MAINLY FOR HEALTH VISITORS

THAT DOSE OF MEDICINE

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During my travels throughout India, I am frequently asked about the policy which should be adopted by the maternity and child welfare service towards the treatment of disease. One of the greatest temptations of the health visitor is to give a dose of medicine, and many health visitors fall into the temptation. Their excuse is that this is the policy laid down by the Committee. Too often it is true that the Committee is unenlightened, but more often the real reason is that the health visitor has not the strength of mind to withstand the pleading or expectation of the mother. I agree that it is not easy to satisfy the anxious mother of a baby with early bronchitis with advice only, or to withhold the dose of medicine, but before yielding to her request and pleadings, I think we should pause and ask ourselves the questions: (1) Will the dose of medicine really do good? (2) Is there any harm in giving a bottle of medicine?

Will the dose of medicine really do good? Personally I have no belief in the efficacy of the medicines commonly stocked at welfare centres. All are weak and usually given in too small doses to influence the course of the disease. Coloured water would act equally well. We rarely give the mixture for the effect it will produce, but only as a sop to the mother. Take, for example, the carminative mixture which is given where the mothers complain of vague digestive symptoms. Now consider what happens. If the symptoms are due to serious diseases, the bottle simply puts back the day when the mother will go to her own doctor or the hospital for proper examination and treatment; if, as is more often the case, her symptoms are the temporary result of diet indiscretions, constipation or her way of life, nature will remedy the trouble without help when the original indiscretions are avoided and the unhygienic habits of life are changed. We all pretend to ourselves that we accompany the bottle with suitable advice on why the symptoms arose and how they can be avoided in future, and the more conscientious of us do give advice, but we reckon without the mother. She has a superstitious faith in the bottle. She neglects the advice, which, since it means a change in her habits, is more difficult, and concentrates on the medicine. After weeks of bottles, we are no further forward than when we started. The mother has not learned that health can be won by a way of life, and her symptoms recur with each indiscretion. Cough mixtures are perhaps the most frequently used; they act in a similar way, but are more dangerous. The health visitor may tell the mother to take the child to a doctor or the hospital if he gets worse, but how often does the mother follow the advice? Her faith in the Centre and the possession of a magic bottle of medicine make

her delay until the child is seriously ill or even dangerously ill before seeking the doctor s advice. If the cough is a mild one, and there are many reasons for coughs in addition to bronchitis, it will get better quickly and without medicine if the mother is taught and really appreciates the reasons why the baby caught cold and how to avoid colds, chills and coughs in future. The small irregular doses of mixture given in the Centre have very little effect on the course of the cough, and they are actually harmful because they deter the mother from putting health teaching into practice or from calling in a doctor early where necessary. The health visitor has a large area to cover, she cannot run in every day to see how the baby's cough is, and she runs a big risk in assuming responsibility for the treatment and care of the child under the circumstances. If the child needs medicine, he is ill and should be under medical care, not attending a well-baby clinic. I know very well the difficulty where the people cannot afford a doctor or where there is no dispensary, but one just has to be stony-hearted. We must look ahead and realise that if the Centre does the work of a dispensary, it can't do its own more constructive work for health; and further, no local demand for adequate medical relief will be created and nothing will be done to supply doctors, hospitals and dispensaries for the area. The Centre which acts as a dispensary is putting back the advent of adequate provision for medical relief. I know it is much easier and quicker to put the mother off with a bottle, and at the end of a busy morning at the clinic, or when one is in a hurry to get away, medicine consumption goes up and education for life goes down and ideals of service degenerate, and we lose sight of our aim, which is to produce and maintain a healthy race.

Danger lies in that dose of medicine.

We now come to the vexed question of whether any treatment should be done at the welfare centre or by the health visitor in the home. Before answering this, I want to call your attention to what happens when the mother visits her doctor or the hospital. Suppose her child has conjunctivitis, otorrhoea or a skin disease. She is given drops or ointment and told how to use them, but she is not taught how to carry out the treatment. Private practitioners and hospital staff are too busy to demonstrate and supervise the mother while she learns by practice. Here then is a field for cooperation by the welfare centre. By all means send the mother or baby to hospital for diagnosis and prescription of treatment, then get the mother to bring her drops or ointment to the Centre and there teach her how to use them. The object of the Centre is not primarily to provide the appropriate remedy, but it is to provide an opportunity for the mother herself to acquire skill under supervision. It is easier and quicker in the beginning for the health visitor to do the work herself, but in the long run it is the passing on of knowledge and skill to the mother which counts.

Danger lurks in the bottle of medicine, and the health visitor should think twice before she yields to the temptation to give

the mother the magical fluid for which she asks. There will be little danger if the health visitor is interested in her mothers and babies, observant to note variations in health, and thoughtful in seeking out the probable cause and the means of control, because then she will be so fascinated by the possibilities of making life easier, happier and fuller that she will have no desire to enter the field of curative medicine and nursing. The hospital and dispensary are like repair shops where broken-down machines are patched up and put on the road again. The welfare clinic is the factory from which new and more perfect machines are turned out and where plans for yet finer models are being evolved. It is a prostitution of of the training of the health visitor to waste time in a repair shop when she can be at the job of constructing and perfecting the mechanism, of making it resistant to wear and tear and capable of greater service.

LIST OF NEW MEMBERS FOR MARCH 1942

District	No.	Name and Address	Recruited	Training School
Bahrain	292	Mr. V. Samuel, Government Hospital, Bahrain, Persian Gulf.	Madras	Scudder Memorial Hospital, Ranipet.
Ceylon	264	Miss L. N. Muthuswamy, McLeod Hospital, Inuvil, Chunnakam, Ceylon.	Madras	Christina Rainy Hospital, Royapuram, Madras.
U.P.	267	Miss M. Beeston, B.C.M.S. Hospital, Kachhwa, Dt. Mirzapur, U.P.	England	Green Hospital, Nottingham, England.
Bombay	275	Miss M. F. Mehta, The B. D. Petit Parsee Hospital, Cumballa Hill, Bombay.	Bombay	The B. D. Petit Parsee General Hospital and the Cama and Albless Hospital, Bombay.
N.W.F.P.	297	Miss S. Sampson, Sisters Mess, I.M.N.S., No. 2 The Mall, Rawalpindi.	Bombay	King Edward Memorial Hospital, Parel, Bombay.
Bengal	HVL 104	Mrs. P. Lyall, Maternity and Child Welfare Centre, 59 B Ekbalpore Road, Calcutta.	Calcutta	Sir John Anderson Health School, 38/1 Elgin Road, Calcutta.
U.P.	454	Miss L. Williams, Dufferin Hospital, Lucknow.	Calcutta	Dufferin Hospital, Calcutta.
Rajputana	464	Miss M. S. McCarthy, Sisters Bungalow, Fraser Road, Ajmer.	Rejoining	
U.P.	474	Miss M. S, Lall, Canadian Presbyterian Mission, Jhansi, U.P.	Rejoining	
Bengal	266	Mrs. A. Mackenzie, 1 Regent Grove, Tollygunge, Calcutta.	Rejoining	
U.P.	HVL 2	Miss P. Benjamin, c/o Mr. R. Benjamin, Government High School, Budaun, U.P.	Rejoining	