



THE HEALTH VISITORS' LEAGUE SECTION

The Honorary Secretary of the League, Miss M. E. Rawson, Lady Reading Health School, Bara Hindu Rao, Delhi, will gladly receive reports and articles for insertion in this section.

"WORK OF A HEALTH WELFARE CENTRE."

Lecture given to members of the T. N. A. I., H. V. L. and M. U. at the Presidency General Hospital, Calcutta

BY DR. NEAL, M. D., W. M. S.

Professor of Maternity and Child Welfare Centre in Chatteranjan Avenue, Calcutta

In some countries a man pays his doctor monthly while he is well. When he becomes ill, the pay is stopped. It is therefore in the interest of the doctor to keep the man well! This is an ancient form of preventive medicine. In these days the attention of doctors and nurses and all who have the care of the public health is being directed more and more towards prevention of disease and not only towards cure.

Every one desires good health, and fears disease—yet how few take pains to try to understand what rules should be followed in order that illness may be avoided—how little many of us learn, even in hospital, of how to look after ourselves although so much time is spent on learning how to help already sick people to get well. The *hospital* is the place for treating those who have failed to follow the rules of health; they have become sick. The *Welfare Centre* on the other hand is a place where active efforts are made to keep healthy people well, and teach them how to remain as physically fit and full of life as they can be.

This is a large order—one small Welfare Centre cannot get into touch with everybody, even in a small surrounding area. Where should we begin? Naturally, in this fight to maintain good health, the place to begin is with the baby and the baby's home. The effects, on health later in life, of good habits in the earliest days are very important. The kind of food a child has in its first year of life may decide the kind of health he is going to have when he is grown up, for example, whether his teeth will decay early or not, or whether he may develop tuberculosis; and the kind of character he will have, is at least partly determined by habits he learns even before he can walk or talk. Therefore if we are to help people to keep well, we must begin at the beginning, where the foundation is laid, and ensure that the mother has a healthy baby, and, brings it up wisely and well.

How can a Welfare Centre do this? There are several ways in which we try to do it here.

In the first place it must be stated clearly that knowing the magnitude of the task we have set ourselves, it was decided when this clinic was opened that it should work in a circumscribed area and not outside these chosen limits, and so try by degrees really to effect a change in the health and conditions of life of the people living in this small area. Now we may see what is being attempted:—

1. **Home visiting by Health Visitor.** This is the backbone of the work. Only in the home, when the problems and difficulties of the particular family are understood, can really practical advice be given. The Health Visitor's aim is to become the friend and adviser of the mother and other members of the family. She wins their confidence, and although often it takes a long time, and is not easy, the time comes when in small things, that,

if put right early, may prevent worse things happening, they will turn to her for advice and what is more, follow it. The Health Visitor has to be a very wise person—not every one is suited to this work, and on the way the Health Visitor's work is done in the home, the success or failure of a centre like this almost entirely depends.

Now you want to know how the Health Visitor gets into the homes. When babies are born in Calcutta they have to be registered at the Birth Registration station. (This is, unfortunately, an Act that is not strictly enforced but most babies born are registered, and all should be.) The birth returns for this district are sent to the Health Visitor from the Health Office. Then she visits all the new-born babies in her particular area. She arrives to find the family proud of the new arrival and ready to talk about it. She will notice the home conditions, establish friendly relations with the family, find out if anything is worrying the mother, enquire about the feeding of the baby, and tactfully advise in any matter that she notices might be improved upon. She will not expect at once to be believed, or to have her advice followed, but in time, she will win the family's confidence. The mother is asked during the visit to bring the baby to the Welfare Centre for weighing and to see the doctor. If she does not come, the child is visited again after a month in the home, and again every month until it is a year old, and after that every 3 months. The Health Visitor fills in a card for the baby when she comes home, describes its condition, makes notes regarding its birth, where and by whom the mother was delivered and her present health. Every time the baby is visited notes about its progress are made.

2. **Antenatal Clinic.** It is found that if a mother is to have a healthy baby its care must begin before it is born. Also if the mother is to pass easily and safely through labour she needs to be watched throughout her pregnancy and be examined at certain stages to see that all is well. For these reasons, an antenatal clinic is arranged. How do we get the women to come? There is no registration of pregnancy, and the Health Visitor has to depend on her friendliness with the family, to find out when there is a pregnant woman in the house, and undertake her care also. The number of antenatal cases the Health Visitor discovers and brings for antenatal care is largely a measure of her success as a Health Visitor. A doctor's clinic for antenatal cases is held once a week. Gradually as the women come to know of, and to trust the Welfare Centre, they come of their own accord when pregnancy begins and so come under care. A card is made for each pregnant woman, her history is taken, she is thoroughly examined, and her health watched throughout her pregnancy. If she does not attend the clinic monthly she is visited at home by the Health Visitor. If anything is found to be wrong with her, she is given treatment at the clinic, for example, injections for syphilis and treatment for anæmia. Milk is sometimes given to her if she is too poor to be able to afford it. But to the majority advice consists mainly in what is best to eat and drink, how to avoid constipation, the importance of exercise and sunshine, and such simple advice as is necessary to follow in pregnancy.

