

Short statement of the proceedings of a drawing-room meeting : held at 4, St. James' Square, by the kind permission of Earl and Countess Cowper, on Thursday, March 27th, 1884, called for the purpose of considering a proposal to found a Convalescent Hospital and Home of Rest for the poor and working classes of London.

Contributors

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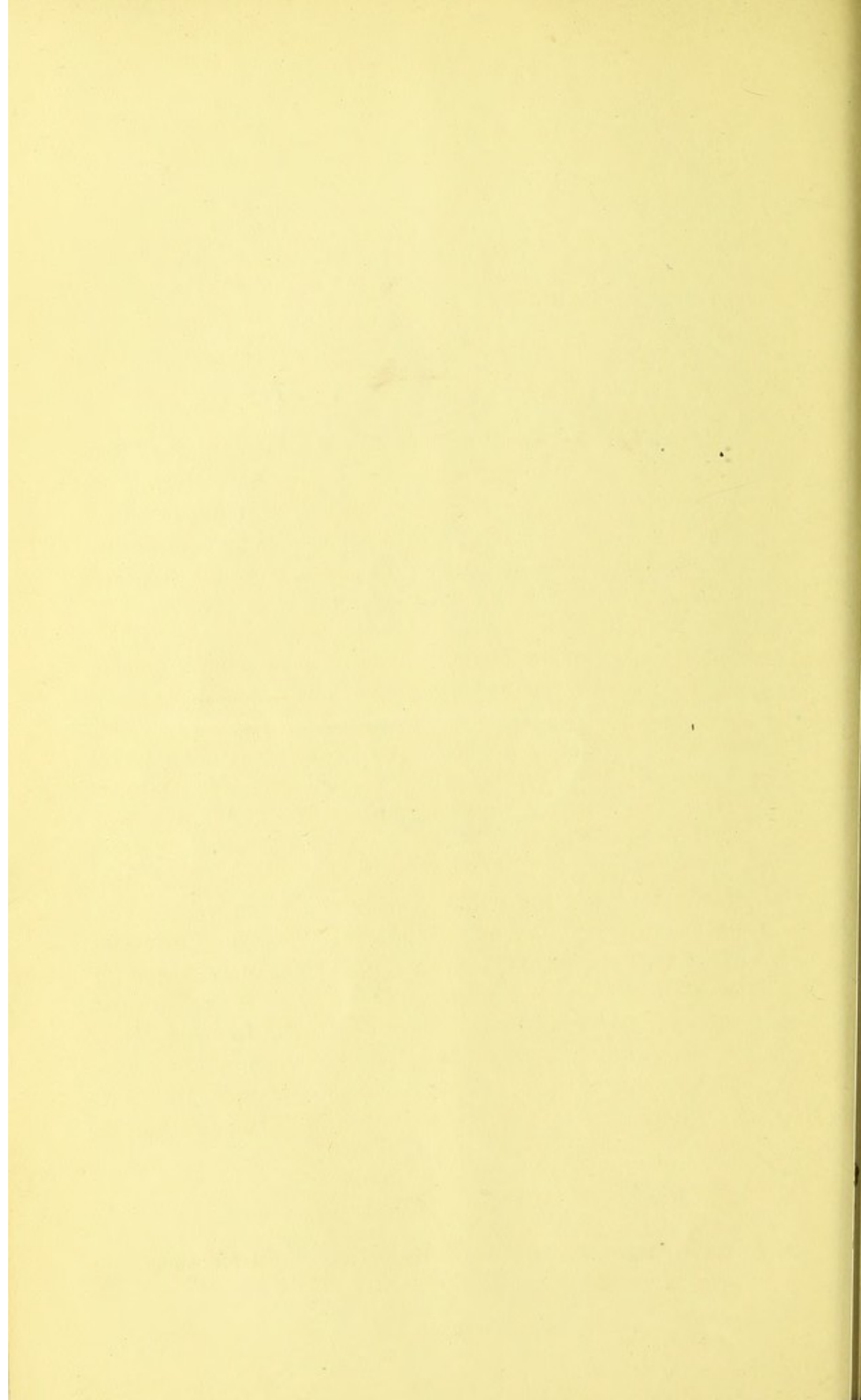


