

HOSPITALIZATION OF CHILDREN

In recent years the approach to the question of hospitalization of children has undergone a radical change. This change is reflected in the increasing number of addresses and publications by paediatricians on this subject. Recently, at the Third Congress of the South African Paediatric Society, for instance, Dr. Epstein,¹ the President, delivered his opening address (which is published elsewhere in this issue) on the hospitalization of children. A memorandum² based on the findings of a subcommittee of the British Paediatric Association, in which their recommendations regarding the welfare of children in hospital are discussed, has been published recently.

Two factors in particular have contributed to this new approach. In the first place the changed pattern in the diseases of children must be pointed out. Until recently pneumonia, tuberculosis and other infectious diseases were the chief causes of disease in children. Today, however, paediatricians are becoming increasingly aware of those conditions which do not necessarily cause death but which nevertheless lead to unhappiness, distress and indisposition in the child and in members of his family. There is, for instance, a greater realization of the fact that many types of chronic illness, as well as nervous debility and maladjustment, spring from physical causes. Recent work done by Lanzkowsky³ in this country bears this out. Lanzkowsky showed that there was a connection between pica, or perverted appetite in children, and iron deficiency, and that pica disappeared on the administration of small doses of inexpensive preparations of iron.

Another aspect of the change in the paediatrician's attitude towards diseases of children is reflected in the increasing emphasis on preventive medicine. The prevention of most nutritional troubles and many infectious diseases in children has become the aim of the paediatrician. Successful attempts have also been made to prevent accidents.

A second important factor that has contributed to the change in attitude to hospitalization of children is the new insight into the serious emotional and psychological dis-

turbances that arise in children as a result of injudicious separation from their parents and homes.

The salient points in the new approach to the old problem of the treatment and welfare of children in and out of hospital can be summarized as follows:

1. A system for the treatment of day patients should be devised for children who do not require prolonged in-patient treatment in hospital. Recently, Dr. Smallpeice⁴ published an interesting provisional report of an experiment conducted during the past few years in one of the two paediatric in-patient units in Oxford. These units were used for the observation, investigation and treatment of children as day patients. The following types of patients have been treated successfully in this way: small babies who fail to thrive and small babies with suspected fits or delay in development. In older infants and young children, feeding problems, delay in reaching milestones, specific defects, enuresis, etc., have been investigated.

2. For those children who do require hospitalization for a shorter or longer period, the following considerations should always be kept in mind:

(a) Accommodation should be made available wherever possible for the mothers of infants and toddlers, preferably with the mother sleeping in the same room as her child.

(b) There should be unlimited facilities for relatives and friends to visit the children, except when it is inconvenient because of considerations of staff, treatment, etc.

(c) Evening visits should be encouraged.

(d) The actual duration of the treatment should be kept as short as possible.

This new approach has, of course, its disadvantages as well as its advantages. To us it would seem, however, that the advantages outweigh the disadvantages. The consistent application of this approach would lead not only to a greater measure of health and happiness in children, but also to greater well-being in older children and adults.

1. Epstein, B. (1959): See page 358 of this issue.
2. Subcommittee of the British Paediatric Association (1959): Brit. Med. J., 1, 166.
3. Lanzkowsky, P. (1958): S. Afr. Med. J., 32, 1114.
4. Smallpeice, B. (1958): Lancet, 2, 1366.

PEDIATRIESE BYDRAES

Die pediatriese vertakking van die medisyne is een van die vertakkings wat gedurende die laaste aantal jare dramatiese vooruitgang getoon het. Hierdie vooruitgang kon plaasvind as gevolg van die veranderende patroon van kindersiektes en die opkoms van 'n hele reeks middels wat 'n revolusie veroorsaak het by die behandeling van aansteeklike en besmetlike siektes. Die vooruitgang het egter ook plaasgevind as gevolg van lewendige en ondernemende navorsing deur kindergeneeskundiges—werk wat tot velerlei nuwe insigte en benaderings gelei het.

Wat die veranderende patroon van kindersiektes betref, sou ons kon wys, soos ons alreeds gedoen het,¹ op die feit dat sterfte by kinders tot onlangs hoofsaaklik te wyte was aan toestande soos pneumonie, tuberkulose en ander in-

feksietoestande. Vandag egter word die belangstelling van kindergeneeskundiges al meer gerig op daardie toestande wat nie noodwendig tot sterfte lei nie, maar wat tog baie ongelukkigheid, ongeskiktheid en ontsteltenis veroorsaak by die kind en by lede van sy familie. Ook neem voorkomende medisyne al meer 'n belangrike plek in by die benadering van die kinderarts.

As 'n opsommende stelling sou die volgende fasette van die nuwe insigte en benaderings, waarna ons verwys het, genoem kon word.

1. Die patroon van kindersiektes, veral wat betref infeksietoestande, het dramaties verander.

2. Ernstige aangebore defekte, soos 'n hele reeks abnormaliteite van die hart wat voorheen terapieuties onbereik-

baar was, kom nou binne die sfeer van aktiewe en suksesvolle behandeling.

3. *Voedingsprobleme en allergiese toestande.* Navorsing ten opsigte van die voedingsprobleme van kinders en van allergiese toestande wat dikwels, maar nie noodwendig nie, daarmee saamhang, het baie nuwe feite aan die lig gebring.

4. *Emosionele behoeftes.* Kindergeneeskundiges besef al meer die groot betekenis van verskillende aspekte van die emosionele behoeftes van kinders. Elders in hierdie uitgawe plaas ons byvoorbeeld 'n artikel* waarin die aandag gevestig word op die soort emosionele probleme van kinders wat hartoperasies moet ondergaan. Ook plaas ons in hierdie uitgawe 'n bespreking† van die oorwegings ten opsigte van die hospitaalbehandeling van kinders—oorwegings wat ontstaan en gegroei het as gevolg van die veranderende

patroon van kindersiektes, maar ook as gevolg van die veranderende insigte in die emosionele behoeftes van kinders.

5. *Voorkomende medisyne.* Met die onlangse opkoms van die sosiale medisyne en die insig dat baie toestande wat vroeër as siektes beskou is, eintlik voorkombaar is, het daar 'n hele nuwe veld vir die kindergeneeskundige oopgegaan.

Ons hoop dat die artikels oor pediatriese onderwerpe wat ons in hierdie uitgawe plaas, sowel as die opsomming van die interessante lesings wat gelewer is ten tyde van die onlangse Derde Kongres van die Suid-Afrikaanse Pediatriese Vereniging, wat van 9-11 Oktober 1958 in Pretoria gehou is, daartoe sal bydra om die belangstelling in die vooruitgang op pediatriese gebied te prikkel. Ook hoop ons om gereeld in die toekoms ruimte in die *Tydskrif* beskikbaar te stel vir spesiale pediatriese bydraes.

* Kyk na bl. 349 van hierdie uitgawe.

† Kyk na bl. 358 van hierdie uitgawe.

1. Van die Redaksie (1959): S. Afr. T. Geneesk., 33, 222.