3. **Midwifery Service.** What is to happen at the time of delivery to the women who have had antenatal care through pregnancy? The large majority are expected to have normal labours. Who is to deliver these cases, and where? A normal case, in a multiparous woman, may safely be delivered at home, provided that the house is clean and there is a separate room where the woman may be looked after. The Health Visitor knows the home conditions, she tells the woman how to prepare for her labour and what she will need. She can tell whether labour ought to be allowed to take place in the house or not. This she tells the doctor at the

antenatal clinic, and the woman is advised accordingly and she is given a letter to a hospital or maternity home advising admission if home conditions are not suitable. Otherwise she may be delivered at home by a midwife attached to the centre who is working under the direction of the Health Visitor. When this happens the Health Visitor's care is continued throughout the labour and the first month of birth. If she cannot afford to pay a trained midwife, she will call a dai. This we hope will happen less and less, but at present the larger number of normal cases are still delivered by dais in the district. This brings us to a point which must be mentioned as part of a Welfare Centre's activities—dais' classes. In this Calcutta Centre dais' classes are not held.

The abnormal cases, and those in which any difficulty is anticipated, and some cases of primigravidae are advised to go to a hospital for confinement or call a private doctor. If the patient has confidence in the Welfare Centre, she will probably be willing to do as advised. Sometimes the Health Visitor and the Centre doctor have a hard task to persuade a woman that hospital treatment, either before delivery for intensive antenatal care or at the time of delivery, is necessary. Those of you who are in hospitals can help here. If you know a case has been sent up from a welfare centre, do your best to support the workers at that centre by making the patient happy and comfortable and willing to stay in hospital as long as is necessary. If the patient will not attend the hospital when she should, the work of the Welfare Centre will have been largely wasted, for how can we get healthy babies and safe labours for women, if they will not make use of hospitals when they are really needed?

4. Postnatal. The care of the mother is not complete when her baby is born. She needs an examination by a doctor about 1-2 months after delivery to see that all is well, and she may need tonics and other advice. She attends the centre with her new baby for this purpose.

5. Infant Clinic. After the Health Visitor has seen the new-born baby at home the mother brings it to the clinic to show it to the doctor. It is weighed and she is given any advice that is needed. The child should attend the clinic for weighing regularly. In this way its progress is watched, and before any serious trouble develops it can often be avoided by changing habits of feeding or ways of living.

Pre-school children. Pre-school children are those from 2-5 years old. These too have to be cared for. They also attend the clinic for regular observation and when necessary, for minor treatment.

Nursery School. Some children have all they need at home in the way of fresh air, sunlight, a place to play in, and other children to play with. But in Calcutta this is true for the few; and in this neighbourhood, for extremely few. A nursery school may be a great help to these mothers and children. Here they have grass to play on, toys and one another to play with, and their teacher is one who is very fond of small children, will teach them good habits, of cleanliness, kindness, independence and co-operation. They will have regular sleep and play, and will learn to use their eyes and ears and to talk. They are not given any ordinary lessons, they are too young. It is a nursery—not really a school. The children come at 10 in the morning and go home at 4 in the evening. They have milk and fruit and a long sleep in the middle of the day.

Mothercraft. The nursery school helps a few mothers by relieving them of the responsibility of their children for a few hours each day, but for the rest of the time, they have their children to look after, and most mothers keep their children with them all the time until the child goes to a school at the age of 5 years or more. The mother herself needs teaching how she

should look after her children. Mother-love is natural and spontaneous, but a mother's love is not always wise in the way it expresses itself. Sometimes a mother says she cannot refuse to give her breast-milk to her child of 2 years old—her mother-love makes her want to satisfy the child. But if she goes on spoiling the child like this, she will ruin its character. This is one way in which mother-love needs to be far-seeing and wise and not short-sighted and weak. These things and many others like them are what the Health Visitor and the clinic doctor have to try to teach the mothers. The best time to pass on these ideas to the mothers is in the course of home-visiting. Individual talks are best, when the circumstances are understood. Things have to be said many times over, and sometimes in succeeding pregnancies or about more than one infant, before much effect can be gained. But some things can be taught in classes, and one of the centre activities is a *mothercraft* class, where the Health Visitor talks to the mothers in a group, and takes up one subject, for example 'The value of Sunlight' or teaches the mothers how to knit warm clothes for their children.

So the child reaches school age. His health still has to be watched and maintained, if he is to grow up strong and healthy. What more can be done?

The child should go to a school that is airy and clean, where he can learn to read and write in a good light without hurting his eyes. The school should be inspected by a doctor to see that these and similar things are so, and the children themselves should be examined to see that they are growing as they should, and that any defects or incipient diseases are treated. Where can these children be treated? Hospitals are busy and private doctors expensive. There should be school clinics to which these children can go. The Welfare Centre provides these, but this work is not regularly carried on here. It is however the logical sequence of the maternity and child welfare work. At the back of everything is the desire, as was said at the beginning to help the people in this district to be, and to remain as healthy as possible. These are some ways to attain this end. It will be a long time before we see great results, but already things are considerably different from what they were 3 years ago.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss Pitman, Women's Medical College Hospital, Vellore.

DEAR STUDENT NURSES,

A very happy New Year to you. May 1937 hold many good things for your unit. Please let us know from time to time any new types of meetings you may plan. Vellore Unit hopes to have some discussions during the year on interesting nursing subjects. If we have successful discussions we will let you hear about it and in turn we should like to get some ideas from other units. With all good wishes.

*Missionary Medical College Hospital,
Vellore, North Arcot.*

Yours sincerely,
VERA K. PITMAN.

Annual Report of the Student Nurses' Association Unit, Christina Rainy Hospital, Madras 1935-36

During the past year we have had 35 members in our Unit, nine new members have just passed their preliminary examination, and we hope that they will join us very soon. Five of the members who finished their training in July, have joined the Trained Nurses' Association and one of