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Care in hospital

Bella Aronovitch, *Give it Time. An Experience of Hospital 1928–32* (London, André Deutsch, 1974), pp. 38–43, 50–2, 55–6, 60, 62–7, 71–2, 74.

In February 1928 Bella Aronovitch suffered some abdominal pain. She went to the out-patients' department of a London hospital, where she was diagnosed as suffering from appendicitis. She was operated on, but the wound would not heal. As a result, she spent the next five years being shuttled between various hospitals. Her book gives a rare patient's-eye-view of hospital care in the 1920s, and makes clear the different quality of care offered by different types of hospital.

A few days after this first operation I had a visit from the hospital almoner.¹⁰ She came into the ward carrying a huge sheaf of papers and looked terrifyingly efficient. Following a few minutes' talk with Sister she came over to me, made herself comfortable on a chair beside my bed and for the next quarter of an hour, her conversation consisted entirely of questions. She started with questions about my family. How many of us were there at home? Who went to work and who were still at school? How much did I earn when I went to work? How much rent did we pay? What was our total income from all sources? etc., etc. Now all the questions were the preliminary skirmishes leading to the final question, which was; could my family afford to pay towards my upkeep while I was in hospital and if so, how much? Having had a major operation I was stiff and sore with numerous stitches and draining tubes. Tied under my knees was a hard, uncomfortable pillow called a 'Donkey', and I was very tightly tied round the middle with an arrangement known as a 'many tailed bandage'. I found all those questions rather trying. However, I answered them truthfully and to the best of my ability. As the almoner left, she told me to be sure to tell my mother to call at her office next mid-week visiting day. She then double checked with Mother on the answers to all questions.

¹⁰ *almoner*: a hospital official who questioned patients about their financial circumstances to ascertain whether they could pay something towards the cost of their treatment.

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I recovered fairly well after the first operation. However, the incision did not close properly though I had been in hospital over two months. There were strange murmurings by the ward sister which I did not understand, about the wound being 'slow healing' and healing by 'second intention'. I was able to walk a little but the difficulty of the wound not healing persisted and it began to be evident that I could not get beyond this stage. The specialist then suggested I should have a second operation; as he cheerfully said, 'Just to clear things up.' I hardly received this news with wild enthusiasm, but philosophically decided that something else must be attempted, since I could hardly be very mobile with an open wound. Moreover, I faithfully believed in that mystique about the medical profession which is known as 'having faith in doctors'. Like numbers of working-class people I was overawed by the fact they wrote in Latin and carried on conversations among themselves which nobody else understood. They swept into the ward in a procession akin to Royalty. First came the specialist, flanked by his first-assistant on one side and the house-surgeon on the other side: some two paces behind were a varying number of students and this group were immediately joined by the ward sister. The rest of the nursing staff also became alerted. It seemed like a ceremony – a rite – I imagined I heard the sound of trumpets heralding the arrival of the sacred and the great, for they appeared to take on a God-like aura and be segregated from ordinary mortals.

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After two weeks' grace and some ten weeks after the first operation, I had a second. . . . In those days surgery was a much slower process and it was again six weeks before I was rid of the tubes and other paraphernalia. I sensed an air of concealment on the part of the doctor, though this was just a fleeting thought on my part and I did not worry.

When the specialist came to see me his face wore the usual *sauve*, calm expression which concealed the fact that anything was seriously amiss. Sister told him I was getting along fine. I regarded the fact that I was in hospital longer than anticipated as a mere nuisance. On the surface all seemed well. . . . This same specialist had . . . set habits. When he came into the ward he visited his own patients, of whom there were quite a number, and I noted that he shook hands very cordially with some of his patients. I wondered why this privilege was extended to some and not to others. Although his cases were all surgical, there was considerable variation as to the type of complaint, but I afterwards discovered that there was one thing which all the patients had in

common with whom he shook hands – they had all paid him a private visit at his Harley Street surgery.

The result of the second operation was much the same as the first, that is, the incision did not heal beyond a certain stage. As part of the treatment it was decided to give me four-hourly fomentations,¹¹ as this was much used before the discovery of antibiotics. The fomentation started off by feeling burning hot, after which it soon became lukewarm then, for most part of the four hours between one treatment and another, I had the feeling of being wrapped round with a cold, clammy blanket. This was continued for two weeks, day and night, making no difference whatsoever. Among other treatments, I remember being prescribed iodine – a few drops on a lump of sugar.

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A conspiracy of silence was being maintained by the doctor and the staff – if doubts existed, they were certainly not expressed either to myself or Mother. The sister on this ward rarely did any dressings though she occasionally looked on. During these viewing periods she was always sure so far as I was concerned, it was a question of time, a very short time and success was round the corner . . .

I walked slowly and with difficulty. The deadly monotony of hospital routine made it hard to keep up morale and remain cheerful. There was nothing to look at. The walls of the ward were painted dead white and were completely bare. There was no decor, no pictures or ornaments of any kind. The only splash of colour during the day, were the flowers brought in by the patients' visitors.