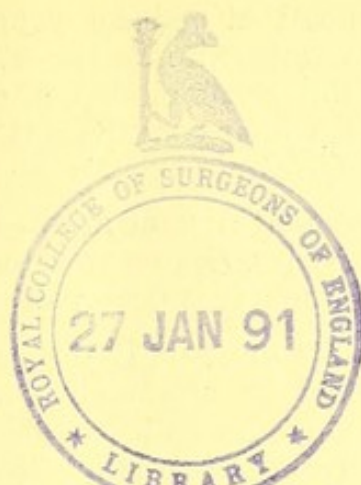
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Convalescent
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SHORT statement of the proceedings of a drawing-room meeting, held at 4, St. James' Square, by the kind permission of Earl and Countess Cowper, on Thursday, March 27th, 1884, called for the purpose of considering a proposal to found a Convalescent Hospital and Home of Rest for the poor and working classes of London.

The chair was taken by the Marquess of Northampton, in the absence of Earl Cowper, who was prevented by illness from doing so.

Present: Rt. Hon. Earl Brownlow; Countess Cowper and Countess Brownlow; Rt. Rev. Bishop of Bedford and Mrs. Walsham How; Hon. H. F. Cowper; Sir Spencer Wells, Bt.; Rev. Wm. Barker, Rector of Marylebone; Rev. Canon Spence, Vicar of St. Pancras; Rev. J. F. Kitto, Rector of Stepney, and Mrs. Kitto; Rev. J. Storrs, Vicar of St. Peter's, Eaton Square; Rev. Prebendary Brook, Rector of Hackney; Rev. Wm. Covington, Vicar of Brompton; Rev. J. Troutbeck, D.D., Minor Canon of Westminster; Rev. R. S. Hassard, Vicar of Holy Trinity, Dalston; Rev. J. F. Andrews, Vicar of St. Jude's, Gray's Inn Lane; Rev. P. S. O'Brien, D.D., Vicar of Christ Church, Somers Town; Rev. J. W. Festing, Vicar of Christ Church, Albany Street; Mr. Croft, of St. Thomas' Hospital; Dr. Barclay, of St. George's Hospital; and Rev. F. Burnside.

The Bishop of Bedford said prayers.

The following paper was then read, stating the object for which the meeting had been called.

The proposal offered for your consideration to-day is the desirability or otherwise, as you may determine, of substantially increasing the accommodation at present existing within a reasonable reach for convalescent patients from among the very poor and wage-earning classes of London.

It will be well first of all, to define the limits of the proposed scheme both as regards the area of its working and the persons for whom it is designed.

Object and scope of the Charity shortly defined. I. *As to the area*—it is suggested that the working of this charity should be absolutely confined to the inhabitants of London, taking the radius of fifteen miles represented by the Metropolitan Police District (by an inhabitant of London should be understood any person resident within the given area, whether in Hospitals or other dwellings).

II. *As to the persons for whom it is designed*, the charity should be available for the two distinct stages of convalescence, namely (*a*) those who, being under treatment in Hospitals or elsewhere, urgently need change of air, with a continuance of medical or surgical aid, a class of patients (almost without exception) *unprovided for* by the rules of existing convalescent institutions. (*b*) Those who have been suffering from illness or over-work, and need for their restoration change of air, good food, and rest.

Children. *Children under ten or twelve* would not be provided for in this scheme.

Infectious cases. *As to infectious cases*, they would naturally have to be excluded from habitation with the two classes of patients already mentioned, yet it would obviously be most important that some provision should be made for the treatment of such persons.

The necessity of the scheme stated. The question will at once arise whether or not the accommodation afforded by existing homes, within easy reach of London, is sufficient, and, if not, whether the deficiency can best be met by the formation of a new institution. This question may be fairly answered by a general inference, by the witness of those whose life and work throw them into contact with this peculiar want, and by statistical returns.

