VISITING CHILDREN IN HOSPITAL

BY

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This is a preliminary account of an experiment in visiting that seems to us to be so successful that we want to bring it to the notice of others. It is a plan for daily visiting of children, more particularly those of "toddler" age, by the mothers.

Working at various hospitals over a period of some years, we have been familiar with a variety of patterns for visiting. First may be considered the "no visiting" programme, with an exception made for dangerously ill children. This was probably based mainly upon a fear of introducing infection, but since the British Paediatric Association's investigation (Watkins and Lewis-Faning, 1949) failed to show any correlation between visiting and cross-infection, this fear must be regarded as ill founded. (Visitors are still barred from infectious disease hospitals, in most instances, probably for fear of carrying infection out. Since doctors, nurses, domestic staff, and others in these hospitals "visit" the children and go into the outside world this reason seems a little illogical.) Whatever the reason, this system tended to produce unsatisfactory results. For the short-stay child it meant at least a few days of misery, followed often by a period of partial adjustment, and then, after going home—so we learnt not infrequently—a period of disturbance, although mother had been recognized and welcomed when the time came for discharge.

For children likely to be in hospital for long periods "no visiting" seems to produce the maximum of disturbance. The child forgets his mother, and clings to nurse when the time for discharge comes, so that his return home must be associated with great maternal distress, from the effects of which the child can scarcely escape. Moreover, it was not a satisfactory business for the nursing staff, who tended to develop a possessiveness with regard to the children, the eventual termination of which gave a psychological jolt to both parties.

A modification of the "no visiting" method is to permit parents to look at the children through a glass door or cubicle wall. If this allows the children to see the parents, even accidentally, it can only be condemned as cruel. Even when such accidents did not occur the parents were often very distressed. In wards where this was the custom there was frequent grumbling from nursing staff and from parents, and it never seemed satisfactory.

Daily Visiting

Visiting on "visiting day," once, twice, or even three times a week, is probably all right for older children, say, over 5 or 6 years of age. They can hold out for a few days, even a week, with the knowledge that "mum" is coming again then. For the younger children this is not possible. Their memories are short,

and their power of looking forward is short also. This led us to consider daily visiting as a solution. Before describing what in fact occurs it is worth while interpolating some remarks on visiting in general. So often, and not only in children's wards, it seems rather aimless. Mothers do not know quite what to do with the time. They are worried lest anything they do will upset the nursing staff. Therefore it did not seem to us sufficient just to allow visiting daily and leave it at that. The mother must be allowed and encouraged to do certain things to make the visit worth while to all concerned.

The present plan is that mothers are encouraged and even strongly urged to come daily between 5 and 6 p.m. They give the children their suppers, or they feed their infants. They read a story or play a game, clean teeth, hear prayers, and tuck the children down for the night. That is, they do in hospital the things they would do for the children at home. If tears threaten at the time of parting, the mother tries to stay until the child is asleep. If some children are not visited or a mother has to miss a night then some of the other mothers, who are familiar to the children, willingly lend a hand to act as a substitute. The child can look forward to to-morrow. When he first wakes, and for the earlier part of the day, it is not unexciting. New nurses, the doctor's visit, perhaps the visit of the occupational therapist, all help to pass the day, and if homesickness threatens, "mum" is coming after tea. The toddler can understand to-day and to-morrow and can associate things with a meal-time.

We believe that this daily hour spent together by mother and child helps to continue their relationship and does not break up the security which means so much at this young age. The child's needs are being satisfied jointly by mother and nursing staff without the development of abnormal possessiveness or transfer of affection. The mothers are less strained, because they have something to do. If there is some question they want to ask the doctor this is always arranged. (Although not directly associated with visiting, we believe the psychological strain for the parents of a sick child can be eased by making it possible for them to see the physician or surgeon in charge more or less on demand. A time is set aside at the end of each major ward round for this purpose. In fact, parents are encouraged to see the member of the visiting staff concerned and not to be content with what the nursing staff or resident medical officer has to tell them.)

