

## RANCHI EUROPEAN MENTAL HOSPITAL

By MISS BALDWIN.

The hospital is situated just outside Ranchi in open and healthy surroundings, and also has large grounds of its own, in which the patients are able to wander about with a great deal of freedom. Practically 90 per cent of the patients have parole in the grounds, and a large number have full parole. These are divided into two sections: the female patients have their wards on the South side, and the men on the North.

Altogether 296 patients can be accommodated. There are two hospital blocks, one in each section, for the physically ill, and for receiving new cases who are usually kept in bed for observation for a few days, before treatment is decided. The hospitals, each, have a nice airy ward, private rooms, a dining and sitting room, and patients' friends and relations are received here. There are the usual Nurses' and Doctor's rooms—and one operation Theatre.

There are four other wards, separate buildings, on either side, in which we try to divide up the cases, suitably. The excited and noisy cases are usually kept in the back wards.

Cottages—For border-line cases and others situated outside the main grounds.

Besides Matron, there are twelve of us, general trained, and since May last, when nine of the Sisters sat for the Royal Medico-Psychological Examination of Great Britain for proficiency in Mental Nursing, and all passed (three with distinction), we are now mostly qualified Mental Nurses as well. Thanks to our Medical Superintendent (Major Taylor, M.D., D.P.H., I.M.S.) who made this possible for us.

So far, there have been no probationers. Each ward is run by a Sister, who has *ayahs* under her to look after the female patients, and ward boys on the male side.

Major Taylor hopes to have probationers sometime in the future.

*Treatment.* An endeavour is made to keep in touch with and practise all modern methods of treatment.

1. Occupational Therapy. The provision of occupations to suit individual requirements have been found very advantageous and the Occupation Department here—run by two trained instructors—produces useful articles for sale, and for the hospital's own requirements, i.e., fancy work, clothes, furniture, weaving, mat-making and cane-work, etc. Attached to this department is an equipped gymnasium, under the charge of a Physical Instructor, where the patients have daily drill and exercises according to requirements.

2. Diversional Therapy.

Entertainment Hall and Library.

With stage and fittings, wireless set, gramophones and two good pianos. Daily morning classes also take place here for the patients who have any musical talent or inclination for singing and dancing and where the patients of both sexes congregate every evening, after an early dinner to dance and play games, and read the papers. Once a week they have a social evening, and light refreshments.

3. Hydrotherapy (prolonged bath).

These we find beneficial in the treatment of excited cases—the time in the bath is increased daily from  $\frac{1}{2}$  an hour to 6 hours, or according to Medical orders, and then gradually decreased. Meals are taken in the bath, the water kept at an even temperature, and a record kept; all the usual precautions have to be taken and the patients never left.

4. Pyrexial and malarial Therapy.

5. Prolonged Narcosis, etc.

*Daily routine of outdoor games.*

The patients are encouraged to take part in hockey, football, cricket, etc., and have their teams and go for walks and cycle rides, and they frequently go into Ranchi by bus to the pictures, in batches. For the last few months I have been taking the singing and dancing classes, and have had much enthusiastic help from some patients.

On the 1st of May we danced the May-pole and a couple of country dances out in the lawn, to our own band—quite a village green effect! It was quite a successful evening—and in July we had a variety entertainment in which staff and patients took part with great success.

We recently had the honour of a visit from His Excellency the Viceroy. There was much excitement about it, and we all did our best to let him see what a really nice and quiet place a Mental Hospital can be—even the naughtiest—were quite good!

I think I can safely say that most visitors to the hospital go away impressed by the quietness and orderliness of the place.

Before closing I must also mention that it is very rarely that any form of seclusion or restraint is adopted, and that we have both a Church of England and Roman Catholic Chapel where services are held every Sunday.

The comfort and well-being of the patients is the subject of careful consideration, in this Institution for the treatment and care of the mentally afflicted.

## VILLAGE LIFE IN INDIA

(By DORA C. SAUNBY, B.Sc., R.N.)

As one travels in various sections of India, with a lively interest in health and sanitary conditions, one looks for results of Miss Nightingale's voluminous correspondence on the 'India Question' and of the pressure vigorously applied through her friends in the British Government who succeeded in establishing good sanitary conditions for the soldiers in India, both British and Indian, thereby greatly reducing the morbidity and mortality rates of these groups. How greatly her heart would be touched today were she to see the conditions which exist in many of the towns and villages of India, open drains, absence of privies, water supply from surface tanks, as they are called, or from a well for the high-caste groups and surface water for the lower castes and outcastes. Is it any wonder that Dr. Ambedkar is determined to lead the sixty to seventy million outcastes out of Hinduism and into some other religious fold when, in many instances, Hinduism denies to them a clean water supply?

An understanding of Indian history and culture is necessary in order to appreciate the reasons for the absence of scientific thinking and method in Indian civilization since its beginning. Today the tremendous task of scientific education and the readjustment of life for 350 million people appears Herculean. However, Miss Nightingale's work demonstrated that the Indian people can bring about changes in their personal habits, and experiments in village uplift in different sections of India are progressing.

Will you go with me into some of the villages surrounding the town of Kolar in South India and perhaps secure a better understanding of the problems in health and disease with which a valiant group of Europeans, Americans, and enlightened Indians are struggling?

At the Ellen Thoburn Cowen Memorial Hospital, Kolar, South India,