The inference is that in a population of from four to five millions, the greater number living in localities where, from one cause or another, so much sickness and suffering prevail, the necessity for such a provision as we now suggest must be exceptionally great.

The testimony of those who have to minister to the wants of the sick poor establishes without doubt, the fact that the *demand* for convalescent orders is very great indeed, and that the *supply* is quite inadequate. In justification of this state-

ment the words of the Secretary of the Metropolitan Hospital Sunday Fund may be quoted, given in a recent reply to a London Incumbent, asking for information upon this point:—

Statement
of Secretary of the
Hospital
Sunday
Fund.

"I am very glad to have your letter of yesterday, as it enables me to state, without hesitation, that the supplies of these letters, which are annually placed at the disposal of our council, do not nearly meet the demand, and that although we are most careful to ascertain searching particulars in respect of each case before any letter is given to it, the supplies are so limited that a very large per-centage of applicants cannot be provided for. Henry N. Custance, Secretary."

Again, in a somewhat recent report, most carefully drawn up by the Charity Organization Society, specially dealing with this subject, it is thus stated: "Taking first then the evidence of the fourteen larger general hospitals in the Metropolis, it appears that all but three (St. Bartholomew's, St George's, and King's College Hospital, which have convalescent institutions attached to them, and one, University College Hospital, which makes arrangements for a fixed number of beds at one or two homes) assist their convalescent cases only by payments from Samaritan Funds, and by letters of recommendation obtained from various sources. That *seven hospitals* (St. Bartholomew's, Middlesex, Westminster, Royal Free Hospital, Metropolitan Free Hospital, and Charing Cross) consider the existing supply of convalescent accommodation *insufficient*, while three (Guy's, the London Hospital, which has a special and well organized department for this work, and St. Mary's) believe it sufficient so far as their own cases are concerned. *The eight special hospitals*, with the exception of one (to which a convalescent home is attached) with which the Committee have been in correspondence, consider that the *supply is insufficient*."

Charity
Organization
Society.

For statistical information upon this matter reference has been had to the returns made to the council by the officers of the various hospitals, dispensaries, and convalescent homes receiving grants from the Metropolitan Hospital Sunday Fund, in 1883.

Statistical
returns.

From this document it appears that there are forty-nine hospitals, providing in all 5262 beds, and that they received during the year 47,297 in-patients, and 585,619 out-patients.

Hospital
wants.

Now St. George's Hospital, with 351 beds, provides itself with 100 beds in its own Convalescent Home at Wimbledon, which are largely and continuously used throughout the year.

Taking this as a basis of calculation there should be 1500 beds for convalescents to meet the wants of the forty-nine hospitals referred to, St. George's, St. Bartholomew's, and King's College are not included, each having its own independent home.

Conva-
lent
accommo-
dation.

There are fourteen Convalescent Institutions assisted by the Hospital Sunday Fund as being practically available to London. The total number of beds furnished by these homes is exactly 1500, and only, therefore, meets the wants of the hospitals, if the basis of the foregoing calculations be accepted as a right one. It must, however, be remembered that the fourteen homes mentioned are not in any one instance confined to London but are very largely used by patients from all parts of the country, and though it is impossible to ascertain the facts in detail, it may be fairly assumed that not much more than half the accommodation is available to London; that is to say 800 or 1000 beds to meet the want of 1500.

Hospital
patients
probably
requiring
Conva-
lent
Homes.

Again, taking the number of patients as a basis of calculations, we find that in the year, 47,297 persons were received into the forty-nine hospitals as in-patients.

Now Guy's Hospital sent 452 out of 5,121 in-patients to Convalescent Homes, therefore the whole number (47,297) would send in proportion 4,174, whereas the total number of patients received into the fourteen homes referred to amounted to 12,485; assuming therefore Guy's to be a fair average, the patients from London Hospitals represented a third of the total number of persons admitted from the whole country.

It will be noticed that out-patients (approximately estimated at 585,619 in the given year) are not included.