. . . Above all, there was nothing to do. In the days before radio was installed in all hospitals, the only communication with the outside world were newspapers, letters, books brought in by visitors and the official visiting days. There were no organized handicrafts, no library service, no mobile telephones; in short, there was nothing available to prevent people with long illnesses from sinking into depression.

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With the exception of two or three who had been there a long time, there was a complete changeover of ward patients about every three weeks.

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¹¹ *fomentation*: the application to the body of flannels soaked in water with or without some added medicinal substances.

There was no flexibility in the strict hospital rules laid down for visiting times. One and a half hours on Sunday afternoon and one hour on Wednesday afternoon were the official visiting times. Two and a half hours each week was considered quite sufficient, neither was there any allowance made for long-stay patients. Some of the ward sisters openly considered visiting times an unwarranted interference in the cycle of work and, as such, a nuisance. Sometimes the nurses were unable to get the ward work done in time, so that even these meagre periods were cut short by as much as twenty minutes and this time was always lost.

Officially the hospital allowed four visitors and not more than two at a time for each patient. As to how this rule was implemented depended on who was in charge. Sometimes the sister or nurse might spend the entire time policing the ward, to see that an extra visitor did not slip through the net. Other times a more tolerant nurse would be in charge and not bother to harry anybody. Both visiting periods were in the afternoon, so fewer people came on Wednesdays, since many who were working could not get away. . . . [Shortly after, Bella Aronovitch briefly went home, but was then admitted to another voluntary hospital.]

This new hospital was one of the smaller voluntary hospitals, looking grey and forbidding . . . The nurse informed me that it was a rule for all new patients to have a bath so, rather unsteadily, I followed the nurse into a small, very untidy bathroom . . .

Hospital bathrooms, invariably cluttered with all kinds of gear, were at best untidy, and at worst downright dirty. There never seemed to be enough space with the result that the ward bathroom became a general dumping ground. Neither were the bathrooms designed to provide anything like enough baths or washbasins. This ward in which I had just arrived had eighteen beds, and one small bathroom containing one very deep bath, difficult to get in and out of . . .

However, there was this curious dichotomy in the attitude towards cleanliness. On the one hand, all sterilized dressings and treatments were performed with fanatical attention to the smallest detail and on the other hand, was this antiquated Victorian bathroom equipment.

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It was definitely more cheerful in the previous hospital; this ward was quiet, dreary, with a prison-like effect. . . .

Next morning I had the usual visit from the house surgeon who, much to my surprise, was a woman doctor. She was attractive, very feminine and had great charm. . . . Following her visit was one from the specialist, who greeted me with an expression I was to hear many times. He said, 'And how are you – none the better for my asking?' He was the only

consultant I had ever seen who cultivated no bedside manner and was completely devoid of 'side'. He would help himself to anything I happened to have on top of my locker such as sweets or fruit; cut himself buttonholes from flowers in the ward – this with the help of nurses' surgical scissors, then sit on the side of the bed and talk in a perfectly natural way. . . .

After this first visit the specialist had a long talk to Sister away from my bed. Sister afterwards told me that the day of operation had been fixed for the coming Thursday. . . .

The result of this operation was absolute disaster. Within hours of it being performed the doctor had to remove the dressing because of the bleeding. There was some talk of my going up to the theatre again, which really reduced me to a state of terror, since I was vomiting badly as a result of the recent anaesthetic. The consultant came back twice to have a look at it and finally decided to leave it alone – to my great relief. About a week later when the sister was changing the dressing I plucked up enough courage to have a look at it and found it hard to believe that part of my body was also part of myself. The specialist, who was much given to puns and banter, kept up a running commentary with the house surgeon, the students and the nursing staff about this piece of surgery; somehow I found it very difficult to join in the fun.

None of the sutures held and there was a gap of some three to four inches between one side of the incision and the other. The house surgeon was very kind to me during this period. She kept reassuring me that Time was a great healer and it would all right itself. . . . I do not wish to go any further into the harrowing details, except to say my chances of getting better were almost nil. I became completely bedridden. I did not realize the enormity of what had happened for some time and still thought I would get better, though it might take longer.

The behaviour of doctors and nurses towards the patient always seemed the same – that is, whatever happened to the patient was regarded as normal and in the natural order of things. They discussed treatments and conditions among themselves, but there was a united front towards the patient which might be summed up as, 'this is how it is – it cannot be otherwise'. . . .

One day the specialist made a very strange remark. In the course of the usual routine questions and answers he suddenly said to me, 'You must hate me.' I considered this surprising statement and decided there was no one to blame. In taking the decision to bring me to this hospital, Mother had intended only my good and every doctor wants his work to be successful. I have always remembered this conversation, since it was the only time any doctor had ever said a thing like that to

me. He was unconventional in the whole of his approach to patients, and I was disconcerted by this remark, especially the use of the word 'hate' [. . .].

