CHILDREN IN HOSPITAL*

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A civilization such as ours is geared to a very large extent to the mental and physical welfare of its children. It is of course a truism that in order to survive we must take care of our children. Primitive man relied on the survival of the strongest of his numerous progeny, which led to practices such as leaving infants on mountain tops to endure the rigours of nature. With the introduction of birth control and the decrease in the birth rate, it has become necessary to ensure the survival of greater numbers of children. Public-health measures such as the introduction of clean milk, *pari passu* with the development of our machine age, have reduced infantile mortality to a low level. Antibiotics have converted formidable diseases into relatively minor illnesses.

As mortality and morbidity in children's diseases decrease, other factors become more prominent. The study of the effects of emotional disturbances has made rapid strides since Freud. Parents are becoming increasingly conscious of the importance of giving their children an emotionally balanced upbringing. Although we are far from the ideal, a great deal has been learnt. The public is avidly mopping up information on this subject, and writers like Benjamin Spock have become best sellers.

In one aspect of this problem we in South Africa have lagged sadly behind—that is in the attitude of the authorities towards children in hospital. I say 'authorities' because I do not think many paediatricians agree with the manner in which children, in particular small children, are isolated from their parents on admission to hospital. I can conceive of no greater psychic trauma to a child than that created by separation from its mother in its early formative years. Physical separation of child from mother occurs at birth with the cutting of the umbilical cord, but the emotional cord is not severed for very many years. It is therefore important that when a child, particularly a child under the age of 4 years, is admitted to hospital, special provision should be made for the mother to stay in the hospital with the child, either full-time or part-time, or that wherever possible unrestricted visiting should be allowed.

Moreover, children's wards should be made pleasanter. Children respond to atmosphere. Walls should be painted in pleasing colours, with glass partitions low enough to enable the child to

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look out into the corridors. Cubicles should not be designed like prison cells. There should be a proper playroom where the convalescent child can spend his time. It should be equipped with sturdy toys such as are used in nursery schools. Where possible the child should have his own clothes. If the hospital provides them, there is no reason why they should not be pleasant to wear and to look at. The extra cost would be negligible.

Careful studies of the child in hospital have been made in various parts of the world. One of the most recent and the most thorough has been that of James Robertson,[1] a psychologist on the staff of the Tavistock Institute of Human Relations, who has not only written a book *Young Children in Hospital*—a book that I would strongly recommend to you all—but has produced two films, *A Two-Year-Old Goes to Hospital* and *Going to Hospital with Mother*. The second of these will be shown today.

I cannot do better than follow the arguments laid down by Robertson. Mr. Robertson states that the child under the age of 4 years needs the greatest consideration. He is dependent on the mother for his physical and emotional needs. His personality develops normally only when he lives in an environment where he can get the love of his mother.

When a child is ill at home it is expected that his mother should be in constant attendance. In hospitals it has become accepted that mothers, if not an actual nuisance, are a potential nuisance, and they should therefore be allowed to be with their children only at certain specified hours.

However kind and considerate the nursing staff may be, it is obviously impossible to apportion any one nurse to constant attendance upon any one child—the nearest that a hospital could approach to supplying the child with a mother-substitute. Days off, differing hours of duty, and the monthly changes of staff (a pernicious system in a children's ward) create a very confusing picture in a child's mind, and he does not know to whom he can turn when in distress.

Who in this room has not seen the obvious case of neglect due to shortage of staff: the child who is crying his heart out because everyone is too busy to attend to him; the child who unavailingly calls for toilet attention, or the infant who has been lying in wet or soiled napkins for a long period of time. Frequently napkins are put on to toddlers who have already been toilet trained, with adverse psychological effect. Many children become neurotic after a period in hospital.

Robertson states that in the process of 'settling-in' a child goes through 3 phases:

1. *Protest*—the obvious external rebellion against being left by his mother.
2. *Despair*—in which the conscious need of his mother is coupled with increasing hopelessness.
3. *Denial*—in which he represses his feeling for his mother. The child seems to have settled down and to be enjoying the ward routine. When the mother visits, he tends to ignore her. At the time of discharge he clings to the nurse and may not even wish to go home. This is often represented to parents, nurses, medical students and doctors as an indication that the child has become well adjusted to his stay in hospital.

There are other well documented and controlled studies on this subject. Faust,[2] in 1952, was responsible for a report issued by the Department of Pediatrics and Anesthesiology, Albany Medical College, on *Reducing Emotional Trauma in Hospitalized Children: A Study in Psychosomatic Pediatrics*. Prugh,[3] in 1953, also in the USA, wrote *A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness*. Vaughan,[4] in 1957, wrote on *Children in Hospital*.

In what way can we minimize these emotional shocks to sick children?

1. We must keep out of hospital as many children as possible. With modern drugs it should not be necessary to admit many who in pre-antibiotic days would have had to go into hospital.

2. Unrestricted visiting except for times when this would be of great inconvenience to the staff.

3. Evening visits such as practised at the Hospital for Sick Children, Great Ormond Street, London. Professor Moncrieff[5] explained this in a lecture given at the last Medical Congress held in Durban. In this hospital mothers are encouraged to visit their children daily, wash them, feed them, and put them to sleep. Thus the child is settled before the mother departs.

4. Mothers must be allowed to stay in hospital with their younger children, and children's hospitals must be altered to allow this to take place.

I need hardly mention the work of the late Sir James Spence of Newcastle, a fine humanitarian and a great paediatrician who, 30 years ago, successfully pioneered this type of hospitalization in Great Britain. It is only in recent years that his ideas have been accepted. A paediatric unit at Amersham General Hospital has been converted to allow mothers to stay with their children. This hospital is shown in today's film. Dr. D. MacCarthy, the paediatrician in charge of Amersham, is so pleased with the results that he has also converted the paediatric unit at Stoke Mandeville, which was almost ready for occupation. He showed me this ward when I visited him last month.

This subject, as far as I know, has not been dealt with at previous medical congresses in this country, though it has been discussed in other countries. There are obviously important aspects that I have omitted. There is no time in a paper as general as this to consider the practical difficulties in the wards, the problem of the child who has to make a prolonged stay in hospital, and the educating of nurses, medical students and doctors in this aspect of mental health. I realize that the solution in South Africa is not an easy one. It is extremely difficult to break down prejudices and established traditions. One would have to persuade the highest authorities in the nursing profession that a change of this nature, whilst it would be primarily in the interests of the child, would also assist the nursing staff. Contrary to popular belief, hospitals that have admitted mothers with their children have found that, far from interfering with the work of the ward, the mothers are very helpful and relieve the nursing staff of much unskilled work. Also the danger of cross infection is reduced.

I hope that the ideas that are gaining ground overseas will soon be established practice in South Africa, and that the new children's hospitals will be designed to meet the psychological as well as the physical needs of the child.

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