The present method is, of course, supplementary to the presence in hospital of a nursing mother who is breast-feeding her baby. We have also made it a custom for mothers of babies who are artificially fed to come in for longer periods—namely, a day or so at a time—before the infant is discharged, so as to take over full responsibility for the child's care under supervision.

Some Difficulties

It would be unfair to pretend that there are no difficulties in the present scheme. The distance to be travelled daily by the mother, especially in a large city like London, may make daily visiting impossible. There may be other children in the family for whom supervision cannot be arranged. It has always seemed to us a weakness of the method, advocated by others, whereby mothers come in and look after their babies in hospital more or less entirely, that it ignores the rest of the family, especially perhaps the father. It is no gain

to the family relationship if, in saving the child in hospital some degree of psychological trauma, this is inflicted upon others in the family. The daily visiting method seems to share the mother between all those who have a claim on her without being unduly unfair on any.

The present scheme has been in operation for nearly 18 months. Mothers certainly like it. The nursing staff has an opportunity for closer contact with more of the mothers than is possible with any other method, and they also like it. The children seem happy, but clearly some form of follow-up and comparison with other methods is desirable. Children in hospital are part of the large group of children separated (temporarily) from their mothers and deprived of normal home life for a time. It is known that investigation of this larger problem is proceeding here and in other countries. A sponsored investigation of the narrower problem of visiting of children in hospital seems desirable. Meanwhile, without detailed knowledge of what exactly is going on in other hospitals we present this preliminary account of our own trials.

REFERENCE

Watkins, A. G., and Lewis-Faning, E. (1949). *British Medical Journal*, 2, 616.

MEDICAL NEW YEAR HONOURS

The names of the following members of the medical profession were included in the New Year Honours List published in the *London Gazette* on January 1.

K.C.B. (Civil Division)

HAROLD PERCIVAL HIMSWORTH, M.D., F.R.C.P. Secretary, Medical Research Council.

K.B.E. (Military Division)

SAMUEL ROY BURSTON, C.B., C.B.E., D.S.O., V.D., F.R.C.P., F.R.C.P.Ed., F.R.A.C.P. Major-General, Australian Military Forces (ret.).

Knighthood

GEORGE VANCE ALLEN, C.B.E., M.D. Vice-Chancellor, University of Malaya.

WALTER RUSSELL BRAIN, D.M. President of the Royal College of Physicians of London.

RUDOLPH ALBERT PETERS, M.C., M.D., F.R.S. Whitley Professor of Biochemistry in the University of Oxford.

C.B. (Military Division)

RODERIC DUNCAN CAMERON, C.B.E., M.C., M.B., Ch.B., Major-General, late R.A.M.C. Honorary Surgeon to the King.

FREDERICK GEORGE HUNT, C.B.E., M.B., B.Ch. Surgeon Rear-Admiral. Honorary Physician to the King.

C.M.G.

JOHN CATARINICH, M.B., B.S. Director of Mental Hygiene, State of Victoria, 1937-51.

WILLIAM ARTHUR EDWARD KARUNARATNE, O.B.E., M.D., M.R.C.P. Professor of Pathology in the University of Ceylon.

C.V.O.

PETER JAMES KERLEY, C.B.E., M.D., F.R.C.P., F.F.R. Director, X-ray Department, Westminster Hospital.

ROBERT MACHRAY, M.B., B.S., F.F.A. Anaesthetist, Westminster Hospital.

C.B.E. (Military Division)

EDWARD ALFRED DALEY, M.B., B.S., F.R.A.C.P. Air Commodore, R.A.A.F. Honorary Physician to the King.

ALLAN WATT MCRORIE, M.D., D.P.H. Surgeon Captain, R.N. Honorary Physician to the King.

JOHN CONRAD NEELY, D.M., D.O.M.S., D.O., Air Commodore, R.A.F.

DENIS ADRIAN PRITCHARD, M.B., Ch.M., F.R.A.C.P., M.R.C.P. Surgeon Captain, R.A.N. Honorary Physician to the King.

WILLIAM KILPATRICK STEWART, A.F.C., M.B., Ch.B. Acting Group Captain, R.A.F. Director, R.A.F. Institute of Aviation Medicine.

