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THE NEED OF CARE FOR THE CONVALESCENT FROM THE HOSPITAL STANDPOINT.*

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In 1899 the surgeon in charge of a general hospital in Manila deemed it inadvisable to have his convalescent soldiers eat their meals in the wards, and in conformity with military procedure forwarded a request to the commanding general for authority to have a messhall constructed. The request was returned disapproved, with the endorsement that soldiers who were well enough to go to a messhall were well enough to be out on the firing line. The general's attitude impresses one as harsh, unnecessary, and subject to condemnation; and yet the attitude of many hospitals to the convalescent is similar, though it is true that the motives that prompted the general referred to were not the same as those that have operated in civil hospitals, because the latter have had to provide the greatest amount of relief to the greatest number, and the convalescent has had to be discharged to make room for the acutely ill or for those in need of operative interference.

In many ways a hospital is a manufactory of health, a repair shop for mankind; and like all manufacturing establishments its efficiency is based on a complexity of organization that has carefully considered the relation of means to ends in accordance with the class of patients treated. But, unlike a fac-

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tory in which certain mechanical, physical, or chemical procedures will entail certain definite products, a hospital cannot by certain similar procedures, in apparently similar morbid conditions, produce health. Many patients attain a normal condition in an average time, but there are others affected by similar diseases who, at the expiration of the average time, are only more or less advanced in convalescence. Such patients cannot well be kept, until they have regained their health, in a hospital intended for an acute service, without detriment to the purposes of the institution and to their own convalescence.

Many centuries ago Plato submitted the postulate "that in all well ordered states every individual has an occupation to which he must attend, and has therefore no leisure to spend in continually being ill. This we remark in the case of the artisan, but, ludicrously enough, do not apply the same rule to people of the richer sort." He goes on to say that "when a carpenter is ill he asks the physician for a rough and ready cure; an emetic or a purge or a cautery or the knife—these are his remedies. And if some one prescribes for him a course of dietetics, and tells him that he must swathe and swaddle his head, and all that sort of thing, he replies at once that he has no time to be ill, and that he sees no good in a life which is spent in nursing his disease to the neglect of his customary employment; and therefore bidding good bye to this sort of physician, he resumes his ordinary habits, and either gets well and lives and does his business, or, if his constitution fails, he dies, and has no more trouble."

While the hospital staff may not always keep in mind that their poor patients have no time to be sick, in general most measures are adopted that will carry the patient as expeditiously as possible through to convalescence. Then the patient is discharged to his

home, or permitted to continue in the ward, with such cursory supervision as seems advisable until he asks for his discharge, or it is apparent that he has regained his usual efficiency, or it is evident that the latter cannot be regained. Either of these latter methods is inadvisable and uneconomic. To send a convalescent patient home is to relegate him frequently to an undesirable environment, to inadequate or improper food supply, to the ministration of injudicious relatives or friends, to premature work to earn his support, and each or all of these in the condition of lessened resistance associated with convalescence may divert the latter into a state of permanent invalidism.

To keep such a patient in a hospital intended for acute diseases is an unnecessary tax on the higher per diem cost of maintenance in such an institution, and deprives the patient of those measures of hydrotherapy, mechanicotherapy, electrotherapy, and aerotherapy which should be particular features of hospitals for the care of convalescents and which are rarely available in general hospitals.

In 1904 the Census Bureau made an important investigation of the hospitals in the United States and found that there were 220 public, 831 private, and 442 ecclesiastical institutions, a total of 1,493 hospitals. At an expense of $28,200,869 these hospitals treated 1,064,512 patients, of whom 71,530 were in the hospitals at the end of the year, and therefore 992,982 patients were discharged or died. How many of these patients were discharged in a state in which they needed further treatment? The percentage may be approximated from the experiences of Bellevue and Allied Hospitals, which in 1906 discharged 31,334 patients, of whom 13,825, or 44.1 per cent., were discharged improved; that is, they

were not in a condition to resume their usual avocations.

If, from necessity, they did resume their customary work, it was done with a more or less impaired physique, and consequently with proportional diminution in efficiency. Let it be granted that the four city hospitals referred to have an exceptional clientèle in the destitute poor of New York City, that all other hospitals transfer to them those patients whose diseases entail prolonged convalescence or are incurable, and that in turn Bellevue and Allied Hospitals pass these patients on to the hospitals of the Department of Charities, still it is believed to be a moderate statement that more than thirty per cent. of the patients discharged from hospitals in this country are in need of further treatment. This would mean that in 1904 about 300,000 patients had to be discharged who needed hospital care longer.

