



THOMAS BEWLEY

The dysentery wards at Claybury Hospital

An ethical dilemma

While writing the history of the College and its predecessors, I found this obituary in the 1902 Journal:

“He whom the gods love dies young”

“A most promising and brilliant career has been suddenly cut short at its very outset. Just over 30 years of age, whilst absent on leave, Dr Macmillan has passed away. The sad and unexpected news of his death has caused very deep and real grief to the service at Claybury Asylum. At the last meeting of the Southern Eastern Division of the Medico-Psychological Association he read a paper upon ‘The History of Asylum Dysentery at Claybury’ (to which malady, with the irony of fate, he himself has succumbed), recording his experience on the female side of the Asylum, and suggesting methods of treatment; he was greatly complimented by the Division upon his careful, clear, and most suggestive contribution. It is the first occasion upon which a medical officer at Claybury has died in active service, and the chaplain at a memorial service observed ‘as an honourable gentleman his memory will always be held in endearing affection’”.

I remember working as a registrar at Claybury Hospital 50 years later, effectively in charge of eight chronic and psychogeriatric wards. These included the two dysentery wards, identical to all the other long-stay wards, except

for white tiled walls for washing down. I was surprised to find no less than 14 typhoid carriers, still on infectious disease cards, with special plates and cutlery reserved for them. Reading the case notes they had all had a cholecystectomy (and one a nephrectomy), carried out because of their carrier state. Despite this they had not been reviewed before and were all technically still typhoid carriers. Having found that all had negative stools I contacted the local Medical Officer of Health and after several further negative stool samples they were reclassified as no longer being typhoid carriers. This enabled them to socialise more freely and eat with other patients. Today, if a patient was incapable of giving consent, it might be more difficult to carry out such a cholecystectomy for the benefit of others as well as the patient.

Reference

ANONYMOUS (1902) News and notes: obituaries. *Journal of Mental Science*, **48**, 816.

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