Scheme of Thesis
on the subject of
British Convalescent Institutions
their
Past and Present
- Past -
Their Raison d'être. Functions.
Character. Requisite Conditions for
Modes of Origin. Originators. Bibliography
Progress.
- Present -
Number. Classification. Distribution
Description of Varieties. Accommodation afforded
Modes of admission into. (Cotton District Fund)
Constitution (Types) Management.

Benj. J. Massiah M.B.
(Barne Convalescent Hosp.
Cheadle
Manchester)
April 23rd 1879
There is nothing scientific in this.

There is but a poor amount of useless information has been collected.

There is a chance if being made use of by administrators and other bodies.

I think it may be held later.

S B

[Signature]
England

Convalescent Institutions

Berkshire

Bracknell
Maidenhead
Reading
Windsor
Witley

Berkshire

Bracknell
Maidenhead
Reading
Windsor

Chester

Chester

Cheadle
New Brighton

Chester

Cheadle
New Brighton

Cornwall

Falmouth

Cornwall

Falmouth

Cumberland

Silloth

Cumberland

Silloth

Cumberland

Dorset

Moreton Hampstead
Torquay

Dorset

Dorset

Dorset

Dorsetshire

Yeo Mounth

Dorsetshire
Essex

Bursted
epping
Waltham Abbey
Woodford

Cottage C.H. for Children only
G Cottage. The Plain
Coppped Hall Green C.H.
Woodford Hall. Mrs. Gladstone's C.H.

Gloucestershire

Bristol
Cheltenham
Fortworth
Stroud

Servant's C.H.
Lady Ducie's
Amberley C.H.
The Home. Tower Hill House

Hants

Botley
Bournemouth

Shedfield Cottage Hosp.
Dean Park. St. Mary's C.H.
Herbert C. H.
National Sanatorium for Consumptio.
St. Joseph's C.H. for Females
Beechwood Cottage C.H.
Cottage C. H.
St. John's C. H. Romnahams.
St. John's C. H. for Men & Boys

Hertfordshire

Hemel Hampstead

King's College C. H.

Isle of Wight

Rye

Hazelwood C. Institution.
Kent

Beckenham
Broadstairs

Bromley
Keston

Dover

Folkestone

Margate

Plumstead

Ramsgate

Swanbridge
Wells

St Agatha's C. H.
St Peter's Sanatorium Mrs Fair's
C. H. for Children.

C. H. for Children.

London & Dover C. H.

Cottage & C. H.

St Andrews C. H.

C. H.

The Crowle. Ryndham

Finsbury House Invalid H.

Cottage H. East Cliff.

Ellington Cottage, Grant Road
Female C. H. Belmont

Lancashire

Liverpool
Netherton

Manchester

Southport

C. H.

Well House C. H. Cheetham Hill Ted

C. Hosp & Sea Bathing Infirmary

Ladies C. H. Alexandra Rd

Lincolnshire

Mablethorpe

Seaside C. H.

Middlesex

London

Finchley East & N. Hampstead

Hanwell

C. H. for Young Women 61 Brixton SW

Metropolitan C. Institution

Queen's Square Epileptic Hops.

St Mary's School of Health for

Children

C. H. Holy Family.
Middlesex
Continued

Highgate
Kilburn
Paddington
Shoreditch

Cornwell House, St. Armond St.
Lauderdale House, St. Bartholomew's
7 & 8 Cambridge Gardens, W. M.
Ranelagh Rd., St. Mary Magdelene's
The Sisters', C. H.

Northamptonshire

Western Fawel
St. John's C. H.

Norfolkshire

Hunstanton
King's Lynn
Norwich

Seaside Home
Harleston
St. Andrew's C. H.

Northumberland

Whitley

Beadnell Memorial C. H.

Oxfordshire

Ringfield

C. H.

Staffordshire

Rugeley

H. of C. (Church St.)

Somersetshire

Weston-super-Mare

West of England Sanatorium
Suffolk

Bury St Edmunds
Halesworth
Lowestoft

Mrs Kitto's Home.
St John's Mission House —
St George's Bank
Hope Cottage
Metropolitan H & Children's
Branch C.H

Bleackingly
East Molesey

St Catherine's Summer Home
for Children

Lewisham-le-Willyows C.H.
C.H.

