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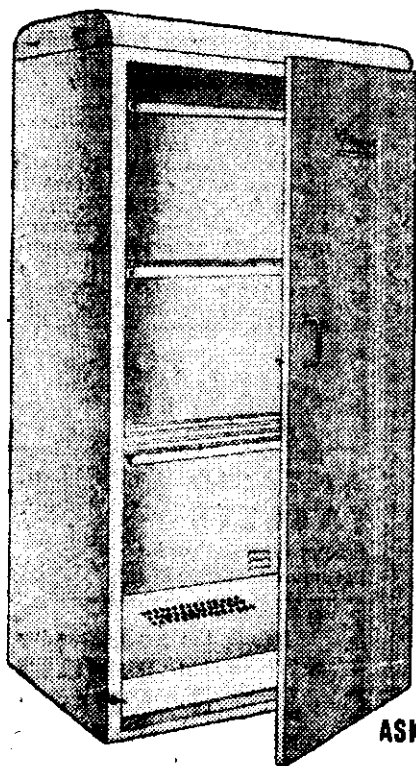
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CHILDREN IN HOSPITAL

To the Editor

Sir.—Nurses who see their small patients emotionally upset after the weekly visit from their mothers conclude that daily visits would mean daily upsets. This, however, has not been the experience of those hospitals that have adopted daily visiting. In March of last year there were only two or three hospitals in Britain where daily visiting of children's wards was the rule, but by October 300 had adopted the practice, among them the internationally famous Great Ormond Street Hospital for Sick Children. Nottingham Hospital reported: "Evening visits by parents who tell their children bed-time stories and tuck them in are the best medicine we have ever had for our small patients. The scheme has been a tremendous success." Sussex Hospital, at first reluctant to try the experiment, later said: "It has been found such a brilliant success that it is difficult to understand the opposition to it."

Great Ormond Street's experiment was the subject of a report in the British Medical Journal. At this hospital mothers were made to feel welcome and were encouraged to fill their visiting hours with the small things they would normally be doing for their children at home—giving them their tea, sponging them, tidying up, staying till they fell asleep. Where home responsibilities made it hard for a mother to keep up her visits the Hospital arranged home help from among other mothers. Great Ormond Street considered it an important advantage that the nursing staff had opportunities for closer contact with more of the mothers than had ever been possible before, and added that the nursing staff liked the new system.

To those nurses who insist that sick children are better off without visits from their parents it must be pointed out that a docile, tearless child is not necessarily in a good mental state. Personality damage does not show itself until the child goes home and the parents are faced with behaviour that can range from nightmares and a general pattern of fear and dependency to an unchildlike hardening of the emotions, a loss of spontaneous affection and a resentment that may later be turned against society. The longer the period of separation and the younger the child, the greater, as a rule, is the damage. Children under five are the most susceptible.

So marked have been the beneficial effects of allowing mothers to have closer contact with hospitalised children that Miss Hornsby-Smith, Secretary to the British Minister of Health, recently proposed in the House of Commons that the Ministry would "circulate to those hospitals that do not permit daily visiting the evidence from those which do, with a strong recommendation that they should look into this matter and endeavour to adopt the system of daily visiting." When this evidence comes before our New Zealand Hospital Boards it is to be hoped that hospital routine will not be allowed to stand in the way of humane experiment.

MARY DOBBIE (Sandringham).

Sir,—I read with great interest Miss Ralph-Smith's letter because it was the statement of an honest opinion. That it

is a mistaken point of view is due to the fact that, though she is a trained nurse, she is not a trained sick children's nurse. In England and in America there are special courses of training in sick child nursing which differ considerably from the general training course.

On what basis does the nurse reassure the child? And if he has become quiet, for how long does he remain "settled"? One gets the impression from this statement that once settled the child does not become unsettled until the parent visits him again. Doctors, nurses and parents all know that this is not so.

By "settled" I gather that she means quiet and good—that is, giving no further trouble to the nursing staff or in the ward in the way of making demands, noisy or otherwise. It is difficult to make doctors, nurses and most adults realise that this quiet withdrawn behaviour is, in the young child, often a sign of pathological development. Dr. John Bowlby, in his report to W.H.O. on *Maternal Care and Mental Health*, 1951, says: "A special note of warning must be sounded regarding the children who respond apathetically or by a cheerful indiscriminating friendliness, since people ignorant of the principles of mental health are habitually deceived by them." All the evidence suggests that it is the family baby, reacting violently, whose behaviour is normal—though, to the inexperienced nurse, this is the "spoilt" baby.

Many parents are taught to give treatment to their children, though they would not expect to do so in the presence of a trained nurse. In the case of diabetes, mothers give daily injections of insulin; and in cases of asthma learn to give injections of adrenalin. With surgical cases such as hare-lip "the aim is to keep the child contented." Precisely—and the only way to ensure that the child is not emotionally upset is to have the mother live in with him in hospital to nurse him, feed, bath and change him—under instruction, of course. This has been called controlled mother's nursing. At a special New Zealand hospital where this has been the practice for eleven years there has not been a single case of cross-infection, and only one anaesthetic death. The post-operative mortality is one-third of 1 per cent, possibly the lowest for any hospital in the world.

The nurse is thinking of time from an adult point of view. Whether the stay in hospital is short or long means nothing to the young child, because he cannot grasp the meaning of "time." Bowlby says: "It is exceedingly difficult for grown-ups to remember that the young child's grasp of time is meagre. The child of three can recall the events of a few days ago and anticipate those of a day or two hence. Notions such as last week or next week are incomprehensible. . . Even for a child of five or six, weeks are immensely long and months almost timeless. This very restricted time-span has to be understood if the despair which the young child feels at being left alone in a strange place is to be fully realised."

NANCY SUTHERLAND
(Christchurch).

N.Z. LISTENER, MAY 22, 1953.