



## THE HEALTH VISITORS' LEAGUE SECTION

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

### MATERNITY AND CHILD WELFARE WORK IN SHILLONG

*By. B. CHRISTENSEN, T.N.A.I. 711,  
Lady Kerr Welfare Centre, Shillong*

The Lady Kerr Welfare Centre is the only Centre in Shillong and the attendance includes mothers and babies of all classes and creeds, chiefly, of course, Khasis, as this is their homeland. The Centre is open every day, and clinics are held twice a week. Monday for infants and toddlers, and Wednesday for ante-natals.

The Medical Superintendent of the Women's Hospital conducts the ante-natal clinic and the House Surgeon comes down on Children's day. There is close co-operation between the Centre and the Women's Hospital (both are run by the Provincial Red Cross) and we have special admission cards for our mothers and babies.

The Khasis are a loveable race. The babies are a sheer delight, fat, happy infants, clean and well dressed as a rule. Their bonnets, specially, are works of art, and even if they do forget a napkin now and again—why worry?

The mothers are usually sturdy and healthy—fresh air and open air work are conducive to good health. Khasi families average 8-9 and it's nothing unusual to find Granny visiting the clinic with her youngest child who is junior to the latest grandchild—And the names! Khasi mothers are really good at naming their children. Mount Everest is a good specimen not to speak of Nebuchadna—Friction, Happy Nora—Boxer, Romulus, Remus, WeeLassie, Eastlynne—America and Telegram.

Monday morning at the clinic is a busy morning. The waiting room is full of a large and varied crowd—Khasis, Gurkhas, and Nepalis, Punjabis, Assamese and Bengalees—Hindus and Mohammadans—truly a cosmopolitan crowd.

Here is Sentribon, wife of Homi—a farmer. She lives over the hills and far away—about 8 miles off. She has three children a girl of three—Pole Star—twins of one year—Morning and Evening Star—and is expecting a fourth in the near future—one wonders what Star it will be!

'Khublei Sentribon—How are you?' 'I am quite well—but my three children have big bellies.' 'Too bad—but what can you expect with a diet of red rice (unpolished fortunately), dried fish and bananas, and of course plenty of tea—Any worms?' 'Yes, Pole Star has vomited two.'

Santonin for all three, followed by iron tonic and advice regarding a well-balanced diet and there we are! the three Stars will soon regain normal dimensions! The question of diet is an all-important one here—. Too much starch is taken in the form of rice and potatoes. While milk plays a minor part in the Khasi diet. Children are breast-fed until 2 to 3 years even if another brother or sister has arrived meanwhile. Frequent breast feeds are supplemented by bits of banana (specially grown Khasi bananas) from the tender age of two to three weeks—later, rice water is given, then rice and tea—while the adult diet consists of rice twice a day with dried fish, pork now and again, potatoes and tea—fruit is eaten in season but is not included in the daily diet. But they are willing to learn! And after explaining the

importance of a good mixed diet including dal, eggs, milk, fruit, green vegetables and tomatoes—all available at moderate prices—one finds a distinct improvement in the children.

Rickets are not common. I have only come across four bad cases—all motherless infants fed on cow's milk and rice water but they improved after a course of Cod Liver Oil and Sunbaths. Brestol and Osteocalcium are very useful. The children have very bad teeth due to a deficiency of Calcium.

Osteomalacia is rare—I have only come across 2 or 3 cases. But Anaemia is fairly common both among mothers and children, due chiefly to a deficient diet and in children due to roundworms. A simple iron tonic and repeated advice regarding a good mixed diet bear good fruit—and severe cases are referred to the Women's Hospital.

—A Contrast to India



### THE MIDWIVES' UNION SECTION

Hon. Secretary:—Miss S. M. Round (Sister Sallie), All Saints' Dispensary, Panvel, Dt. Colaba, Bombay.

Members are asked to kindly send any helpful notes of cases and articles for this Section to the Secretary.

### GOVERNMENT OF MADRAS

#### MIDWIFERY EXAMINATION—SEPTEMBER, 1938

1. State how you would estimate by physical signs and otherwise the probable date of confinement. How would you know when labour had commenced.
2. What is meant by involution of the uterus? How can you recognise its progress and what may cause its delay?
3. What is Hydramnios? What may be its effect on the patient
  - (a) during pregnancy?
  - (b) during labour?
4. Give the signs and symptoms of Placenta Praevia? What treatments may be adopted in such a case?
5. How would you prepare for a forceps delivery?

#### A CASE OF CONGENITAL HYPERTROPHY OF THE PYLORUS TREATED BY RAMSTEDTS OPERATION

By MISS B. M. PERIERA, T.N.A.I. No. 1154, Staff Nurse, Government Hospital for Mothers and Babies, Egmore, Madras.

Baby H. P. age 1 month.

*Complaint.*—Vomiting for the past week—every feed being vomited—loss of weight and constipation.

Baby H. P. was born in the 'Government Hospital for Women and Children, Egmore, Madras' on the 10th July, Confinement natural—weight at birth, 8 lbs.

The baby was entirely breast-fed while in hospital, feeds taken well, bowels normal, weight increased to 8½ lbs.; on the 7th day, that is the 17th, mother and child were discharged, both doing well.

For five days after the baby was discharged from here, he was getting on well and increased 6 oz. in weight and was 8 lbs. 14 oz.