Hampton Court
Kingston Hill

Jewish C.H. Portland Rd

Wimbledon

St Bernard's H for Invalid Ladies
St John's C.H. for Children

Fulking

Bridge End C.H. for Boys

Surrey

Brighton

6. Department of Brighton
Hosp. for Children.

Female C.H.

70 Montpelier Rd.

Kemptown Invalid Home.

Eastbourne

All Saints' C.H. Hosp.
Sussex continued

Hastings
Littlehampton
Seaford
St Leonards on the Sea

St Mary's C.H.
Homoeopathic Home
Private & Hosp. of St Mary.
C.H. for Men.

All Saints C.H. for diseases of the skin.
C.H. for poor Children.
C H for Invalided Gentlewomen.

Catherine St Church Rd.
Winter H. for Consumptive Girls.
Ladies C.H. Hygia Lodge.
Banting C.H. for Ladies

Warwickshire

Birmingham & Midland Counties Broomsgrange

Yorkshire

Bridlington Spa
Cottingham
Huddersfield
Ravensworth
Redcar
Coatham

C. H.
C. Hosp.
Metham Mills C. H.
The Ripley C.H.
Sisters of the Good Samaritan
Holy Hood

Saltburn by Sea
Scarborough

Private C. H. Mrs Kease
C. H. for Ladies
Sea Bathing Infirmary for Men
Scotland

Aberdeen

Lockhead
St. Margaret's of Scotland

Ayrshire

Saltcoats
Mission Coast Home

Argyllshire

Dunoon
West of Scotland Convalescent -
& Seaside Homes.

Edinburgh

Canongate
Corstorphine

Lanark

Glasgow
Lenzie & Hosp

Perth

St. Andrews
C. H. for Women & Girls.

Renfrewshire

Kilmarnock
Ireland

Belfast
Throne & Hosp.

Dublin

Dublin
Linden Blackrock

Wales

Caernarvonshire

Penmaenmaur
Cambrian Sanatorium

Denbighshire

Llandudno
Chronic & C. Hosp.
Sanatorium. Dr. Norton's
Miss Roberts

Flintshire

Rhyl
St. Winifred's Hosp for Sick & Conv. Children.
Morfa Hall. Women's C. H.
C. H. Cottage Hosp. Morfa Hall

Glamorganshire

Bridgend
Portcoail South Wales Sanatorium
The following considerations induced the choice of the subject as matter for a thesis.

1. Two years residence in Barnes Convalescent Hospital, one of the largest and most important of such institutions.

2. The absence of authoritative literature on the subject.

3. The considerable economical bearings implied by the existence of a group of such institutions, with a total annual expenditure of about £180,000.

The plan adopted was to frame a circular of which a copy was sent to the Secretary of the Board of Establishments asking for it to be filled up together with the return of their annual report. The return came to 70 and a comparison was made with the returns, some of which showed the effect of a change of climate. The present position of the subject is the conclusion to be drawn from the appended papers.

By way of illustration: a map with the site of the Barnes Convalescent Hospital added with a photograph from the principal buildings and of Convalescent Institute.

The difficulties have mainly arisen from the absence of any list of these institutions given in the Medical Directory, but
Barnes Convalescent Hospital,
Chadle, near Manchester,
March, 1879.

Dear Sir,

I should feel greatly obliged if you would kindly fill up the enclosed form as fully as circumstances permit, and return it to me at your earliest convenience, with copies of the last Annual Report, Rules, and Diet Sheet of your Institution.

I am writing a paper on the subject of Convalescent Homes and Hospitals, and should be much indebted for any information on this matter that you could give me as to addresses of such places, writings, and writers on the topic. Apologising for troubling you,

I am, Sir,

Yours very truly,

Benjamin J. Massiah,
Resident Medical Officer.
CONVALESCENT HOSPITAL or HOME.

Name and County in which it is situated

Nature of Site (soil and elevation)

Type of Building

Date of Formation

No. of Beds Av. No. Occupied

GENERAL HOSPITALS in relation with it.

Names and

Distances in Miles

STAFF.

Honorary Officers

Resident Officers

Nurses

PATIENTS.

Whence derived

Proportion paying and

Rate paid

Means of Recreation (e.g. Grounds, Library, &c.)

FINANCIAL ASPECT.

Cost of Erection and Site

Average Income

Average Expenditure

REMARKS.

