

To conclude, let us be as :—

One who never turned his back but marched breast forward,
 Never doubted clouds would break,
 Never dreamed though right were worsted, wrong would triumph,
 Held, we fall to rise, are baffled to fight better, sleep to wake.

SANATORIUM NURSING.

BY MISS BLAIR.

Do we when we think of sanatorium nursing take it for granted that it is very much the same as general hospital nursing? I have not had extensive experience in either, but my limited experience in both has proved to me that these two branches of nursing are indeed very different.

Let us consider just for a minute patients entering a general hospital. They come there with great hopes of rapid recovery and at least a great number of them go away with perfectly restored health. Their stay in the hospital has been, if not a pleasant one, at least an interesting and unusual one and not in the least monotonous, and to them doctors and nurses are people who alleviate suffering and often restore health. In general hospitals the nurses does not usually feel it one of their greatest and most important duties to make the patient feel that the hospital is his home. They endeavour so far as possible to make the patients comfortable and happy during their stay and rejoice with them when they are ready to go back to their own homes.

It may be that sanatorium patients do not always come with the idea of staying for a long time, but most of them find out during their first week at the sanatorium that if they are to benefit by their stay they must make up their minds to stay for at least six months, perhaps much longer. Their stay will be to them long, tiresome, uninteresting and very monotonous. Let us therefore keep this in mind as we consider a few of the characteristics, problems and difficulties of sanatorium nursing.

These patients must during their long stay be separated from their own people—most of them from their families. What can the nurse do to make a home for them during this time. You have often heard the statement "the cure of tuberculosis is 50 % mental." Another thing to be kept in mind always is that exertion and excitement often give a rise of temperature—[may I just add here that in speaking of sanatorium nursing I think chiefly of the care of patients who are able to be up and about those who are confined to their beds will need general hospital nursing].

Remembering then that the patient must be kept content but must not have much exertion or excitement, what can you as a nurse do to help both the patients and the doctors in their fight against tuberculosis. First of all try to establish among patients and staff a home atmosphere of quiet contentment with variations and entertainment in such form as will not unduly excite the patient.

Endeavour to get the patients interested in keeping their beds and wards tidy and clean, make them feel that the sanatorium is their very own home—encourage them to take an interest in all sanatorium activities, try to make

them feel that they are both wanted and needed to make the sanatorium home and family complete.

Great care must be exercised both by patients and nurses regarding rules of hygiene and sanitation. They must realize the danger of spreading the disease to others, yet we must be careful not to offend the patient by making him feel that his disease makes him an outcast to society. Unlimited kindness and patience in explaining every thing to the patient is most essential. Tuberculosis is a disease, the treatment of which needs a great deal of time, as we have mentioned before, that calls for a great deal of patience from patient doctor and nurse. Long treatment usually means time saved in the long run. Impress upon the patient the importance of rest, fresh air and good food. I have heard tuberculosis specialists say that of the three, rest is the most important, and it is one which plays a very important part in the ward nurses work. Certain hours are prescribed for the patients by the doctors as silence—and rest—others as restful recreation and exercise. Silence means absolute rest in bed. No talking, reading, or writing. It is the duty of the ward nurse to see that these hours are strictly kept. In this connection we might mention the rest temperatures, which are taken at 6 a.m., or as soon as the patient awakes in the morning. This temperature must be taken before the patient exerts himself the least bit. The other 'rest temperature' is taken in the afternoon at three, after two hours of 'silence.' It is the nurse's duty to see that these temperatures are carefully taken and accurately charted, and if high reported to the doctor.

Other hours are prescribed as 'rest.' This means that the patient must lie on the bed but may read or sew at intervals. They should never read more than fifteen minutes at a time, then rest ten or fifteen minutes. Here the nurse must be on the alert and watch, so that patients do not abuse the privilege of reading or sewing.

Restful recreation means walking about in the wards or sitting in groups talking, sewing or reading, or playing quiet sitting down games in the ward or library. Here again they need close supervision so that they do not get too excited.

Exercise means walking or quiet games, such as clock golf or croquet. It is nice to arrange walking excursions for groups of patients who are allowed to walk the same distance. The games must be very carefully supervised by the doctors or nurses, so that the patients do not overtax their strength. Immediately after exercise the temperatures must be taken and charted.

One would suppose that open wards would solve the question of fresh air without further discussion or work, but you will find that patients are very fond of wrapping up their heads and covering their mouth and nose so that they get little or no fresh air. At night and during rest hours the nurse must make rounds to see that this is not done.

If good food is not quite so important as rest it is certainly the most trying both to the patient and to the nurse who supervises the catering. A poor appetite and a general distaste for food is a very common complaint of

tubercular patients, and yet it is absolutely necessary that he should take a good quantity of good nourishing food. In India in general hospitals most patients have their meals brought to them by their own people, but in the sanatorium we must cater for most of the general ward patients and for at least some of the private ward patients, and it is certainly a real problem. Patients come to the sanatorium from all parts of India—from Burma and Ceylon as well. They all have their own peculiar tastes; to satisfy them all is absolutely impossible. Purchasing stores in the first place is no small task, but to cook to the satisfaction of all is much more difficult. Order a meal which you think is the very best possible and you will have complaints from every side. I have come to the conclusion that the only solution is to serve good nourishing food well prepared and as much variety as possible, then try to get the patient to realize that though the food may not be to his liking, it is most necessary for his own good that he takes his meals regularly and in good quantity.

So far we have considered only the work and duty of the nurse in connection with the patient. May we consider now for just a minute the duty of the Nursing Superintendent and her staff. Sanatoriums in this country as well as those in the West are usually located in remote country places removed from the dirt and excitement of a large centre. This has its advantages, but it also has its disadvantages. When the sanatorium (its patients and staff members) constitutes the entire population of the village or town it is easy to realize that village life in such a village will be rather uninteresting and monotonous. If you wish to employ an efficient and well trained staff of workers you will have to make the work and daily life interesting and attractive enough both to attract and keep such a staff. To attract them in the first place you will probably have to pay higher salaries than in general hospitals. Then get your workers interested in their work, and above all in their patients make them realize that they are rendering a real service, though their work may often seem insignificant, uninteresting and without results.

When off duty simple entertainments—parties and song services, which may be gotten up by the staff members—help to make the social life less monotonous. I mention song services because we have no church nearer than four miles—only a small chapel on sanatorium grounds where services are held usually by the Medical Superintendent every Sunday. An evening song service now and then is enjoyed both by patients and staff.

There is not much of *real* nursing to be done in a sanatorium, so the well trained nurse may feel it a waste of time to work in a sanatorium. But my experience has taught me that the tiresome taking and charting of rest and exercise temperatures, seeing that rest and exercise rules are strictly adhered to, and that patients take their meals properly—and more important still that the patients are kept at least moderately happy—may be as real and important a branch of nursing as that of general hospital nursing or any other branch of nursing. The secret of good sanatorium nursing can be traced to unlimited patience and a power to see real service in very small things which often do not show even results as a reward.