The Young and the Old Patient

A hospital ward well reflects the period in which it was built and there is not much to choose between the varnished pine doors and chocolate painted dado of the old infirmary and the heavily-tiled walls of the children's hospital.

The West Middlesex Hospital¹ has made a most successful attempt to treat the elderly sick with intelligence and optimism. During the last ten years they have built up a geriatric unit in which the older men and women are given new hope and great encouragement. The patients are nursed in cheerful surroundings, provided with interesting and useful occupational therapy for their leisure and helped to

regain health by physiotherapy adapted to their capabilities.

Children's hospitals also in the past have been guilty of the 'institution' outlook. Professor Spence² has described the common weaknesses of the old children's ward and some of the ways in which they can be improved. The day is passed when wards with 20 cots, spaced along walls tiled by Doulton, can be considered suitable for nursing sick children. The child, just as surely as his grandparents, needs individual treatment and an intelligent, psychological approach when sick. The care of patients in hospital is a science in itself and it is only by its study, with administrator, physician and nurse co-operating, that good hospitals will be designed.

REFERENCES

1. *Lancet*, (1946), 1, 760.
2. Spence, J. C. (1947), *B.M.J.*, 1, 125.

IN MEMORIAM

LEONARD FINDLAY, M.D., D.Sc., F.R.F.P.S.(Glas), F.R.C.P.(Lond.)

It is with great regret that we have to record the death on 14th June last of Dr. Leonard Findlay who was for so many years a staunch friend of the Fellowship of Post Graduate Medicine, and at one time Editor of the Post Graduate Medical Journal.

Having made a distinguished name as Professor of Paediatrics in the University of Glasgow, he eventually vacated this Chair to come to London, where for some years he was Senior Physician to the Princess Elizabeth Hospital for Children, becoming Consulting Physician on retirement from the active staff.

His editorship of our Journal was marked by the scrupulous care and attention to detail and by that insistence on the best standards of medical authorship that were characteristic of his outlook not only on medicine but also on life in general. Medicine to him was indeed a vocation, and he regarded with horror the attitude of many of the present generation, and even of some of his contemporaries, which seemed to him to savour of commercialism. His sincerity of purpose and jealousy of the good name of his profession made him intensely critical; at times he could be contentious, so much so that those who had to work with him were apt to find him difficult, and misunderstandings not infrequently arose which sometimes led to unhappy estrangements. To those who had the good fortune to know him more intimately the essential kindness and affection of the man was apparent beneath the crust of this outward and misleading exterior. We of the Fellowship knew him as a welcome guest in the office, and recognized in his frequent visits the marks of goodwill and of the sincere friendship which he felt for us. The twinkle in his eye, the little outbursts of quizzical humour, the very argumentativeness of the man for argument's sake endeared him to us and inspired a feeling of real and deep affection.

For long after he gave up the editorship of the Journal he continued to take an interest in our welfare, and even when he left London to take up special duties in Oxford during the war, he would write to us at intervals to give us news of his doings and to enquire how it fared with us. The Fellowship of Medicine has been fortunate in its friends and not least in Leonard Findlay, to whom we pay this last tribute of affection and respect.