

THE ALMORA SANATORIUM FOR CONSUMPTIVES.

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IT has been suggested that a short account of the work of the Almora Sanatorium might interest the readers of the *Nursing Journal of India*.

The Sanatorium was opened in 1908; government giving a grant of land, partly planted with pine-trees—2½ miles from Almora—and also a grant for a doctor's salary. The expense of building was partly met by a Government grant, and partly by donations, collected largely by the L. M. S. missionaries of Almora, who had long urged the special suitability of the dry climate of Almora for the treatment of consumption. Dr. Pailthorpe was in charge of the Sanatorium from its beginning till her death in 1912 and the Sanatorium owes much to her skill and thoroughness.

The first block built was for Indian Christian women and girls. A second block, consisting of suites of rooms for Hindu and Mahomedan ladies has lately been built in memory of Dr. Pailthorpe.

178 patients have been admitted to the Sanatorium of whom

88 are well,
17 are improved,
9 are worse,
49 have died,
4 have been lost sight of,
11 are still in the Sanatorium.

The chief points in treatment are fresh air, rest, graduated exercise, and good food. The patients live day and night on wide, open verandahs and are nursed by Indian Christian nurses. Unfortunately there is not a Nursing Superintendent.* Her presence would help much in making more efficient the nursing, which is such an important part of the treatment of phthisis. *Absolute* rest will often cause a fever of long duration to disappear and the patient's general and local condition to improve markedly. But absolute rest is not easy to enforce—patients, for instance, *cannot* understand eating their food lying down.

Rest alone is not enough, it must be rest in the open air in the best and purest air possible, and rest of *mind* as well as body. The mental and moral atmosphere of a Sanatorium is all important. The patient who strictly obeys an order to lie still, but who is fretting and worrying

* Since this report was written Miss Allinson has gone to Almora to be Nursing Superintendent.—Editor.

all the time, does not gain the full benefit of rest. For this reason married women with minds full of care for husband and children left behind, do not tend to do well.

With rest is combined good nourishing food in a form suited to the customs of the patient and as digestible as possible. Frequent *pao*s of milk often do harm, I think, by taking away the little appetite the patient has for solid food. The ordinary diet sheet is :—

- 7 a. m. *Daliya* or *khir* cooked in milk ;
1 *pao* milk.
- 11 a. m. *Bhat* with *dal*, *tarkari*, *chutney*, etc.
- 3 p. m. *Chappattis* and butter ;
2 *pao* milk.
- 6 p. m. Meat, vegetables, *dal*, etc., *chappattis*.
- 8 p. m. 1 *pao* milk.

When a patient has been without fever for 10 days, and the lung condition is improving, she is given carefully graduated exercise. When doing well, she walks two miles in the morning, and two miles in the afternoon. *Drugs* take a subsidiary place in treatment. Some patients think that *Olium Morrhuæ* t. d. s. is the essential part of treatment; and that when that has been swallowed (often with great relish !) it is not necessary to bother about rest and exercise. Whereas, by upsetting digestion and lessening appetite, it may do harm.

I have found Guaiacol Carbonate and Heroin Hydrochlor. useful. After trying many remedies for Pleurisy pain, I have found mustard plasters as efficacious as any.

The daily Sanatorium routine is :—

- 6 Rising bell.
- 7 *Chhoti hazari*.
- 7-30—8 Silence for Bible reading and prayer.
- 8 Prayers.
- 8-15—10 Walk.
- 10—11 Rest.
- 11 Breakfast.
- 12-30—2 Rest.
- 2-30 Tiffin.
- 3—5 Walk.
- 5—6 Rest.
- 6 Dinner.
- 7-30 Milk.
- 8 Bed.

Each patient in the Christian block pays Rs. 16 per month,—unless sent by a subscribing Society in which case she pays only Rs. 11.

In the new block Hindu or Mahomedan ladies are each given two rooms, a verandah and a kitchen and can be accompanied by a woman friend and servant. Each makes her own food arrangements and pays Rs. 20 per month for medical attendance, nursing, medicine and rent.

A great problem in Sanatorium work is how to provide occupation for the patients, especially for young girls with exuberance of spirits, who are *almost* well, but must lead carefully regulated lives. I am searching for some kind of work which will not only mean healthful occupation, but will help the patients to pay part of their expenses at the Sanatorium. (The encouragement of the spirit of independence is more important than the actual amount earned.) The patients have a weekly sewing meeting, the work of which is sold for some charitable object, but it would be difficult to find a market for *much* sewing, and even more difficult to ensure a high standard of work. I should be grateful for any suggestions of occupations or work from any reader of the *Nursing Journal of India*.

A CONTRIBUTION.

FROM A SALVATION ARMY OFFICER.

I have been asked to write something for the *Nursing Journal of India*. I of all people, who when there is nothing worse than a cut finger in the compound, have to screw up my courage in a way no nurse could understand, before I can go and bind it up. I have read the pages of the copy sent me and feel what an entirely different life is the life of a nurse to the life I live, and yet there are some places where we come very close together, and the first place where I always meet the nursing sisterhood, is in the ever green valley of gratitude that lies within my own heart. I never visit a zenana hospital with its devoted medical and nursing staff, when every step I take does not ring with thankfulness because it is there. Especially in this land where men let women suffer along and die rather than call a man to heal and help.

Beside their special work for the Indian people there is the assistance they render to missionaries themselves. How grateful all of us who are engaged in various kinds of work are that, if we are overtaken by sickness or get worsted in the fight, there are the women all trained and eager to come to our assistance. Certain it is that I should not be sitting here writing this but for the timely aid of a devoted nurse and dispenser who came and rescued me from a fever stricken place, in which without doubt I should otherwise have departed this life. Again, when the children in our Institutions get sick there is no need to think