[T]he specialist came into the ward and, after gazing thoughtfully at the floor for some time, walked slowly towards my bed. . . . This was the first time for some weeks he had spoken to me, although he had been in to see his other patients. He was quite straightforward and without any preliminaries he came quickly to the purpose of his visit. He explained to me that the doctor in charge had to satisfy the governors that any patient who occupied a bed for a longer than average period, would either get better or not. . . . It seemed it was possible to stay in hospital for a long time, if the doctor could satisfy the governors to that end. However, if such an assurance was not forthcoming, the patient must be moved to another hospital where they could keep people for an indefinite period. He bluntly told me that he did not know how long I would take to get better and would therefore have to move to another hospital nearby: Sister would give me all the details. He added he was very sorry, he would like to keep me but he was being pressed by the hospital governors. . . .

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Arriving by ambulance at this third hospital I could not see the outside of the building, though what I saw of the inside resembled a morgue. The entrance was dark with dingy yellow paintwork: there seemed to be miles of corridors and passageways. It was curiously quiet, having none of the bustle and sense of purpose one usually notices on entering a hospital. There were several old people ambling about who seemed to be dressed in a kind of uniform. . . . This was my first experience of a Poor Law hospital. It was in 1929 and the far-reaching Public Health Act of that year had only just been passed.

As I was wheeled through the door I was astounded by the size of the ward – it was simply enormous. It was not only long but exceptionally wide. There were four rows of beds very close together, with only just enough room between each row to move around . . .

I was put into a bed along one of the inner rows, far away from the light of any of the windows. My spirits sank and I felt over-whelmed as I looked round this sea of beds and faces . . .

The nurse came over, looked at me and my belongings and told Mother to take my nightdress home. She said that the hospital supplied nightwear and did not allow patients to wear their own clothes. I took off my thin nightie, gave it to Mother and I was given the hospital nightgown. This garment, made from coarse, grey flannelette, was so hard

and stiff I did not have the strength to unfold it and Mother helped me to get into it. The weather was very hot, and on this summer's day I was enveloped in this monstrous garment, which dragged a full half yard over my legs, with wide, gathered sleeves almost twice as long as my arms – I felt I could scarcely breathe because of the weight. It is difficult to imagine such a scene in the twentieth century; it was more in keeping with 1829 than 1929.

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Looking back over this period I am better able to place it in perspective. The two previous hospitals I had been in were voluntary. I now found myself in a Poor Law hospital attached to the workhouse. This explained the rules with regard to clothing and why people appeared so odd when I first saw them – they were, in fact, dressed in the workhouse regulation clothes. I was in an institution which belonged more to the London of Charles Dickens than the beginning of the nineteen-thirties. . . . [T]he Law which empowered the London County Council to take over and administer the workhouses had only just been passed. The changeover took years to have full effect and I came into this hospital before any perceptible change had taken place.

One of the arrangements made during this time was that voluntary hospitals could, by mutual consent, get rid of their long stay and chronic sick patients by sending them to the newly constituted council hospitals. It was obviously pressure of this nature that obliged the specialist to have me moved here. . . .

This hospital consisted of several very large wards. There was no Outpatients' department and, so far as I could see, few amenities in the way of specialized treatment other than an operating theatre. The ward in which I now found myself was mainly geriatric. . . .

The nursing staff were of a different background and educational level than those in the voluntary hospitals, though they were certainly not unkind and did their best in antiquated buildings with outmoded, limited equipment. There was one doctor for the entire ward, a man in his early thirties, uncommunicative and tired-looking, which was not surprising as he always seemed to be on duty. I almost expected him to be on duty for ever and was mildly surprised to see another doctor on night duty.

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I have never, before or since, been in a hospital ward where so many people died. Almost every night someone died and occasionally there were as many as four deaths. . . . All this was not as sinister as it sounds. Then, as now, the problem of the aged sick was a very difficult

one. Not to have to die in the workhouse was the unspoken prayer and greatest wish of many aged, working-class people. The family of the aged did their best, often in the face of unemployment and great poverty. Having nursed an aged person for a long time, the difficulties towards the end became more than the ordinary family could cope with, so it was that many of these old folk were finally brought into hospital, literally dying. Sometimes they would last a few weeks, whilst others died overnight.

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Time dragged in this ward. As usual, there was nothing to do. The only break in the deadly monotony were the two visiting periods, Wednesday and Sunday. By this time, I had developed a large area of extreme soreness round the wound which most doctors who had not seen it before, thought was a burn. . . . This wound gave me years of pain and made it difficult for me to concentrate, though I did try to read every day. I was almost completely cut off from friends I had known at home, although some wrote or very occasionally paid me a visit. This ward was particularly lonely because of the number of helpless and aged people.

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I continued to lie in bed and became progressively less able to move. For months I had experienced difficulty when trying to sit up in bed and one day I noticed with a shock that both my legs were so stiff that I was only able to bend them with great effort. Even simple exercises might have saved me some of the misery I endured later, as a result of not being helped to move about more, although this difficulty of movement certainly did not start in this hospital. I went on this way for several months.