Anatomy of an admission

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We don't often see Mrs T. She lives just 200 yards away from the surgery, looked after in her benign but total confusion by two devoted sons. Neither has married, and their sister, who gets worried every few years by creatures that try and come up through the floorboards to kill her, lives next door and has been a poor advertisement for conjugal bliss. Every year or two Mrs T, who is now 90, breaks a limb in one of her inco-ordinated tumbles. She produced fracture number six (neck of humerus) last weekend. It's an easy enough fracture to heal, but it doesn't become painfree as rapidly as one that is put in a ' pot '—the universal term for plaster of Paris around here—and we thought that after an x-ray to exclude pathological fracture or a concomitant dislocation, Mrs T should be given the benefit of an admission to our district general hospital.

It took some doing. The orthopaedic houseman, on hearing her age, just didn't want to know; it seemed to make no difference when he heard about who usually cared for her—" But you're asking for a social admission, doctor "—as though the 30 per cent of patients admitted to the nation's hospitals could somehow be excluded from the rigorously medical sanctity of his own wards. Eventually, we sold her last Monday to the general physicians, who put her in their acute ward, but rapidly realised how old she was and transferred her to the geriatric wing.

There, as far as I knew until this morning, she was happily recuperating while her family had a holiday. How wrong I was became clear when her elder son came into surgery this morning: he needed a certificate because he'd had 'flu and bronchitis.

He told me at once that he would like it if I could get his mother home—the family were worried about her. " When we went to visit yesterday, she needed a bed pan. We told the nurse and waited five minutes, but after that I had to go and really persuade them, because I know mother can't wait more than a minute or two and even though she hasn't much idea of what's going on, she's got enough to feel ashamed if she wets the bed. And she's not moved her bowels since she went in either. I give her two teaspoons of Epsom salts every other day and that keeps her regular, but even though I tell them that they just laugh at me and say they'll give it her tomorrow ". (I looked at the houseman's notes today: they contain the superior little comment " Given Epsom salts for years! ") " And ten years ago when she was in hospital with a broken arm they sent her home and she hadn't moved her bowels (I'm sorry to have to tell you about these things, doctor) for over a week and I had a terrible time, I can tell you. When she came home I sat up with her all night, and every few minutes she got the urge and I carried her to the commode but she couldn't do it, and I can tell you, I don't know who was more relieved when eventually she did it. "

" And they were giving her these black and red capsules for her chest, but she couldn't take them very well so they've started giving her needles four times a day. Don't get me wrong, doctor, but she's had a good innings and she's worked damned hard for us ten children and we want her to be comfortable. If she dies, well. . . . But we want her to be comfortable and we'd like you to try and get her home, please. All I want you to do for me is to give me a note for next week ".

So here goes an illegal form Med 3 on its way, blandly stating that Mr T is suffering from bronchitis and is unable to work. We all know that if we write bronchitis on form Med 3 they don't call them for examination for ages, so that covers me if Mrs T needs nursing at home for a long time—I shan't have to change my story.

This story of real devotion—and stories of real devotion like this, *pace* those tough-minded people who think that we've become a lackadaisical nation utterly dependant upon the Welfare State, out-number the stories of abandoned responsibilities by many times to one—this story, then, seemed simple enough. I had only to go to the ward, see Mrs T being fed her lunch by a most kind ward orderly, see the sister, ring the registrar, order the ambulance and why, tomorrow she'd be back in her own bed. She would be delighted, the family would be pleased, the nurses

would have less to do, the doctors could stop sleeping uneasily because a social problem occupied one of their beds, and the ambulance. . . . Ah yes, the ambulance. I had no trouble at all in squaring everyone else, and I even signed the hospital discharge letter " Dear Dr Barley. . . . Yours sincerely, S. L. Barley " so that the sister could get the discharge drugs quickly. Whistling a merry tune I went on my way to visit that day's (Friday, remember) ration of 'flu victims.

Difficulties with an ambulance

My secretary would describe my reaction to her news when I returned for evening surgery as something less than merry. " Everything's been fixed up, but the ambulance say they can't bring her out till Tuesday."

This little incident, trivial to the point of invisibility in the mind of the ambulance controller who decided that Mrs T should stay in hospital another four days, but vastly important to Mrs T and her family, surely indicates how sadly unimportant professionalism is becoming in parts of the hospital service: we and our convenience first—the patients second.

I'm not suggesting for a moment that every ward can have an ambulance outside, its engine running in case someone changes their mind and wants to swop the noise and discomfort of a hospital bed for the peace of their own home. Nor do I suggest that every patient should have their own nurse by the bedside, waiting to leap for every urgent bed pan; nor that Epsom salts are the best treatment for constipation, or that ampicillin should never be given to the over-65s.

What I do suggest is that Mr T the bus conductor, 5ft 1 inch tall and suffering terribly on the late-night run when the drunken teenagers get aboard, he and his brother and their crazy sister know more about how to care (*Oxford English Dictionary* " To feel concern or interest: to take care or thought ") for their demented old mother than all the organised health service which tried for five days to do it for them.

Tomorrow morning we're going with Mr T in our car and we'll bring her home. Do you think it's worth while writing to tell the ambulance administration what we've done and why?

Addendum

Mrs T was brought home safely and without too much difficulty in the back seat of a small car. She lay quietly in bed in the front room for ten days and then died.

ANTIBIOTICS FOR COMMON COLDS?

" Although everyone knows that colds are due to viruses, antibiotics are still given for them. . . . None the less, it is possible to go too far in withholding treatment. Bacterial infections can and do follow the damage produced by the viruses of colds (though the catarrhal period which is often blamed on them is more likely to be due to the slow process of regenerating a damaged mucosal epithelium).

" Furthermore, people who come to a doctor often do so because they have more than an ordinary cold. Therefore, if a patient has a history and physical-examination results which are consistent with, say, sinusitis, or otitis media, or perhaps a secondary bacterial bronchitis, he now needs appropriate antibiotics even if his symptoms are not clearly distinct from those of the initial virus infection.

" In adults and children pneumococci are a common cause of infection and respond well to penicillin; infants and people with chronic chest disease could have a haemophilus infection and need a drug of broader spectrum, such as cotrimoxazole or ampicillin.

" Antibiotic treatment has probably been the cause of the great decline in suppurative otitis media, but inadequate treatment of middle-ear infections may well be a factor in the genesis of ' glue ear.' The fraction of sore throats which are due to streptococci are best treated by a full course of antibiotic—usually penicillin."

REFERENCE

The Lancet (1976). Editorial **1**, 132–133.