

Hospital



Henry Ford Hospital by Frida Kahlo, 1932

by [Theodore Dalrymple](#) (January 2022)

One of the most remarkable changes in medicine since I qualified not far short of half a century ago (I never thought then that I should ever be able to say such a thing, youth thinking that it is eternal) is the speed with which patients are now able, indeed enjoined or commanded, to leave hospital after an operation, even a serious one. In my day, patients routinely stayed ten days or two weeks after such an operation; they resumed life gingerly, as if their operative wound were always in danger of coming apart, and generally

felt pretty gruesome for quite a time afterwards.

Nowadays, by contrast, a stay of two days in hospital is exceptional, and patients are ushered out of the hospital doors as soon as they will not die if sent home. As for patients suffering from heart attack, they were put to bed and kept immobile for up to three weeks as if their hearts were broken pots whose shards had been glued together and it was necessary to wait for the glue to dry: which, it is now realised, was precisely the wrong treatment. One cannot help but wonder how many other precisely wrong treatments survive in medical practice, all supported by the best medical opinion.

On the whole, brevity of stay in hospital is a sign of remarkable progress and great technical advance, and procedures that were once almost experimental (for example, hip and knee replacements) are now as routine as blood tests: but, as with all progress, there is some retrogression too. Hospitals increasingly resemble the factory as depicted by Charlie Chaplin in *Modern Times*. Patients are processed as on a production line, like objects to be assembled; there is hardly time for any human contact or relationship between patient and doctor or other staff. Efficiency is more valued than kindness.

The speed with which patients are ejected from hospital is sometimes cruel and sometimes medically erroneous: but, of course, perfection, even of medical judgment, is not of this world. The former system, in which patients remained so long in hospital that they often seemed to be as much residents as patients, was not only a sign of technical inferiority, but had deleterious effects such as institutionalisation: it is astonishing how quickly people get used to having everything done for them and doing nothing for themselves, especially as most of what they have to do is boring. The litterateur, Logan Pearsall Smith, said that he knew a man who committed suicide because he couldn't face the boredom of having to tie his

shoelaces every morning for the next few decades: though perhaps this was only a pretext for his self-destruction, for there must surely have been another solution to his problem, slip-on shoes for example. But then he could have cited other boring daily necessities, such as cleaning his teeth or changing his socks. One of the reasons some members of past elites were so extremely productive was that they had others to do many of the tiresome daily tasks for them. Of course, only a small minority of past elites took advantage of their liberation, which they took for granted, from the dull necessities of daily life by being intellectually or artistically productive: most just coasted along, often so bored by their own petty pleasures that they sought relief in excess: and contrary to William Blake, who suggested in the *Proverbs of Hell* that the road of excess led to the palace of wisdom, it led more frequently to the bankruptcy courts and the evaporation of fortunes.

A physician, Frederick Parkes Weber, who had worked many years earlier in a hospital (among others) in which I also once worked, wrote 1000 medical papers, was a numismatist of distinction leaving 100,000 coins to institutions in Britain and America, was something of an Egyptologist, spoke seven languages, and discovered, or described, six new diseases, all rare, which are now named after him. Clearly, he was a man of character and great intellectual distinction, but he must also have been assisted by the fact that he never had to go to the supermarket or perform many of the tasks which now take up so much of our time and render us busy but bored. Whether the whole of society should be so organised that there might be an occasional Frederick Parkes Weber is another question entirely.

Incidentally, he lived to be 99, one year fewer than his father, a German immigrant to Britain who became Queen Victoria's physician and was knighted. Parkes Weber retained his intellect to the end, though not his hearing. He continued

to attend medical meetings until his death and was regarded by his colleagues as nearly omniscient. The story is told that when once at a meeting he admitted that he had not heard of something, cheering broke out in the audience who had witnessed this totally unprecedented and indeed unique admission. He turned his poor hearing to advantage. He would give his opinion at meetings and then turn his hearing aid off with a conspicuous flourish, as if no further discussion of the matter under consideration was necessary.

But to return to the disadvantages of production-line hospitals, apart from the obvious one that patients are sometimes discharged from them before they are fit to go. (One of the measures now used to estimate the quality of medical care offered by hospitals is the rate of readmission within a month of initial discharge – though, as with most such statistics, comparisons are more complex than at first might appear).

Once on a visit to the Soviet Union, I realised that hospital was by far the best place to be, if one had to be in the Soviet Union at all, that is – provided also that one was not seriously ill but only suffering from a mysterious undiagnosed condition that was at most mildly, if at all, unpleasant. For the fact is that the hospitals which I visited were pleasant (though not beautiful) retreats from the world, relatively spacious, and with excellent opportunities for reading and a certain amount of social life. The kind of bustle and activity that was normal in western hospitals was completely absent; all was calm, there was practically no activity in evidence at all. The doctors disturbed the peace of the wards only very intermittently, there were no officious nurses badgering patients into this or that unpleasant activity, and the patients were left to their chess, their cards, or their reading. Hospital was a social club.

