

## BOOKS AND REVIEWS

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ELIZABETH BARNES: "PEOPLE IN HOSPITAL" <sup>1</sup>

Hospital organization is one essential of medical care programmes. Doctors, whether general practitioners or specialists, should be able to count on well-organized hospital services. The modern hospital has an active role to play in the implementation of medical and social action plans, and hospital administration may be a determinant factor in the rapid development observable in most countries.

But the question of the relationship within the hospital between patients and staff is particularly important, as the author shows, in a summary of the findings of study groups which had been conducting an enquiry for three years. The enquiry highlighted a number of very real difficulties to be overcome if the mental and therefore physical health of patients is to be safeguarded. Several problems, social rather than medical, are dealt with, such as the problem of the elderly:

"Another illustration of the elderly at cross-purposes with the acute hospital is seen when they present themselves for medical examination. The hospital, geared to action, speed and the tyranny of the clock, finds that medical examinations of the elderly take longer—twice as long as those of younger people, it was reported. Old people cannot be hurried. They need to talk more to their doctors and nurses. Coming from a community which takes little notice of their many problems of daily living, they hope for a listening ear when they arrive in hospital. The disease, the legitimate reason for their being there, is not the only problem they bring. And it may not be the most important problem".

In the chapter on hospital visits certain remarks are made which though they seem obvious are none the less well met:

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<sup>1</sup> Macmillan and Co. Ltd., London, 1961, 155 pp.

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“ In trying to show their concern for the patient, visitors often find themselves at variance with the hospital. There is often nowhere for them to hang up hat and coat and, sometimes, nowhere to sit down. Usually, all they are allowed to do is to bring a few flowers, fruit and other tokens of their concern and try to keep up the patient's morale. Anything else seems to be wrong. They often feel awkward and out of place, and leave feeling vaguely dissatisfied with themselves, as if they have in some way let the patient down.”

In conclusion the book draws attention to the complexity of human problems:

“ The groups found that every situation which at first glance seemed to contain human problems only for patients also involved those of doctors, nurses and other medical workers and threw light on their training, the organisation of medical and non-medical work and the social structure of the ward and hospital, and could have been viewed from any of these angles. Also, any problem which seemed to be primarily a medical or nursing matter usually involved the administration. And any situation which appeared to be exclusively a hospital affair also included the hospital's relationship to the community. These things are bound up together, and while some separation was necessary to the examination of a situation, a full appreciation of it could not be reached unless its different components were viewed within the total setting ”.

On the basis of the groups' work, Miss Barnes denounces the de-humanisation of hospitals, which is accentuated by the progress of modern medicine and she puts forward some observations and proposals for sweeping reforms for doctors, administrators and nurses.

*J.-G. L.*

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### JEAN RODHAIN: “ CHARITÉ A GÉOMÉTRIE VARIABLE ”<sup>1</sup>

The author, who is Secretary General of Secours Catholique (Catholic Aid) and President of Caritas Internationalis, casts a look at the world around him, and, gathering at random from among the swift and penetrating observations that he has made,