Great Britain, France, Germany, and Switzerland have recognized the importance of the transfer of convalescent patients from city to country hospitals. Indeed, in Great Britain there are 278 such institutions, and thirteen of the London hospitals have their own convalescent homes. In this country there is a good example in the Massachusetts General Hospital, which has 261 beds, and which established in 1882, at Waverly, a convalescent home containing thirty-one beds, at a cost of $50,000. These institutions should give a fair idea of what such a home may accomplish. In 1906 the hospital treated 5,075 and the home 519 patients; the average number of patients in the hospital was 272 and in the home 23; the average number of days each patient was in the hospital was 19.6, and in the home was 16.2. A little more than ten per cent. of the patients were sent to the convalescent home, and the latter was not used to its full capacity.

English hospitals find greater need for this convalescent relief. The East London Hospital for Children, having 109 beds and treating 1,587 patients, has the Princess Mary Convalescent Home with twenty-eight beds, and treated 317 patients. The French Hospital, that has seventy beds and treated 790 patients, has a convalescent home at Brighton with sixteen beds, and treated 180 patients. Victoria Hospital for Children, with 104 beds and treating 962 patients, has a convalescent home at Broadstairs with fifty beds and treated 663 patients. Middlesex Hospital has 343 beds and treated 3,147 patients, and its convalescent home at the seashore has sixty-one beds and treated 878 patients. Charing Cross Hospital, with 187 beds and 2,465 patients treated, has a convalescent home of fifty beds, which treated 470 patients. These figures might be continued and would show an accommodation of about twenty per cent. of the hospital population. And it is believed that the number that would be helped would be greater if it were not for the question of finance.

From the cost of administration standpoint it is materially more advantageous to provide convalescent hospitals. In the latter the cost per patient in Great Britain is about one half of what it is in a general hospital; and in the Massachusetts General Hospital, while the per diem cost in 1906 was $2.062, it was $1.302 in the convalescent home.

From the standpoint of cost of construction, while the urban hospital of the present day type will cost from $3,000 to $5,000 a bed, the convalescent hospital can well be built at a cost of from $1,000 to $1,500 a bed.

One of the greatest difficulties that would be met with in applying the principle of treatment in a convalescent hospital to patients whose preliminary

treatment was in a general hospital would be the opposition of the patient or of his relatives and friends to his transfer. The administration of the institution would be subjected to political, financial, social, and other pressure to exempt certain patients from the application of the rule. There should be in a free hospital a nurse in charge of convalescent relief work who should visit each new patient admitted to the hospital, and by tactful inquiry she should learn the general situation of the individual, and whether there were dependents left at home who should be looked after by some organization or volunteer worker. Her professional training and knowledge of the methods of the visiting physician or surgeon would indicate those who should be transferred to the convalescent hospital, and she should represent to them the advantages in ultimate and perhaps complete cure that would be gained by a sojourn in such an institution.

Establishments for convalescents should be located in accessible places that could be reached by a minimum expenditure for car fare, and that would not exhaust the patient by fatigue when transferred. Reasonable provision should be made for the care of those not distinctly convalescents, but who are dependent on the patient, as in the case of mother and child.

The following conclusions are submitted:

1. The purpose of hospital treatment should be to further as expeditiously as possible the return of the patient to a condition of physical efficiency.

2. Proper hospital treatment for convalescents should be provided to accomplish this end.

3. For economic reasons the treatment of convalescence should be separated from that of acute conditions. But for the same reasons a hospital for

convalescents may be associated with one to treat chronic diseases.

4. Urban accommodation for convalescents is impracticable and undesirable, and accessible suburban sites should be selected to locate hospitals for convalescents.

5. Convalescent hospitals should be constructed at moderate cost; they should provide for patients likely to require a long as well as a short duration of convalescence; they should be equipped with all apparatus that will further restoration of tissues and organs to normal; the patients should be subjected to proper medical supervision.

6. A committee or society to advocate convalescent hospitals should be formed to cooperate with a charity organization society, or association for improving the condition of the poor, or State board of charities. Such a society in England has accomplished good results.

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