

PUBLIC HEALTH WORK IN CEYLON

By B. CHRISTENSEN

During the course of my postgraduate training in India, I spent a month in Ceylon, studying Public Health work at the Kalatura Health Unit.

Public Health work is very well organised in Ceylon. There are eleven Health Units in the Island, of which Kalatura is the premier Health Unit, and the Training Centre for Medical Officers, Public Health Nurses and Midwives.

The Medical and Sanitary services are under one head, and all medical officers are given a short term in preventive work at these Units. Even if they decide to return to the curative side, they have a sympathetic understanding of the preventive side of medicine, which makes for closer co-operation between hospitals and public health work.

Public Health Nurses are carefully selected and well trained. They must be general trained nurses (three years), with a midwifery training of six months, and should have several years' hospital experience. They are well educated: "a cultural education" is one of the qualifications of the Senior Cambridge or London Matriculation. The nurses appear before a selection board and are asked to state their reasons for wishing to transfer to Public Health Nursing. Their record sheets are carefully studied. Nurses usually transfer to the Public Health side when they wish to get married, as it is desirable that Public Health Nurses should be married women, whereas nurses are not allowed to continue working in hospitals after marriage.

The training centre is at Kalatura, and the course consists of six months field work and lectures by the Medical Officer of Health and the staff. There is no Health School. The nurses live out and work with the staff nurse in turn. The training is intensely practical and the course is a comprehensive one. An examination is held at the end and diplomas are awarded. The nurses continue to draw their salaries during this training; they are merely transferred from the medical to the sanitary side. All nursing services are under the Ceylon Government, and posts are pensionable after fifteen years service unless the nurse marries, in which case she receives a gratuity. Public Health Nurses are well paid; in addition to their salaries they receive a messing allowance, a house allowance and a conveyance and uniform allowance.

The Public Health Nurses have their own Association and Magazine, and meet once a year. Their badge of blue and silver is very picturesque.

In India, the centre is usually built first and then the work starts, whereas in Ceylon, when maternity and child welfare work is started in an area, clinics are held in a school or in a room lent by an interested person, until the worth of the work is

recognised by the local people, who then build and furnish a centre as a mark of appreciation.

Kalatura Health Unit, twenty-six miles from Colombo, has an area of 52.37 square miles with an estimated population in 1940 of about 90,000. It consists of an urban area and a rural area.

The staff consists of:

- 1 Medical Officer of Health.
- 1 Field Medical Officer.
- 1 School Medical Officer.
- 5 Public Health Nurses.
- 2 School Nurses.
- 22 Midwives.
- 10 Sanitary Inspectors.

That gives each Public Health Nurse a population of about 18,000. Ideally, a Public Health Nurse should have an area with a population of 8,000. Each Public Health Nurse has four midwives in the area, while two are attached to the Maternity and Nursery Home.

The work in this Unit was started in 1916 and is so well organised that there is 95% registration of Prenatals in the Unit area and almost 92% are delivered by Health Unit midwives, while most of the remaining 8% are confined in hospital.

There are fifteen Health Centres in the Unit, at which twenty-five clinics are held weekly—Prenatal Clinics in the mornings and Infant and Preschool Clinics in the afternoon.

As hookworm is one of the chief cause of maternal mortality, all Prenatals are given a course of hookworm treatment as a routine, under medical supervision, unless there are contra-indications. Treatment consists of two to three doses of tetrachlorethylene 2 dr. with mag. sulph. 2 oz., at weekly intervals.

School Health Work is well organised. The School Medical Inspection Unit consists of a school medical officer and two school nurses assisted by the Sanitary Inspector.

Every school is inspected once a year. Only three classes are done: the lower kindergarten, the 4th and the 7th: so that every child is seen at least three times during his school career. Mass hookworm treatment is given at each school once a year. There are central and school clinics for the correction of defects, and the school nurses do follow-up work in the homes. This aspect of the work is progressing much more slowly than the Maternity and Child Welfare work, as the parents do not bother about defects which are not glaringly obvious and it is very difficult to arouse their interest.

During my training I went to Matara in the Southern Province, to see the village crèche for pre-school children. It is run by public subscription, and the cost per head per day is about 10 cents (1½as.). The staff consists of a Public Health Nurse, an ayah and a cook-caretaker. The children, twelve in number, aged from two to five, are brought by their mothers at 7 a.m.

Their day's programme is as follows:

- 7 a.m. Roll call, morning inspection, and a drink of boiled water.
- 8 a.m. Cleaning of teeth and washing of faces.
- 8.30 a.m. Morning meal, of milk, barley and bread.
- 9 a.m. Outdoor games, songs and drill.
- 10 a.m. Bathing and changing of clothes (little red rompers).
- 11 a.m. Drink of boiled water.
- 12 noon. Midday meal of red rice, soup, one vegetable and either meat or fish.
- 12.30 p.m. Cod liver oil.
- 1.30 p.m. Rest.
- 3 p.m. Cleaning of teeth, washing and tidying.
- 3.30 p.m. Milk, sago and bread.
- 4 p.m. Outdoor games and exercises.
- 4.30 p.m. Changing of clothes, and removal by parents.

All the children looked well and happy. This is an excellent foundation for a nursery school. The children learn independence. They have separate shelves in a cupboard. They set the table, tie their own bibs, and wash up their own plates and cups.

I also visited the Dondra Lighthouse on the southernmost point of the Island. By the way, Ceylon is an ideal place for a holiday. You get river and sea bathing, and the roads are marvellous. I went for a long motoring trip into the interior through Kandy, and on to the ruined and buried cities. The Singhalese people are so charming and friendly that I really enjoyed my brief visit to Ceylon and hope to return some day for a real holiday. The best time to visit Ceylon is between November and April, as once the rains break it is difficult to get around. Colombo is lovely and very up-to-date, but things are more expensive than in India, especially cigarettes.

SUGGESTIONS FOR AN EXPERIMENTAL PRELIMINARY TRAINING SCHOOL

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(1) A Preliminary Training School should have an income independent of the hospital or hospitals to which it is attached.

(2) The hospital to which the school is attached should have an adequate nursing staff, without depending on the students to do the entire nursing work.

(3) The school should charge fees to the students, to whom scholarships should be available.

(4) The students should be admitted at regular periods two or three times a year.

(5) The period spent in the Preliminary Training School should last at least three months, and should precede, but not be included in, the three years general training.