PERSONAL VIEW

Living and dying with ear infection

S C McEwan

I was admitted to Shieldhall Fever Hospital, Glasgow, in early November 1935 with scarlet fever during an epidemic. At the age of 12, I was the oldest child in the hospital. The wards were full of children suffering from scarlet fever or diphtheria. Some wards had children suffering from both infections. One doctor looked after the hospital with the help of a postgraduate doctor, who was studying for the diploma in public health. He lived in the hospital and called at night to see the children when required. A nursing sister looked after several wards but there were no nurses. Local women from Govan looked after us. Visitors were not allowed so the children never saw their parents. Clergymen did not visit, books and toys were not available, and there was no radio.

We were in a Nightingale ward with a coal fire at each end. The beds and cots were so close we could touch each other and there were also beds up the middle of the ward. When they were full, children had to be put two to a bed, one at the top and one at the bottom, to cope with new admissions. There was no space available for a day room nor for a table and chairs. There was one bathroom for the entire ward.

The ward sister came to speak to each child every day. Later the doctor would walk round the ward, stopping occasionally to look at a child. Every child in my ward had an ear infection. Some of the children had sore joints. Laboratory tests and *x* ray examinations were never carried out. Ears were cleaned out daily when discharging. Aspirin was given for pain. The younger children cried for their mothers at first, then they began to forget.

We had nothing to do all day except wonder if we would ever get out or if we would die. Every night was the same—screaming children—and by the morning several more were dead. We were told that their "running" ears had dried up and the infection had gone to their brains. Dead children were removed from their beds or cots each morning and wrapped in a blanket, then they were taken away on a trolley by the porter. As there were no screens all the children watched and wondered who would be next. The beds and cots were quickly filled with new admissions.

. . . Every night was the same—screaming children—and by the morning several more were dead.

* * *

Information about the children was given by the nursing sister to the relatives at the gatehouse. In those days people did not have telephones, so parents were notified of deaths by telegram. Children who were well enough to eat used to ask the sister to tell their relatives to send in food. She collected the parcels at the gatehouse and brought them in. We were often hungry when we were well enough to eat. The hospital food was the same every day: breakfast—tea, bread and jam; lunch—soup; tea—tea, bread and jam; supper—pudding. Occasionally at weekends we got mince and potatoes. Many of the children were too sick to eat and they just got weaker.

Like many of the children I began to suffer from a headache. My left ear, which had been "running," had dried up and I had pain up the left side of my head. I kept feeling sick and could not eat. My family were worried when they were told of my condition and they persuaded the family doctor to visit. He thought that I had acute left mastoiditis and, with the permission of the hospital doctor, called in an ear, nose, and throat consultant. He agreed with the diagnosis and at the request of my parents tried to get me removed from the hospital. But the public health department in Glasgow refused permission. My father then demanded to see me and was finally allowed in, gowned and masked.

A decision was taken to operate and the sister's duty room became the operating theatre. The consultant brought his instruments with him, accompanied by an anaesthetist. I survived the operation and either the consultant or his colleague visited me regularly until I was out of danger. I was fortunate. I still saw children die, and those who recovered from their ear infections could not hear properly when they were allowed home. While recovering from the operation I contracted diphtheria and was moved to a small mixed ward. Finally, after six months in hospital, I was allowed home, having decided to become a doctor.

I graduated from Glasgow University in 1946 and became a house surgeon to the same ear, nose, and throat consultant at Glasgow's Royal Infirmary where more children were operated on for acute mastoiditis than for any other condition. Penicillin was scarce then.

S C McEwan is a retired depute medical officer of health from Lenzie, Scotland

MEDICINE AND THE MEDIA

BBC Radio 4 *Jackson Ward* 1 November 1990

Never trust an orthopaedic surgeon

Where do doctors go when they retire? To pieces. That at least seems to be the message of James Scott's forthcoming radio play. One third, we are told, have heart attacks within 18 months of retirement, another third have to seek psychiatric help. And the remaining third? Nobody seems quite sure.

Despite having a new ward named after him Dr Jack Jackson, an expert in indigestion, believes himself a failure. Even in retirement he can only copy his apparently senile senior colleague by wandering off and forgetting things. After all, what else can a man do after giving 40 years of his life to his profession except try to improve his handicap, go shopping, and gradually lose his mind? Meanwhile, orthopaedic surgeon Ben Bowen is on the up and up. As Dr Jackson remarks wistfully, orthopods, once the back room boys, are now practically running the country. By the end of the play this one is certainly running the hospital. He invades the place insidiously, along with his piped Vivaldi, taking upon himself the treatment of every condition of mind and body.

Bowen's vaunting belief in himself is contagious. "God is an orthopaedic surgeon," proclaims a student satirically in the hospital revue; and Mrs Trim, a disgruntled general surgical patient, has no difficulty recognising Him as Mr Bowen. She has, she tells him after breaking her hip, had an appointment with him for a very long time. But if Mr Bowen is God to his and everyone else's patients, he is smiling death to his colleagues. His oily, omnipotent bedside manner reverts to back room plotting and sabotage. While sympathetically advising the already redundant Jackson to "do nothing," he manages to divest him of his ward, his honorary senior physicianship, and his car parking permit.

Charlie Roberts, the gently dementing, retired, and despised general surgeon, then surprises everyone by dying very much in action, on the job as it were, in the arms of an anonymous woman. Unsure now whether to choose for himself a happy or a sad ending—should he read *David Copperfield* or *Anna Karenina* on his next aimless jaunt?—Jackson delivers himself up, with pathetic gratitude, to the orchestrator of his decline.

The play was obscure, surreal, and compelling, but I'm not sure what the take home message is. We all have to retire, and most of us at some time or other, however unwillingly, will have to trust an orthopaedic surgeon. I was told only after listening to the play that the author is an orthopaedic surgeon.—FIONA GODLEE, *editorial registrar, BMJ*