I remember also my admission to a hospital in England in the days when 100 per cent bed occupancy 100 per cent of the time

was not the cynosure of every hospital manager's eye, partly because in those days there were very few hospital managers. I was admitted for two weeks with a condition that had a five-year mortality rate between 25 and 50 per cent, with no curative treatment possible. There were only two or three other patients in a ward that could have taken twenty, and having been built in the 1930s, the hospital was luxurious in an ascetic way. The bathroom was particularly splendid, as spacious as that of any grand hotel in Switzerland of the epoch, with very fine tiling and enamelling. The piping hot water came out of the taps with the force of a tsunami, and the day room, well supplied with magazines, admittedly not of the latest date (but who cares, when time itself slows down?), was wonderfully airy in the style of sanatoria built in that epoch. When my physician announced that, having failed to identify exactly the cause of my fell condition, that I could go home, I was really rather disappointed. I had dug in for the long-term, and was quite prepared to sit it out. No one will ever again have the delightful experience of a stay in hospital like mine. Interestingly, many an habitual prisoner told me years later that he preferred life inside prison ('on the in') to life outside ('on the out').

Prolonged stays in hospital or sanatoria are now unknown except, perhaps, for the neurologically damaged. This is a loss to literature, for such stays were the subject, or at least the occasion, of quite a number of literary works. One thinks first, of course, of Thomas Mann's *Magic Mountain*, but there is also Solzhenitsyn's *Cancer Ward* and A.E. Ellis' *The Rack*. A.E. Ellis was the pseudonym of an English novelist, Derek Lindsay (if a man can be considered a novelist who wrote only one novel, albeit very highly regarded by eminent critics). Ellis, who died in 2000, was one of the last patients with tuberculosis to be treated in a mountain sanatorium. *The Rack*, published in 1958, is a fictionalised account of his experiences. In about that year, my closest friend, who had contracted polio two or three years earlier,

was treated in an orthopaedic hospital in North London, and I well remember a handsome young man with tuberculosis of the spine, Potts' disease, lying on his bed out in the sun as part of his treatment in the grounds of the hospital, as if the sunshine would straighten his spine, remove its disfiguring hump.

The poet and critic W.E. Henley (1849 – 1903) was treated in Edinburgh Infirmary for two years, under the care of Joseph Lister, founder of antiseptic surgery. Having already had half of one leg amputated because the bone was infected by tuberculosis, Lister, by his patient care over many months, saved his other leg from amputation for the same disease.

Henley wrote perhaps the first modernist poem in English, modernist both in form and content; his hospital poems, a 28-poem cycle that takes his hospital experience as a subject, were highly original. Never before had common clinical experience been rendered so graphically in poetry, moreover in a new poetic form:

Lived on one's back,
In the long hours of repose,
Life is a practical nightmare –
Hideous asleep or awake.
Shoulders and loins
Ache...!
Ache, and the mattress
Runs into boulders and hammocks,
Glow like a kiln...

A man with a head injury was brought to Henley's ward (I almost wrote, like a doctor would write, 'A head injury was brought to Henley's ward', as if the head injury were a phenomenon independent of the person who had it), and Henley describes the scene with brilliant, but terrifying, economy:

As with varnish red and glistening
Dripped his hair; his feet looked rigid;
Raised, he settled stiffly sideways...

In those days there was little to be done – as still,
admittedly on fewer occasions, there is even now little to be
done.

Henley captures the tragedy of it with equal succinctness:

To his bed there came a woman,
Stood and sighed a little,
And departed without speaking,
As himself a few hours after.
I was told it was his sweetheart.
They were on the eve of marriage.
She was quiet as a statue,
But her lip was grey and writhen.

No exhibition, no demonstration, of grief – and all the deeper
for that. Moreover, for reasons that defy complete analysis,
the poem is not depressing but consolatory.

Nearly a century later, the poet Elizabeth Jennings, who died
in 2001, wrote a cycle of poems in her slim volume *Recoveries*,
published in 1964, that recalls that of Henley. She, too, had
been hospitalised, staying much longer than the now customary
day or two:

Observe the hours which seem to stand
Between these beds and pause until
A shriek breaks through time to show
That humankind is suffering still.

A stay in hospital confronts the patient with the existential limits of our life as humans:

Though death is never talked of here,
It is more palpable and felt –
Touching the cheek or in a tear –
By being present by default.

In another poem, she describes her reaction to a woman with a fatal illness:

The verdict has been given and you lie quietly
Beyond hope, hate, revenge, even self-pity.

The poet's reaction is both unexpected and yet akin to what we know we should feel in the same circumstances:

You accept grateful the gifts – flowers, fruit –
Clumsily offered now that your visitors too
Know you must certainly die in a matter of months,
They are dumb now, reduced only to gestures...
I, too, watching from my temporary corner,
Feel impotent and wish for something violent –
Whether as sympathy only, I am not sure –
But something at least to break the terrible tension.
Death has no right to come so quietly.

What will the poetry of production-line hospitals be, what time or opportunity do they give for reflection? Not, of course, that we should willingly exchange technical progress for any amount of reflection.

Theodore Dalrymple's latest books are [*The Terror of Existence: From Ecclesiastes to Theatre of the Absurd*](#) (with Kenneth Francis) and [*Grief and Other Stories*](#) from New English Review Press.

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