At least one in twenty would be eligible for Convalescent Homes, so that 29,280 would be added to the number of in-patients given before making a total of 33,454.

It may be well here to give the following extract from the report already referred to, drawn up by the Charity Organization Society.—“It is remarkable *that more than half the patients sent to the convalescent homes by these hospitals are sent by the three to which homes are attached.* It may be inferred, and the inference is supported by other evidence, that if more convalescent accommodation were available for all these hospitals a very much larger number of patients would be sent to the homes. At present cases remain in the hospitals when they would (if there were opportunity) be sent to Convalescent Homes, where they would recover more quickly, leaving to others the valuable space they occupy in the hospital. *Now only the more urgent cases obtain admission to the convalescent homes.*”

“If the average of eligibility, given for instance by the Steward of Guy's Hospital, of 1,500 out of 5000, be applied, accommodation for 16,161 convalescent cases would be required in one year, for the in-patients alone of the forty-three London hospitals.”

Dispensary
cases,
Benefit
Clubs, &c.

Before leaving this branch of the subject it should be borne in mind that in the calculations, hospital cases alone have been dealt with, yet it is as necessary to provide for dispensary cases

(471,195 last year); members of sick and benefit clubs; persons attended by the parish doctors; and further, the very large number for whom it is so urgently necessary to make provision, namely, those who still require surgical or medical aid.

Assuming the necessity of a substantial increase of accommodation for convalescents to have been proved, it is suggested to make the provision by the formation of an entirely new institution, confined to the limits and classes already specified, furnishing beds for 500 patients, either in one building, or in three each situated in a different locality. The one advantage in the former plan would be a saving in the original outlay and annual cost of maintenance. The two objections commonly urged would be the want of discipline and the fear of infection. As regards discipline, it should not be forgotten that already institutions exist upon a similar scale, in which no difficulties are experienced as to the exercise of control; and as to dangers arising from infection, these may occur in any public institution where large numbers are housed.

The
scheme de-
fined in
detail.

In one
building.

There would be obvious gain in the adoption of the alternative scheme, though it would doubtless involve additional cost. It is generally thought, by those who have experience in such matters, that the accommodation of one home should not exceed 150 beds.

The
Scheme
carried out
in three
buildings.

Three houses might be built, each containing this provision, situated in different neighbourhoods.

Though one might with advantage be placed on the south coast, it is evident, from experience, that the bulk of the accommodation must be brought within easy reach of the Metropolis.

This conclusion may be verified by the known fact that *the greatest pressure at present falls upon institutions most easily accessible to London*, the evident reason for this being the cheapness of fares, which must manifestly be a consideration of practical moment with those who have so frequently to seek the admission of persons into these institutions, and, further, as it is proposed to include *convalescents still under medical treatment* it is clear that in their condition of weakness a long journey would be injurious, and in many cases impossible.

For instance, might not one of these houses be placed in Surrey, in the neighbourhood of Caterham, seemingly in so many respects a suitable situation, being easily reached from all parts of London, and the fare would scarcely exceed one shilling.

Sugges-
tions as to
locality, by
way of
illustration

Supposing such a locality as Caterham to be chosen, it has been ascertained that building land is available at the rate of from £200 to £250 per acre, and taking five acres, the whole purchase may be estimated at £1,200.

Then as to the building itself; we have recently erected a house at St. Leonards, furnishing forty-four beds, for the convalescent poor of Hertfordshire, the entire cost of the building

Estimate
of probable
cost.

- (a) of each home. and furniture amounting to £5,500. We may therefore fairly estimate that a house furnishing 150 beds might be erected for say £17,000, and this with the outlay for the land would bring the total cost to, say, £18,000. Upon this basis the scheme, in its entirety might be carried out, as regards the original outlay, for £60,000, or one home to commence with for £20,000.
- (b) of the three together.

In taking the Herts. Convalescent Home as an instance, it may be stated that as the Home in some respects may be considered to have been expensively constructed, the estimate of £60,000 might be reduced.

