

THE CONVALESCENT WING, ROYAL VICTORIA HOSPITAL, NETLEY

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THE majority of medical officers will probably admit that they have only a hazy idea of what a Convalescent Wing or Depot is, or of what goes on there. The following notes on the 500 bedded Convalescent Wing at Netley will therefore, it is hoped, be of general interest.

OBJECT AND METHOD-

The word "Convalescent" tends to conjure up visions of deck chairs, tea on the lawn, and occasional strolls on sunny afternoons, and for that reason is misleading. A title such as "Physical Rehabilitation Centre," although cumbersome, would more accurately describe its functions and object.

Briefly the aim of the Convalescent Wing is to render sick and disabled men fit for full duty in their units in the minimum time. Experience and observation of results have evolved the methods now in use to achieve this aim. These methods are nevertheless constantly under review, and alterations are made whenever they are considered likely to effect an improvement.

One of the main principles is the avoidance as far as possible of the hospital atmosphere, every man being made to feel that he is no longer an invalid, but has taken a big step towards taking his place in his unit again. The men are called trainees, not patients or even convalescents, and wear their ordinary uniform instead of hospital blues. They are on full rates of pay, and are allowed out after duty hours until 10 p.m. Most of them are also given week-end leave passes, provided they are fit to travel. They are not on hospital diet, but receive the ordinary diet with a special supplement amounting to about 400 calories.

Another important point is that on discharge from the Convalescent Wing a man must be fit for full duty in accordance with PULHEEMS classification. Those who have done R.M.O. duties will agree that the man returned to his unit, after illness or operation in hospital, as "Attend B" or "Attend C" for a number of weeks is usually little more than a nuisance to the medical officer and to the unit as a whole. The need for this awkward phase can and should be avoided by sending such cases to the Convalescent Wing or Depot instead of direct to their units. They will then be discharged fit for full duty, and, what is more important, will be much less liable to subsequent breakdown.

TRAINING PROGRAMMES

The basis of the whole system is a series of programmes of graduated activity, the majority of trainees spending a week in each of four grades

before returning to their units. The week's programme for Grade 4, at the lower end of the scale, contains such items as five periods of "Corrective" exercises, mostly of the breathing, abdominal, and postural type, six periods of minor games, six short road walks, and three periods of P.T. of a modified nature. The Grade 1 programme, in contrast, contains six periods of much more active P.T., two route marches, a cross country run, and an afternoon of organized games. Grades 3 and 2, of course, constitute a gradual progression from 4 to 1. It might be mentioned here, for the information of officers who remember the wartime Convalescent Depot, that Grade 1 now is far from being the gruelling test that it was then, with its full scale assault courses and exacting tests of fitness. There is a very miniature assault course here, but it is used only as a change from games and exercises, and not as a test. Tests of fitness have been dropped, and the question of whether a man is fit to return to his unit is entirely a matter for the medical officer to decide, taking into consideration the type of duty each man will be going back to. As for the route marches, the longest is 5 miles, while the cross country run is usually about 2, no time limits being set for either.

Although the average case on admission is placed in Grade 4, there are many exceptions. Some are fit enough to go straight into a higher grade, and their stay here is correspondingly shortened. Others may start in Grade 4, but make such good progress that they can quite safely miss out a grade on the way up. There are, too, frequent instances where a man is so obviously fit after a week or two that he is returned to his unit without being passed through the top grades. Discharge from a lower grade is also used where a man, although not yet fit enough to tackle the higher grades, will be returning to sedentary duties in his unit, or where it is obvious that he will never be fit for a higher grade. In the latter case his PULHEEMS is lowered before discharge.

So much for the short cuts to discharge. There is another large group, however, who on admission are not fit to be placed even as low as Grade 4. For them a special grade, known as "0" has been introduced, in which the amount of exercise is similar to that expected in the "Déckhair and occasional stroll" type of convalescence. Into Grade 0 go such cases as post-meniscectomies and leg fractures, especially those still in plaster, and medical cases with severe debility or anæmia. Their programme consists only of diversional therapy and restricted remedial exercises, with a large proportion of leisure time. No men in this grade, or for that matter in Grade 4, are allowed to be given any fatigues, although even in the other grades the time spent on fatigues is normally limited to four hours in the week, careful watch being also maintained to ensure that no work is given which might be in any way harmful or likely to delay recovery.

There are no limits fixed as to the length of time a man may stay in any one grade or in the Convalescent Wing, other than those imposed by the Long Term Treatment Scheme. Although the average stay over a year's admissions worked out at five weeks, there are, of course, very wide variations. Some

may be discharged in a fortnight or less, while others may remain for three months, six months, or even longer.

REMEDIAL CLINICS

In addition to being placed in the appropriate grade, a large proportion of men are put in three remedial groups, of which one is for postural defects, another for upper limb disabilities, and the third for lower limb disabilities. Two clinic periods of one hour each are held daily for each of these groups, and trainees in them are instructed that their remedial clinics take precedence over any other period of their grade programme. They are held in the specially equipped remedial room under the supervision of an experienced instructor who ensures that exercises are given to suit individual disabilities.

The more specialized forms of physiotherapy also play a very important part in the treatment of many cases, and attendance for such treatment is so arranged that it does not clash with the remedial clinics. The maximum concentration of treatment is thus focused on the affected part.

