

As we whisked down the Strand, I felt sad for the suffering of these poor people. If they had not been poor, these little lads, after their exhausting operations and loss of blood, would have been tucked up in comfortable beds; skilled doctors would have felt pallid pulses, and spied down their air-passages. Kind nurses would have been at hand, and sterilized dressings only would have come in contact with their bleeding noses; ice would have assuaged their thirst, and anxious mothers would have been reassured.

Then I realized that under present conditions it is impossible for the hospitals to house all the poor mites, whose degenerate physical condition requires operations for the removal of tonsils and adenoids. How urgently necessary it is, therefore, that there should be the strictest medical supervision of each child after operation before they are discharged; and surely no children should run the risk of chill and septic poisoning through mouth and nostril by being sent out with *their unhealed wounds practically uncovered*. A few sterilized dressings would do much to lessen the danger. Why not use them?

On several previous occasions, when matters discreditable to hospital management have come to my notice, I have sought the matron, and if she was possessed of tact and common-sense, it has been possible for her to deal with such matters through those responsible, and so remove causes of offence.

So, upon the first convenient opportunity, I called at the Throat Hospital, in Golden Square, and, in the absence of the matron, saw her deputy, who considered the matter out of her province. I then decided to see the secretary, the deputy matron offering to enquire "if he would see me!"

So to the office we went, and after some animated chattering behind the door, I was granted an audience. But was I?

Hardly; for, without any of the usual official amenities between strangers, the secretary, who was standing just within the room, opened the question.

"Perhaps you will permit me to state the facts myself," I suggested; and "is it permissible to take a chair?"

Both these privileges having been granted, the secretary resumed his usual seat, and I did my tale unfold.

Now, the guileless public will naturally imagine that the official head of a public institution, in the absence of the committee, would lend an intelligent and sympathetic ear to a matter affecting the safety and comfort of the patients, and, in consequence, the reputation

of the hospital. But no! Apparently everything is beyond criticism in this perfectly managed institution. I listened with interest. Operations begin at 9 a.m.—they are performed by a member of the medical staff; rest-rooms are provided; patients are carefully inspected before being discharged at 2.30. It is impossible that only two hours could elapse between the operation and discharge; it is untrue that patients' friends have no directions—a card of printed directions is given to each one.

"Yes; but how about the open wounds—the lack of any protection by dressings?" I ask.

"Dressings! dressings! certainly not! Why dressings? Impossible! I am a layman—that is a medical matter; I have nothing to do with it. There is the printed card of directions. I will send for it."

The card seemed a sheet anchor.

The card is brought. Its printed directions are explicit and excellent—as far as they go—for the care of patients after operations on throat, nose and ear, in the out-patient clinics. There are six of them, and No. 1 runs as follows:

Drive home with mouth covered over, keep in bed two days, and in the house at least four days.

"Covered with what?" I ask, innocently.

Now, why should this logical question provoke offence? But it does.

The secretary rises in his wrath.

"I am not here," he shouts, "to be cross-questioned by YOU on medical matters."

As I am not the type of person to be shouted down, I also rise, intimating that the matter will be given publicity elsewhere, and depart.

A PRACTICAL SUGGESTION.

To be practised in all out-patient operating clinics.

Before out-patients leave the hospital after operations for the removal of tonsils or adenoids, a sterilized gauze dressing shall be applied over the nose and mouth, and a regulation packet of sterilized dressings shall be provided for each patient's use.

These dressings might take the form of squares of gauze, for keeping clean the mouth and nose, until convalescence. In operations on the ear, the same precautions should be adopted.

We specially commend this suggestion to the committee and medical staff of the Throat Hospital, Golden Square, and hope, for the sake of the patients, they will speedily put it into practice.

E. G. F.

[previous page](#)

[next page](#)