Cost of maintenance estimated. As to the cost of maintenance, assuming that 500 beds were provided, taking the average of other institutions, five-sixths of the accommodation would be made use of throughout the year, and accepting the average rate of eleven shillings per head, per week, the total annual expenditure would reach, say, about £12,000; medical cases being largely treated would no doubt involve an increase of cost.

Patients to pay in part for their admission. It may now be stated that whilst provision must of course be made for the admission of the very poor, without charge, it is proposed that the institution should be made partly self-supporting by a weekly payment from those who can reasonably afford it, and further, that the home should be open to the admission of the mechanic class and small tradesmen, by the payment of a higher rate (five shillings in the one case, and ten shillings in the other). This has been found to work well in many institutions, and in the Herts Convalescent Home the payments of the patients have, from the first, been equivalent to one fourth of the annual expenditure.

Objections to the scheme considered. It is but right now to consider the objections which may not unnaturally arise in the minds of some, to the carrying out of the proposal.

(a) The magnitude of the plan. I. It may be urged that the scheme is too large to hope for practical success, but in answer it is submitted that the demand is allowed to be so great, that only a comprehensive scheme can meet it.

Some few generous efforts are being made to attach small Convalescent Homes with ten or twelve beds to certain parishes or neighbourhoods, and though there are some advantages in such a plan, it is yet found to be most expensive in working, whilst from its purely local character, and precarious means of support, it is so frequently lacking in permanence.

Now it is evident that if this need is to be effectually met, the proposed scheme is not by any means more than adequate, and a vigorous effort must be made to raise the funds, under management commanding public confidence.

II. Again, it may be said, would it not be better to increase the accommodation of existing homes rather than create a new one? The chief argument advanced will be the saving of expense in management. We have therefore to consider what institutions exist offering the machinery at all corresponding to the wants of our case, and it is found that there are only four such: The Metropolitan Asylum, at Walton; Mrs. Gladstone's Home, at Woodford; All Saints' Convalescent Home, at Eastbourne; and the Seaford Institution.

(b) Why not enlarge existing homes rather than found a new one.

Now taking them as they stand, with regard to locality, objects, and individual characteristics, in no instance does it appear possible or practicable to carry out such an arrangement.

(1) In all cases (Woodford excepted) the *distance from London* would present an insuperable difficulty with regard to the larger proportion of convalescents still needing medical and surgical aid, *nor do these institutions provide for such cases*. Further, on the ground of expensive fares they are practically beyond the reach of many.

(2) Two of them, the Metropolitan Asylum and the Eastbourne Home, have already 300 beds, and to add to them to the extent we propose would, according to general experience, be deemed most undesirable, if not impractical.

(3) It is obvious that those who raise the money for the large provision proposed must naturally be responsible for the administrations of the funds, and to hand this responsibility over to the independent control of another body, seems to present most serious difficulties.

(4) In carrying out a new scheme, special regulations would be necessary for its effectual working, and the adaption of such regulations to the existing rules and constitutions of long founded institutions would be found next to impossible.

Before leaving this subject it may be remarked that precisely the same argument was used against the foundation of a new institution for Hertfordshire. The objection was met by a careful enquiry into the possibilities of such an amalgamation, and it proved to be both impracticable and undesirable. An independent scheme was therefore carried out, and its very independence created a wider interest and stimulated a generosity which has resulted in the completion of a work upon which a capital sum of nearly £12,000 has been spent, and is now maintained by an annual income of £1,700, inclusive of patients' payments.

III. This may be also another objection: Is it not a fact that at present many hospitals and kindred charities are suffering from a lack of funds, is it wise then to create another claim upon public benevolence?

The want of funds among certain charities.

In answer, it may be accurately represented that, with regard to four or five of the larger hospitals, reported to be in an impecunious position, their want of funds, is owing in a great

degree to liabilities of an exceptional and temporary character. On the other hand, the statistics of gross receipts and expenditure of the London hospitals and dispensaries, covering the years 1881, '82, and '83, furnished to the Council of the Hospital Sunday Fund, indicate that in many instances the income is equivalent to the expenditure, though in many others it is not so; yet the deficit does not appear to be of a serious nature, or beyond the ordinary fluctuations of charitable funds. With regard to *convalescent homes*, it is an interesting fact that in almost every case their income is sufficient for their needs, or very nearly so.