N.B.—Kindly fill up and return to Dr. Massiah, Barnes Convalescent Hospital, Cheadle, Cheshire, with copies of Annual Report, Rules, and Diet Sheet.
there is almost no reference to the subject in the Medical Digest; it has consequently been a work of time to collect the various addresses from the medical papers, as far as can be ascertained, the Bibliography is almost nil. The only article that has proved helpful is one in Good Words Magazine by Rev. F. Arnots who in 1874 wrote on the subject.

Application was made to the Secretary of the Charity Organization Society some weeks ago but no reply was received until April 25th when a letter was sent which contained many of the addresses already discovered, but it was then too late to obtain particulars from these places as experience has shown that answers to circulars are rarely returned within a week. A pamphlet entitled

"A Guide to all Institutions exerting for the benefit of Women & Children"

Another great obstacle has been the unsparing dissemination of the information obtained; so many of the Secretaries seem to be ladies otherwise engaged who want of definition & fulness accompanied the replies. They kindly furnished & do it happens that out of 120 institutions statistics have only been obtained from 68, although about 100 circulars were issued. In many instances the cost is enormous but it is estimated approximately from the number of books & vice versa in the case of those unanswered a rough guess has been made. However, the fact that as it is there is the first time anyone has attempted to systematize the subject.
In this paper it is proposed to trace the origin and progress of convalescent institutions and discuss their uses; incidentally the originators of some, and the causes that led them to their good work will be alluded to and the number and variety of the Institutions as well as their relation to kindred establishments will be mentioned.

Convalescent Homes represent an expansion of the hospital system that could only have occurred in the last half century as most of the present institutions do not date back farther than 150 years, and they express an attempt at prevention of disease that is in harmony with modern tendencies and teachings. Their recent rapid multiplication is, apart from humane motives and sympathetic impulses, probably due to the increasing demand for beds in large urban hospitals necessitating the displacement of convalescents by others more seriously ill and as the surroundings at a patient's home usually favour relapse the obvious...
alternative is to place those who are improving in conditions most favourable to recovery, such as the sea breezes or the country air, with rest, quiet and good food, afford. In this way the rural character of Convalescent Institutions seems to have been primarily determined although such modifying influences as the necessity for frequent access and cost of transit often compel the selection of a suburban site.

There are in Great Britain about 130 Convalescent Institutions of these 111 are in England 9 in Scotland 8 in Wales and 2 in Ireland of which 80 are on the coast and 50 in the country a disposition that afford a means of classifying them into two main groups seaside and inland, the probable cause of the former being so much more numerous than the latter is the prevalent idea of the greater salubrity of the conditions namely sea air over land breezes and especially the facilities for sea bathing existing in the one case and the want of any corresponding advantage.
on the other. Most of the seaside institutions are on the South East coast and the greater number of them are near London, there are 21 in Sussex, 13 in Kent, a grouping that results from their relation to populous centres and climate. London with its 7 million should have a corresponding proportion of any one kind of charitable institutions and when any extra-
normal extension occurred it would be for reasons of convenience be placed as near the metropolis as possible and would tend S.E. towards sea air with a bracing climate rather than northward or inland; but the same law of distribution governs the inland Convalescent homes there is the largest number of these in the suburbs of London and in Surrey as the accompanying country list shows. A second mode of classification would be according to their origin e.g. from hospitals, from private benevolence, or from special intentions. The first is nearly the same as referring their origin to populous centres but it is not identical for some
hospitals are related to Convalescent Homes at an unexpected distance to attain some special object; Salisbury Infirmary sends phthisical cases 35 miles to the Herbert Memorial Convalescent Home at Bournemouth and the Sanatorium for Consumption in the same town receives so many patients from London that it shares in the division of the Metropolitan Hospital Sunday Fund. Those Convalescent hospitals that are dependencies of great City Infirmaries usually have the largest number of beds whilst those belonging to the second class that originate from private benevolence have less than 20 beds apiece such as Lady Freie's at Intworth in Gloucester and Lady Bouchier's at Hampton Court with 14 to 6 beds each. Lemsfield in Surrey which was originated by an Invalid Child has 14 beds and East Molesey in the same county supports four beds at the expense of Miss Fitzroy. Some notable exceptions occur as in the case of Meltham Hill a branch of the Huddersfield Infirmary which contains 60 beds and was built by a cottonspinning
Mr Charles Brooks at the cost of £20,000 and endowed by him with £25,000. Similarly, Barnes Convalescent Hospital an offshoot of the Manchester Royal Infirmary, was founded and partly built at the expense of Robert Barnes, a Manchester merchant who gave £26,000 towards the £50,000 it cost, and Costorphine the Convalescent Hospital of the Edinburgh Royal Infirmary which cost £10,000 was the gift of an anonymous donor; so also Dunoon, one of the largest owes its existence to the efforts of Miss Beatrice Claydon and Walton on Thames which is the largest British Convalescent Hospital was begun in consequence of the benevolent exertions of a medical student of St Bartholomews, who bore the honoured name of Monroe. The third and last class, for special purposes is a numerous examples of which are found at Sevenoaks, Bournemouth, Paddington Finchley and Hastings. At Sevenoaks there is a small Hospital for patients with tubercular disease who remain until they recover or die.
St Mary Magdalen's Home at Paddington receives now but single women, often elderly, at Queen Charlotte's Hospital, Middlesex is a branch of the National Hospital for Diseases in Women by.

