

## **Conversation with Joan Newton, Feb 13 2011**

When I started work at Stoke Mandeville in 1948 it was still a Ministry of Pensions hospital. The spinal injuries unit was tiny then. It was the Plastics Unit that was well-known; they were doing pioneering work on skin grafts, raising 'pedicles': they were flaps of skin that they would cut from a patient's stomach and roll up and which would then grow and could be used to graft on other parts of the body; they were also cutting out fragments of pelvis bone which they could use to re-build noses; things like that. The Burns unit was another important part of the hospital until it transferred to East Grinstead. One of the things we were doing on the general surgery wards was the after-care for amputees, tidying up leg stumps after the amputation had been done and the artificial limb fitted.

When the spinal patients first started coming to Stoke after the War it was because they were being dumped there; all the other hospitals and homes were filled up and as there were less Plastics patients after the War ended, so there was space at Stoke for the spinal patients. Many of these men had been taken off the field wounded and had gone into another hospital where their wounds were treated first – shrapnel was dug out, bullets were removed, whatever. But these hospitals could do nothing for the underlying spinal injuries so they simply put these men in plaster casts and there they stayed with bad bedsores and with catheters to relieve their genito-urinary problems. All this time they had been told that they would never be able to walk again. So the main difference with treating spinal patients then, compared with later on, was that the patients hadn't been treated properly from the start. In fact they had been ignored and you only saw them many months later by which time all sorts of problems had developed.

One of the problems with paraplegic patients was that the bladder shrinks in the absence of any pressure. These men had been on catheters for months and their bladders had shrunk away. We used to have to try and build up pressure on the bladder by corking the catheters for increasing periods of time to encourage the bladder to expand; starting with several minutes, then building up. We also had to train the patients to do their own manual bowel evacuations; because they were paralysed in their lower body their guts just weren't working.

But the major task was to repair their bed sores. Depending on how long it had been before we got the plaster off, these sores could be very badly infected indeed: some had gone right down to the bone; others extended right across the width of their back; and they stunk like hell! Basically we had to clean them and treat them. I remember in summer we nurses used to be able to drag all the beds outside. We were encouraged to do this because sunshine was supposed to be good for helping bed sores heal. One of the major developments that helped us here was the development and increasing availability of penicillin. Before the discovery of antibiotics the best treatment was the Sulphanilamide group of anti-bacterials. I started off using these on my first job at Northampton General Hospital, M&B (May and Baker) 693 was the one we used there. But then at Northampton in about 1942 we became one of the hospitals trialling Penicillin in the treatment of wounded soldiers. I remember first off it was a thick green liquid that we injected. By the time I came to Stoke Penicillin was generally available and this must have been one of Guttman's major tools in getting rid of bedsores. We also used to be able to sprinkle it onto the sores like a powder. This was the main treatment for sores then; blood transfusions were only used much later.

I remember the Officers ward at Stoke. There was no real difference in the treatment they got. It was a bit like the difference being in a private room on a National Health ward; smaller numbers of beds to a room; and maybe they got a slightly different class of musical entertainment from the men. Where they did mix with the other ranks of course was when they all did sports together.

The really striking thing was the mental state of many of the men when they first arrived. No one had done anything about this. They had basically been told in their previous hospitals that they would never walk again and that they were going to die. As a result most of them were badly depressed and not interested in doing anything. They had got used to lying immobile for months on end. And then suddenly here were these nurses saying, 'You can do this'. 'We've got to get you up.' There were hoists above their bed so sometimes the first thing you would do would be to get them to hoist themselves up from the bed while you moved the packs around. Then there was the bowel and bladder training. We were there to badger them, to encourage, to explain, to gently nag. And of course first of all most of them said, 'I can't be bothered'. 'I've never sat up since I had my injury; why should I start now?' It became easier, particularly with some of the newer or younger men. But the first lot, the older ones never lost that sense of bitterness. They saw Guttman as a bully – which in one sense he was – and they hated him and his treatments. But a couple of the younger men started to have a go and the others would all see it and were encouraged by it.

Of course first of all the staff didn't like the spinal ward at all. It was seen as a dead end job caring for people without hope and who were going to die anyway. I spent my first seven months there dodging going on the ward. I did general surgery and plastics instead. When they asked, I just said I wouldn't work there; flatly refused. But then there were staff shortages and I had no choice; I had to go.

I remember Guttman saying, 'I don't want fame when I am dead; I want it now.'

I remember the very earliest self-propelled carts that the patients were using at Stoke, the precursors to wheelchairs that you could get yourself about in. They were just going out of use when I started at Stoke. We called them 'Push-Pulls'; they were a low four-wheeled cart that a patient could sit themselves in and they had two levers each side which they would move backwards and forwards to propel themselves along. Some of them even used to get down the Bell at Stoke Mandeville for a beer in these vehicles. In the summer they could get there and sit outside in the sun with a pint.