As to the possibility of raising funds for a new scheme.

As to the possibility of raising the fund for a new scheme, assuming for a moment that a sum of £60,000 would represent the original outlay, is it presumptuous to expect that such a sum would be forthcoming if the scheme devised be such as to thoroughly recommend itself to public confidence?

By way of illustration, the Bishop of Rochester's "Ten Churches Fund" has raised £45,000 in one year, and considerably over £200,000 was expended upon church-building and restoration in the Diocese of London, in the year 1882; in both instances the claim must be regarded as local and confined, in comparison with such as that now proposed to you.

It may be also stated here that "the City of London parochial Charities Act," 1883, specially provides that assistance by way of grants from capital or income, may be given to the founding and maintenance of convalescent institutions.

Again, the Charity Commissioners have sanctioned a scheme for the parish of Hackney, which specially provides that the Trustees may devote a portion of income, annually, to defray the expenses of sending the poor to Convalescent Homes, a sum of £200 not unfrequently being spent in this way. Other charities, possessing considerable property, similarly dispose of their funds.

Is it not also sometimes over-looked, to what a proportionate extent the working classes themselves are both able and willing to assist these charitable works? In the case of the Herts Convalescent Home, considerable assistance is given by twelve Foresters' Courts, in annual subscriptions, several sick and benefit clubs contribute in the same way. Assistance from such clubs throughout London, widely and systematically induced, would not only afford substantial help, but tend to bring the working classes into more active connection with benevolent movements.

Finally, these are not the days needlessly to multiply the claims upon the charitable resources of others, or to found new institutions without very sufficient reasons, and if it should appear that the arguments used in favour of this proposal are not strong enough to justify its adoption, then it should naturally and rightly drop. If, on the other hand, you should judge that the necessity really exists, then surely these are not the days to

withhold the hand and heart from any movement which may help to lighten the burden of suffering and weakness, which lies with its crushing weight upon so many thousands of our fellow creatures.

To re-capitulate the arguments for this scheme you have—

1. The statement of the Secretary of the Hospital Sunday Fund, that the supply is altogether inadequate.

2. The testimony of the Charity Organization Society, much to the same effect.

3. The evidence of the leading London Hospitals that a large increase is urgently required.

4. That this scheme includes provision for a very numerous class of persons needing medical or surgical aid, at present excluded (almost without exception) by the rules of existing Convalescent Homes.

5. Lastly, you have the figures I have given you, from which the following inferences may be fairly drawn—

(a) That the beds furnished by the fourteen Convalescent Homes could be monopolised by the in-patients of the London hospitals alone.

(b) That if only one in twenty of the out-patients are eligible cases, then 29,280 would have been added last year to those seeking convalescent orders.

(c) The large class of those receiving medical attendance at their own homes still remaining to be provided for.

If you determine to adopt the principle of the scheme then, with a view to giving it effect, it is suggested that a small committee should be appointed, carefully to consider each question of detail, with regard to the choice of locality or localities, methods of management, and such like matters; this committee to report the result of its enquiry to this meeting re-assembling in a month or six weeks, as this would enable us to comprehend what is really wanted, and eventually to submit a well considered plan which would command public support.

After some lengthened discussion the following resolution was unanimously passed.

Proposed by Sir. Spencer Wells, Bt.; seconded by Rt. Hon. Earl Brownlow; supported by the Bishop of Bedford; and Mr. Croft.

"That this meeting recognises the urgent necessity for increasing the provision for convalescents of the working classes and poor in London, devoted exclusively to the reception of patients residing within the limits of the Metropolitan Police District, and recommends a small committee be formed to consider the best means of carrying out the object."

Recapitulation of arguments for the proposed scheme.

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