C.B.E. (Civil Division)

CHARLES CAMERON, M.D., F.R.C.P.Ed., F.R.F.P.S. Professor of Tuberculosis in the University of Edinburgh.

CUTHBERT GAULTER MAGEE, F.R.C.P.Ed., Deputy Director-General of Medical Services, Ministry of Pensions.

M.V.O. (Fourth Class)

CHARLES EDWIN DREW, M.B., B.S., F.R.C.S. Chief Assistant and Surgical Registrar, Westminster Hospital.

PETER HENRY JONES, F.R.C.S. Senior Registrar, Brompton Hospital, London, S.W.

CYRIL FREDERICK SCURR, M.B., B.S., D.A. Consulting Anaesthetist, Westminster Hospital.

O.B.E. (Military Division)

JOHN ROBERTSON NIMMO, Major, R.A.A.M.C.

O.B.E. (Civil Division)

MURIEL HELEN DEEM, M.D. Medical Adviser to the Royal New Zealand Society for the Health of Women and Children (Plunket Society).

DONALD CHARLES FARQUHARSON, M.R.C.S., L.R.C.P. Regional Medical Officer, Ministry of National Insurance.

MANUEL LAZARUS FREEDMAN, M.B., Ch.B. Director of Medical Services, Bechuanaland Protectorate.

JOHN McILRATH GIBSON, M.D. Medical Officer of Health and Chief School Medical Officer, Huddersfield.

ALFRED ERNEST HALLINAN, M.C., M.B., B.S. Regional Medical Officer, Ministry of Health.

WILLIAM ALEXANDER MILNE, M.B., Ch.B. For public and medical services in Greenock.

EDWARD GEORGE MONTGOMERY, M.B., B.Ch. Lieutenant-Colonel, late I.M.S., Surgeon-General, East Bengal, Pakistan.

ALFRED ARTHUR EDMUND NEWTH, M.B., B.S. Senior School Medical Officer, City of Nottingham.

VICTOR EMMANUEL PERERA SENEVIRATNE, M.D., M.R.C.P. Visiting Physician, General Hospital, Colombo.

GEORGE WRIGHT SIMPSON, M.D. Medical Officer and Chief Inspector of Physical Education, Scottish Education Department.

M.B.E. (Military Division)

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HAROLD STEWART MOORE, M.B., B.S. Lieutenant, R.A.M.C.

M.B.E. (Civil Division)

JOHN CAMPBELL ATHERLEY, M.B., Ch.B. Admiralty Surgeon and Agent, Manchester.

MURIEL JOSEPHINE LOUISE FRAZER, M.D., F.R.C.S.I., M.R.C.P. District Surgeon, St. John Ambulance Brigade, Northern Ireland District.

WILFRED BASIL RALPH JONES, M.R.C.S., L.R.C.P. Medical Officer, District I, Montserrat, Leeward Islands.

RONALD GREAVES LADKIN, B.M., B.Ch. Colonial Medical Service. Medical Officer, Uganda.

WILLIAM RICHARD LAWRENCE, M.B., Ch.B. Medical Practitioner of Te Aroha, Auckland, New Zealand.

An interesting new theory of taste is propounded in *Nature*, December 8, p. 977. It is based on histological study of the olfactory mucosa and taste buds of the rabbit, using new staining techniques which can display the localization of different enzymes, especially various kinds of phosphatases, in different cells. Sections of the nasal mucosa show that all phosphatases are concentrated in three or four basal cells in the olfactory epithelium, while lipases are restricted to Bowman's glands, but esterase is present in all the cells of the olfactory epithelium as well. In brief, a number of enzymes show sharp localization at one or more of six anatomical sites. This has suggested to the authors that substances which are tasted may inhibit the activity of an enzyme in one site, accelerate the activity of another in a second, and have no effect on enzymes in other positions. Inhibition and activation would alter the functioning of local nerve fibres, and thus create a distinctive spatial pattern of nerve impulses transmitted to the brain, and each pattern would represent a separate taste. A similar theory is proposed to account for smell.