Nightingale has been alteringly alliterative to Homestead, South London seems the site shelter for convalescent Jews at Brentwood. Tooting for Roman Catholics some have been founded for maintained by Churches or Congregations as St Andrew's Fulham, of St Mary of St Leonard's, the latter being supported by the Congregation of St Mary Mayor St. W. In St Andrew's of Clifton near Hanover there are six beds and the care of the sisters of the adjacent House of Mercy mainly dependent on their efforts for its support is also St Raphael of Tooting is maintained by the sisters of St John of Clifton.

Social distinctions are evident enough in the system of Convalescent Institutions. there are insured homes for reduced folk, for Professional men, their widows, and children, at Inglesby, Brighton. Ryde. Southport is that at Ryde is for commercial young men its supported by the contributions of mercantile men; that at Poole is the private property of the Merchant Tailors Co who refuse any data for publication. Recently it has been proposed by sending men to start cooperative Convalescent Homes, but no steps seem to have been taken to get to carry out the project.
Each set has been especially remembered and sent to institutions or exclusively for children, and others are devoted to children like that of Crummell House Hospital, which is a branch of the Great Ormond Street Hospital for Sick Children. In all the lists of recipients, it will show that, whilst the majority are extended for all three classes, some are open to women only.

Admission to these hospitals is usually by special recommendation from a subscriber. The patient is given a free or fee for an examination; a unique exception to this arrangement occurs at Blyton, where anyone is received who has passed the medical referee in London. This extraordinary degree of necessity beyond the fact of their being an empty bed is settled in the hospital. The patient is considered according as a guest treated accordingly.

The usual rate of payments is about £2 a month, the average stays about 3 weeks. The charge ranges from 1/6 to ½ if received by the recommended patient. The quality of the accommodation varies with the scale of prices.

Herbert R. Chardine in Barnes Convalescent Home, 9½% of the inmates are daughters of the Manchester Royal Infirmaries. The remaining 9½% is received from 16 hospitals in Lancashire. Chardine that have beds allocated to them by the Governors of the Cotton District Fund.
This Cotton District Fund is surplus of £157,000 that remains from the cotton famine fund. Its object is to provide additional accommodation for Convalescent patients, but to subdivide any hospital but the Governors thought it desirable to rent 20 beds here until the requisite accommodation was obtained there. Expense per annum in any other way. Lately they have arranged to receive 150 beds at Buxton at a cost of £24,000. 200 " Southport Convalescent 40,000 30 " " Children's Sanatorium 2,500. This last mentioned will be built at- hand will be so arranged that it will be almost rebuilt.

When this plan is perfected the Governors propose to require each hospital accommodating a patient to defray the cost of his board at either institution. At present they pay £1 1s. per bed at Charleston etc., but if unoccupied it is £2.

As all the new hospitals are of the Governors will be placed on the Committee to take part in the general management.

The whole question of the facilities for dealing with Convalescents is under the consideration of a Committee of the Charity Organisation Society consisting of

Messrs. Russell Barington (Chairman)
F. S. Graham, Edward Hart, Mr. Hayrell
Mr. H. Wilkinson, Mr. A. J. Simpson
Col. H. Stuart Uniting, Mr. E. Gladstone
Hans Stanley
A letter in the Times of 19th April states that the Secretary of the Society was compiling a classified list of the homes so as to ascertain definitely which accommodation existed, and to consider a scheme for regulating admission of which there is a summary by which the Society shall receive subscriptions to be dovetailed amongst a number of Convalescent Institutions, associated with it, to either of which a patient may be sent for three weeks for each summer season.

