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### Editorial.

#### A CONVALESCENT HOMES ASSOCIATION.

We have on various occasions in this journal drawn attention to the need of convalescent homes which shall act as supplementary hospitals, instead of merely affording an opportunity for change of air to able-bodied persons, which at present seems frequently to be their chief function. Now that the value of open-air treatment is recognised in many cases besides those of tuberculous patients, physicians and surgeons are glad to get their patients into country air as soon as possible, and this for two reasons. The change from the air of a city hospital to that of the countryside is of the utmost benefit to patients who are progressing towards recovery, while there is the further advantage that the beds of hospitals, which institutions are essentially adapted to the care of patients who are acutely ill, and upon which the demand is always in excess of the supply, can be thus available for a greater number of cases.

But in many convalescent homes it is a *sine quâ non* that only patients who can be up all day, take their place at table at meals, eat a diet provided for the robust, and perform sundry household duties, are eligible. Consequently the patient who needs cossetting, who requires a certain amount of nursing care, who has wounds that must be dressed, or who must still be dieted, is ineligible, which is a serious disadvantage.

A movement is now receiving considerable support for the establishment of a Convalescent Homes Association. At a meeting held recently in the room of the Royal Medical and Chirurgical Society, 20, Hanover Square, W., in promotion of this object, a resolution was moved by Sir William Church, President of the Royal College of Physicians, and seconded by Mr. Tweedy, President of the Royal College of Surgeons, to the effect that the increasing needs of medicine and surgery require some alteration in the character of relief afforded by

convalescent homes to the poor of London. In moving the Resolution, which was carried unanimously after a brief discussion, Sir William Church expressed the hope that the proposed Association might be able to bring about some arrangement by which the homes might extend their operations, and take cases which require rather more medical attention and nursing than is given at the present time.

A second resolution provided that an Association be formed to be called the Convalescent Homes Association, which shall consist of convalescent institutions supplying charitable relief to London patients. The object of the Association is to form a representative Council to centralise effort and to promote efficiency and economy.

Undoubtedly, one of the first requirements of many convalescent homes is that the nursing staff should be augmented, so that every patient who needs it may still receive skilled nursing care. An increase in the domestic staff is also a desideratum. It is not desirable that operation, and other acute cases, which, in hospital have been waited upon hand and foot, should, when they go to a convalescent home, have to make beds and perform other domestic offices, as well as take their share in the washing up after meals. Many of them are physically unfit for these duties, neither can they obtain the full benefit afforded by residence in the country if they are indoors performing this work; added to which life in its normal conditions is to many patients of the class which go to a convalescent home, a wearisome round of household duties, and there can be no greater rest to them than to be relieved of these duties for a short time.

Another point which may well receive the attention of the new Association is the dietary in convalescent homes, which might often with advantage include not only rude plenty for the robust, as it does at present, but wholesome delicacies to tempt the capricious appetites of invalids.

[previous page](#)

[next page](#)