing side by side with the new techniques, that the patient still receives the kindness, comfort and security he needs in time of weakness. But from many hospitals good nursing seems to have vanished and a patient feels more like a parcel for delivery than a sick person to be healed. The following complaints and criticisms which I shall set down are very commonly made and I know them to be true from my own experiences:

1. The patient seems to lose identity and becomes merely a bed number and a diagnosis. Few of the many different nurses or orderlies coming to the bedside know your name or

even what you are suffering from. All ward sisters do not come and speak to each patient every morning: and older patients rightly resent being addressed as "deary" or "ducks" or even "Gran" by young girls of 18 years old.

2. The patients are not told anything: they are often left to worry and expected to take medicines and treatment as though they had no brains at all. Surely all patients would recover more quickly if they were told something of what the specialist has said about them and what form their treatment will take, why they have to be X-rayed or catheterised or given injections, and if from time to time they were given an opportunity to voice their worries and have difficulties explained.

3. The constant change of staff in a ward is very upsetting to the patients, and they often do not know to whom they should make their various needs known. A very sick woman with stress incontinence was recently left from one evening until the next midday with a wet draw sheet, because, in spite of repeated requests to different nurses, it seemed nobody's business to change the sheet for her.

4. There is no proper nurse-patient relationship. In the smaller hospitals particularly, too much of the nursing routine is left to unsupervised orderlies or a procession of part-time nurses. They will tidy the bed without making the patient comfortable; give hasty tepid blanket baths often talking about their own affairs over one's head. Hot water bottles, extra blankets and pillows are all difficult to obtain because there is no one nurse on whom one can rely to remember one's minor needs.

5. Food is frequently ill-chosen, badly served and sometimes badly cooked too. This complaint deserves a whole article to itself, so frequently is it heard. Great mounds of lumpy mashed potato and watery cabbage, tough uncuttable meat and stodgy puddings are common on full diet. Light diets are dull, tasteless and badly served. Plain boiled cod with a dollop of mashed potato on a cold plate left on a high bedtable was a meal once served to me the day after an operation. Frizzled salty bacon, tea made with water not brought to the boil and dried-up bread with margarine are all too common. Shades of the dainty trays we were taught to prepare in the P.T.S.! Every nurse learns sick room cookery and the value of a square meal and it does not require an expert chef or caterer to serve simple food attractively.

6. Lack of peace to rest, a great deal of noise by day and night and the extreme draughtiness of some wards.

7. Lack of spiritual help. There are rarely ward services or morning and evening prayers. In my many periods in hospital I have only twice seen a chaplain enter a ward—one came and conducted a service entirely in Welsh in spite of the presence of several English patients—the other was a youth from some strange sect who gave out tracts with blood-curdling texts and asked all the patients "if they were saved." Even a friendly visit from a Hospital Almoner seems unusual. Surely great opportunities for giving comfort, courage and help to those in need are lost here. More than once I have seen that the ward maid was the chief comforter and receiver of confidences!

8. Unimaginative and insensitive handling of patients bordering on the callous and inhuman does occur also. In our country with its great hospital traditions these cases should never happen. I will quote two examples:

(i) The small daughter of a friend of mine, aged nine years, was recently admitted to hospital with acute appendicitis and peritonitis. After the operation her mother found her still unconscious but cold and shocked too with only two blankets and no hot water bottle. No nurse came near and when she did find one it was only to be told that the children were only allowed two blankets each! After repeated requests the mother eventually obtained one from a junior nurse. Two days after operation the child was told to get down off her high bed and go to the lavatory—she was so frightened

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