Geriatric visiting hours: lessons for the general wards?

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BMJ 1992;**304**:292

Ease of access for people's visitors when they are in hospital not only is a reasonable expectation but has also been shown to be beneficial and is recommended in longstanding government guidelines.[1] A previous survey documented that many restrictions remain in general medical and surgical wards.[2] The present survey was undertaken to ascertain the position in departments of geriatric medicine.

Survey and results

Letters were sent to hospital managers in 760 hospitals requesting details of visiting in geriatric wards—that is, all hospitals listed in the *Medical Directory* with over 50 beds and with consultants in geriatric medicine on the staff.

Replies were received from 579 (76%) of the hospitals. Several reported "open" visiting for a set number of hours a day, in which case this figure was used, the term "open" being reserved for those hospitals which had no restrictions. Categories of more than 5 hours/day, 2-5 hours/day, and less than 2 hours/day were used to allow comparison with the previous survey, and no subdivisions were made between two and five hours because of the small numbers. To investigate whether various types of hospitals set different limits on visiting, general, small, and non-acute hospitals were analysed separately (table), but no significant differences emerged, with all subgroups allowing over five hours a day in over 85% of instances.

Numbers (percentages) of hospitals allowing various visiting periods on geriatric wards*

Visiting hours (hours/day)	All hospitals†	General hospitals (>200 beds)	Small hospitals (50-100 beds)	Non-acute hospitals (no accident and emergency department; mostly solely geriatric or psychogeriatric)
Open	282 (49)	107 (46)	93 (56)	150 (55)
6-12	230 (40)	90 (39)	67 (40)	106 (39)
2-5	61 (11)	30 (13)	6 (4)	14 (5)
<2	6 (1)	4 (1·7)	1 (0·6)	2 (0·7)
Total	579	231	167	272

*Some hospitals fall into more than one category of hospital.
†Includes general hospitals with only 100-200 beds.

The previous survey of general medical and surgical wards showed pronounced regional variations in visiting times, but data from the present survey showed no such pattern.

Comment

Hawker has outlined the change of emphasis in visiting arrangements from "for the good of the organisation" to "for the good of the patient."[3] Many now recognise that these two objectives may coincide, and an extension of visiting times can help both patient and hospital.[1,2,4,5] That these lessons have been assimilated by those concerned in the care of elderly people seems to be borne out by the results of this survey.

This contrasts with the position in general wards.[2] Whereas 88% of hospitals reported visiting for more than five hours a day for geriatric wards, only 33% did so for general wards. While only six hospitals (1%) restricted visiting to less than two hours a day in geriatric wards, a quarter of all hospitals imposed such limits in medical and surgical wards. Although the surveys of general and geriatric wards were carried out at different times, information gained from the present survey, in which several hospitals supplied details for all wards, suggested that major differences still exist between geriatric and general wards.

How has such a gap developed? There seems no intrinsic reason why extended visiting should be a problem on general wards. Difficulties in patient care caused by visitors—an argument used to defend limited visiting—does not stand up. Firstly, there is no evidence that the nursing care and procedures necessary on geriatric wards are less time consuming and laborious than those carried out on general wards; the reverse may even be true. Secondly, and more importantly, about one third of the general medical and surgical wards previously surveyed already permitted liberal visiting. The onus now is surely on those who wish to perpetuate restricted visiting to justify their stance. It is difficult to see why extended visiting times should not now be the norm.

1 Department of Health and Social Security and Welsh Office. *The organisation of the in-patients' day. Report of a Committee of the Central Health Services Council.* London: HMSO, 1976.
2 Griffith DNW. Hospital visiting hours: time for improvement. *BMJ* 1988;**296**: 1303-4.
3 Hawker R. Rules to control visitors; 1746-1900. *Nursing Times* 1984;**80**:49-51.
4 Garton EJ. In praise of open visiting. *Nursing Times* 1979;**75**:1747.
5 Irving RE, Smith BJ. Patterns of visiting. Some experiences of free visiting in a general hospital geriatric unit. *Lancet* 1963;i:597-600.

(Accepted 27 September 1991)

Establishment of pregnancy after removal of sperm antibodies in vitro

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BMJ 1992;**304**:292-3

About 10% of infertile men have an immunological basis to their sterility. Sperm antibodies may be present on any part of the sperm surface, head, midpiece, or tail and the impairment of fertilising capacity depends on the percentage of sperm coated with these antibodies and the type of immunoglobulin present.[1] A synergistic combination of IgG and IgA is thought to be of particular clinical importance, but some workers report that IgA alone is sufficient to inhibit fertilisation.[2] The only treatment currently available to alleviate this condition is systemic corticosteroids, but the efficacy is doubtful[3] and treatment may produce unpleasant or unacceptable side effects—for example, hip necrosis, exacerbation of incipient duodenal ulcers, cardiovascular effects. Previous attempts to remove sperm antibodies in vitro by washing and centrifugation have been shown to be ineffective, because of the high affinity of these immunoglobulins for sperm surface antigens: even washing up to 18 times is without apparent effect.[4]

Recently we devised a technique whereby sperm antibodies can be effectively removed from the sperm surface in vitro.[5] We report the first applications of this technique to assisted conception procedures and the outcome—the establishment of two pregnancies.

Patients, methods, and results

The table shows the relevant clinical history of the three cases of immunological infertility treated by removal of sperm antibodies.

Semen was collected by masturbation and ejacula-