All subscriptions will be devoted entirely to the few expenses of working being found gratis.

No time to consider the matter as the program of those Institutions has made a great advance.

While attracting steady attention, their present importance may rest from the fact that they represent an aggregate of seven annual expenses of £ 80,000.

The present cost of an occupied bed ranges from £ 80 to £ 100 at the Gladstone Home, which is one of the most economically conducted in the country. The present cost more because their character is mixed, both receive Convalescents, mainly but both receive existing hospital cases as well. Here for instance, 75% are confined to bed because they are too ill to stand about. The reason that they are sent here is that the beds of the Royal Infirmary in Manchester are full, and such constant demand that patients are turned on here sooner than would otherwise be the case.

Whether the crowding of cases is the last arrangement is debatable, it is certainly prejudicial from the point of view of an able and sickly.
as it prevents his knowledge from resting, as far as may experience from each class in a large establishment like this be prevented from annoying the other by a prejudice against.

Doubtless the best type is the small country college with private rooms, all necessary comforts but when large numbers have to be dealt with, the big establishment are inevitable. For the same conditions that accelerate recovery are equally beneficial to chronic, inveterate, precarious cases as to convalescent patients, the temptation to extend the accommodation so as to include all three classes is great.

These considerations raise the question of construction management of the issue will probably be determined by cost it may be expected that the freestiff type of one story of building, with main central block, always with fine plan, the separate galleries, or the Herbart-Hoffeld principle, communicating by a common corridor as in the New Infirmary at Edinburgh or its bilateral symmetry be preferred than the insectiform type. results as at the Sick Childrens Hospital in Londonbut near London in the Administrative block constituting the head, the uniting circle the body of the patients in separated from the limbs an arrangement which would facilitate a separation of the three classes.
This Cotton District Fund is a surplus (£4,700) from the Cotton分开性.该基金的主要目的似乎是为提供额外的accommodation for Convalescent patients and to relieve any distress, but the Governors thought it desirable to rent a few beds (30) here until the accommodation was provided. The new lease has been expensive in any other form. Lastly, they have arranged to secure 150 beds at Buxton at a cost of £1,2000, 50 beds in a Children's Sanatorium for £2,500, 120 beds in the Convalescent Hospital for £2,000.

The Children's Sanatorium will be at Southport near Manchester. The Convalescent Hospital is to be an extension of the existing one, which will be almost rebuilt. When this plan is approved the Governors propose to require each hospital to accommodate a patient, and the patient himself, to defray the cost of his board at each institution. At present the fund pays Chair at the rate of 12s. 6d. per week for board of 16s. 6d. per week. As each of the new hospitals some of the Governors of the fund will be placed on the Committee to take part in the general management.

The whole question of the facilities for dealing with Convalescents is under consideration by a special Committee of the Charity Organisation Society consisting of the following members: Messrs. Russell, Backington (Chairman), C. J. Graham, Ernest Hunt, Mr. Hatfield, Mr. W. H. Stedman, Mr. A. J. Simpson, F. H. Stott, Mr. Dentley, Rev. Mr. Gladstone, Mr. Gladstone, Mr. Gladstone.
The normal Convalescent Home exhibits in many directions, and in the character of a private boarding house, that an entrance hospital with elements of a home, is an element of the establishment in the hotel.

This importance is not appreciated by the medical profession as they should be, with advantages they offer for preserving subject, for operation preserving them afterwards as well as for adding chronic or invalid cases to early perfect recovery for acute diseases as and returned as they desire to be.

The principle in which cases are rejected and it seems to be that that which improves can be treated by the most economical, and in the way of carried back to chronic home, which that could be equally well sent to the home department; each bed in a Convalescent Home is practically on added to a town hospital, but wants to be easy for judicious selection to keep very much occupied by cases that would need all the medical staff attention.

The staff must of course be proportioned to the character of the cases sent to the number of beds arising from the chronic case, which numbers of the entire company of the college to a full staff of physicians, surgeons, assistant medical officers, assistant surgeons, nurses, medical assistant, and of course Conve.

April 1879

Benjamin J. Grassi

R. In. 0

Warren Convalescent Home

Cheadle, Cheshire