



## **Mental Health: Lennox Castle**

### *Questioning Practice*

Once you started nurse training, I think your attitudes changed. You were in a position of education. You were talking about their conditions. You were talking about what should be happening. And you went to other hospitals. General hospitals, sick children's hospitals, and you came back with ideas of things.

Yes. And I think you were in a position where you could legitimately question practice. I can remember the Charge Nurse of a ward, going round with a bun tin. So twelve indentations and there would 50 milligram's of largactyl. There would be a hundred milligram's of largactyl, phenobarbitone no doubt as well. No cardex, no recording system at all, and basically going round and popping tablets into folks mouths. And I used to think that man is probably responsible for medicating upwards of forty people in that ward. He was doing it from memory. He hopefully was getting the right people at the right time. There was no record of whether he had or had not. There was no record from the pharmacy, because the tablets came down in huge big containers. I remember I think in particular it was Chlorpromazine, Largactyl syrup, came down in huge, I would assume they were probably two or four litre bottles. They were huge big bottles. And this was decanted out. I just wonder how many medication errors were made.

It was made obvious to me on several wards where as a student nurse, a measure of your ability was how quickly you could memorise the cardex, so you could dispense with it, and just got on with giving the pills out, without making any reference to it.

Absolutely. Absolutely. Absolutely.

And I was quite good at it.

Were you. Yes.

I used to dispense it very quickly.

Yes. I remember when I came back from doing my general training, and I suppose you were more generally disciplined. There as a lot of, it took a lot of diligence in terms of doing. And I think it probably irked some of my colleagues, because I did take so long to do it. Because I did have the temerity to actually make sure that people got clean dispensing cups before the medication was dispensed. And it was signed off the medication as I went along. And so that was, no doubt 'that Alan Williamson, he's really lazy, because he's taking half an hour to do that medication, and I could do it in five minutes'.

I am remembering that many wards used to use one spoon. There was a jug of water and there was a spoon. Pour medicines, into mouth, back. Same spoon all around maybe forty people.

Yes. By the time the drug round was finished, that water was probably about forty percent drug, with all the washing in it.

Did you ever directly question practices?

Yes, I did. It was quite a difficult thing to do, but I certainly did question practices. I questioned practice. I suppose I was in more of a position to question practice not as a student nurse. Although I did do it in that, on a couple of occasions. But certainly, when I came back to work in the hospital. Technically I was a Charge Nurse, but I was still a young

person. I was in my mid twenties, and went into this ward, where it was. I remember it well, it was a back shift. I was going in probably about one o'clock. It was a Tuesday afternoon. And there was a ladies ward, and there was one of the dormitories. It was probably about, the dormitory would have slept thirty people. And there was sixteen ladies in bed. And I thought we'd had some outbreak of some ghastly disease, and we were in for a heavy time. But, no, this was standard practice, because Tuesday was enema day. And I found that a big strange, given when you checked the bowel book, in actual fact some of the ladies that were in bed for enema day, had had a bowel movement less than twenty four hours before. So we would be very surprised if we got any result at all. It was a strange practice. Another strange practice, which I questioned. And I think many of the practices were put in place on the pretext of efficiency. So therefore if folk were being supported to get ready to bathe, then first of all, you were often bathing two individuals in a common bathroom, with no privacy between the two baths. And not only that, but if you went out into the corridor, there was another five or six people waiting, often naked, to get into the bath. And if you had time, you changed the water. And it was, change the water and wash the bath as well. Oh I don't have time for that Allan, we don't have time.

The public nudity I suppose was one of the things that anybody coming into a ward situation would notice most. People were washed, changed if they were incontinent in the living areas.

Absolutely. Absolutely. And hospital screens were ornaments. Most of the time, the only reason the hospital screen was used is you used to put it across the front of the front door at night time That was about it. And there was no screening between any of the beds. There was no screening between the beds. I think that must have been later on.

There as probably no room for screening between the beds. There as no more than a few inches apart.

It was that apart.