SPECIAL CASES

In addition to cases admitted from hospitals a number of men are sent in direct from their units, generally on the advice of the Command Specialist in Physical Medicine, to whom they have been referred on failing their P.T. tests in A.B.T.U.s. The majority of these are substandard recruits suffering from physical underdevelopment, in a large proportion of whom there can be found varying degrees of spinal deformity or other postural defects.

Up to the end of June 1950 these had been treated along with other trainees by placing them in as high a grade as was compatible with their general condition and by arranging their attendance at postural clinics. By that time, however, their numbers had risen to over 50, and it was considered desirable to form them into a separate group with its own training programme, in the same way as is done at 114 Convalescent Depot in Western Command. In their programme emphasis is laid on open-air work, endurance training, and postural exercises. They are given an extra pint of milk a day, and cod-liver oil and malt if markedly underweight, and are encouraged to ask at mealtimes for second helpings, which can often be provided. The planned exercise, fresh air, and increased diet generally succeed, often to a remarkable extent, in increasing their weight, improving their general physique, and in preventing early spinal curvatures from progressing, and becoming fixed. Their average stay is six to eight weeks, after which time the great majority can perform their A.B.T.U.s tests satisfactorily.

The practice of sending such recruits to convalescent depots is open to criticism, but with the loss of physical development centres and with conditioning courses in commands demanding transfers with potential improvement to PES FE, this method of disposal saves many recruits from rejection on medical grounds.

The foot deformities are another class often admitted direct from their units, but are much more of a problem than the underweights. In some cases

physiotherapy and remedial exercises, including correction of bad postural or locomotory habits, effect a considerable improvement, but the majority require special shoes, wedged heels, metatarsals bars, etc., and often a further course of instruction in correct walking after these have been fitted.

STAFF

The success of the Convalescent Wing depends to a large extent on close co-operation between all sections of the staff : medical officers, physiotherapists, P.T. instructors, and administrative staff.

There are two medical officers on the establishment, one the officer in charge, the other a specialist or trainee specialist in physical medicine. In addition the Southern Command Specialist in Physical Medicine is based on the Convalescent Wing. He advises on treatment in general, and deals personally with most of the orthopædic cases.

Every trainee is seen on admission by one or other of these officers, and is of course seen by them from time to time while at work in the gymnasium, remedial room, or on the sports field. They are all reviewed each Friday, when their progress is assessed with a view to up-grading or discharge if fit enough. They have the added advantage here that they can be seen at any time by the medical or surgical specialist of the hospital, although, if specially requested, cases can be returned for follow-up examination by the medical officer sending them in. Visits by medical officers to see how their cases are progressing, or simply to see for themselves how the system works, are of course welcome at any time.

The physiotherapists work in accordance with the medical officers' instructions in two very well-equipped departments, *one of which is also used as the training school for army physiotherapists*. Many forms of treatment are given, such as appropriate active exercises, radiant heat, infra-red, ultra-violet and short-wave diathermy. During May 1950 a total of over 1,000 treatments were given.

The P.T. instructors are all members of the Army Physical Training Corps who have passed a special course in remedial work. They all take a very keen interest in their work, which of course is the mainspring of the whole system, and are a great help to medical officers in assessing the trainees' progress. The most experienced instructor is normally in charge of the special remedial clinics.

The general administrative work, including pay, discipline, welfare, and accommodation, is in the hands of a staff which is still composed of extra regimentally employed personnel, although the latest establishment allows for an almost entirely R.A.M.C. staff. The fact that they are not R.A.M.C. does not, however, create any difficulty, and they are always in close touch with the medical and P.T. staff to ensure that programmes are adhered to and that men do not miss essential parts of their treatment.

ACCOMMODATION

All trainees are accommodated in the main block of the Royal Victoria Hospital, overlooking Southampton Water. This is the original building, which

is now nearing its centenary, and which with its numerous rooms and lengthy corridors is not suitable by modern standards for hospital patients, who are now housed in a separate building, erected during the war. It is nevertheless almost ideal for the Convalescent Wing, containing as it does, in addition to the men's rooms, the physiotherapy department, M.I. room, plaster room, educational department, and all the necessary adjuncts to fill in leisure hours, such as quiet room, billiards room, table tennis room, dance hall, cinema, and theatre.

The hospital grounds include a very large playing field with pitches for hockey, Rugby and association football, and many acres of woods and tree-studded lawns, with, in addition, the hospital's private beach and pier. Situated behind the main block are the new gymnasium, with its outdoor basket ball, and volley ball pitches, and the remedial gymnasium, which contains special equipment such as fixed bicycles, rowing machines, and numerous arrangements of ropes and pulleys for exercising particular joints or muscle groups.

Also standing in the grounds are a large N.A.A.F.I., an exceptionally large and well-appointed Y.M.C.A. building, and an excellent diversional therapy department, where men can do anything from needlework to woodwork under the expert guidance of the B.R.C.S. staff.

CONCLUSION

There are no hard and fast rules laid down as to how a Convalescent Depot or Wing should be organized and administered, and as already mentioned changes are often made. Consequently it will be found that training programmes and methods vary to a considerable extent in other similar establishments. Needless to say, the amenities, sports facilities, etc., will also vary according to the locality and accommodation available. Nevertheless, the object is the same in all, namely to return men to their units as fit as possible and as soon as possible.

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