



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.

THE PROFESSION OF HEALTH VISITOR

By Miss M. E. RAYNOR, H.V.L., No. 43. Superintendent of the Sir John Anderson Health School, Calcutta

Health Visiting is a profession which is still in its infancy in this country and many people do not know what the work of a Health Visitor is. This is a great pity because Health Visiting is amongst the most interesting kinds of work open to women and if more were known about it there is no doubt that many well-educated women would be attracted by it and would come forward for training.

India's need for Health Visitors is very great and the best of the women are wanted for this important work. The Health Visitor needs the qualities both of a nurse and a teacher and in addition she must have breadth of mind and vision to see towards what goal she is working, the emancipation of womanhood. It is only when women come to realise their true worth as wives and mothers and to grasp the fact that the rebuilding of the nation really is in their hands, that the advance for which we are all looking in India, can begin. The influence of the mother is almost supreme during the early years of a child's life. Its very life depends on her ability to care for it properly during the months before it is born, and its ability to grow up strong and healthy and to have a fine character depends on her knowledge of how to feed and care for it and teach it right habits. To teach these things is the responsibility and joy of the Health Visitor.

First let us ask and answer three questions. What is a Health Visitor? She is first and foremost a teacher, a teacher of the great and vital subject of Health. Whom does she teach? The whole community, men, women and children of every class and creed. Where does she teach? In many places, but most especially in that best of class rooms, the home.

Let us now see what the Health Visitor is trained to do. Perhaps her most important work is visiting in peoples' homes, where she first gets to know the family and becomes their friend and adviser. She teaches the mother about the care of her home and surroundings, the care of her own health before and after her children are born, the right and healthy upbringing of children, their feeding, general hygiene, character and habit training. She teaches about the prevention of the spread of diseases, persuades her to get medical attention for all members of the family in times of sickness and shows her how to nurse her children when they are sick. As she will always be working in the closest co-operation with hospitals and dispensaries and any agencies providing relief, she is able to help the people to carry out the necessary treatment and send them back for further advice when necessary.

The Health Visitor has her Welfare Centre where mothers come to the doctor's clinic during their pregnancy for examination and advice, where they bring their healthy babies for regular weighing and help and advice in their upbringing, where they come for talks and classes in sewing, cooking and mothercraft generally. At her Centre, the Health Visitor can hold classes for the older girls in simple mothercraft and sewing, can give lantern lectures on health subjects, can organise games and exercise for mothers and children,

have a library for the educated mothers, teach simple gardening and other activities depending on local demand. She also holds classes at her Centre for indigenous dais, teaching them how to do good clean work and recognise danger signals, thus lessening the high damage and death rate amongst their patients. In some places, even in India, Health Visitors are beginning to give evening classes to the men in fathercraft, a very necessary part of health work, since the health and well-being of the family depends so much on the co-operation of the father, who may become a valuable ally of the Health Visitor, once he understands the principles and necessity of the healthy living and hygiene she teaches.

First Aid and Home Nursing classes also come within the scope of the Health Visitor's teaching and she may have to organise and supervise creches for the workers' children, if she is working in an industrial area. The Health Visitor has special training which enables her to play a great part in the prevention of Tuberculosis, that great scourge to which so much attention is being turned at the present time.

Schools too, come within the Health Visitor's range of work; she gives practical and simple health teaching to classes of children, to Junior Red Cross Groups and to Girl Guides. Where there is medical inspection, which we hope to see in all schools at no very distant date, the Health Visitor can do all the preliminary examination, such as weighing and measuring, and later help the Doctor in his medical examination of the children, after which she can visit the parents and explain to them the need of treatment and how best to obtain it. The supervision, under a doctor, of the health and habits of small children in Nursery schools, may also be an important side of her work.

The Health Visitor must be a great propagandist and besides giving intensive health teaching in the homes and at her Centre, she is trained to give talks and lantern lectures to many audiences of many kinds; she takes her lantern to public halls, private houses or out into the bustees, and shows pictures of many health subjects with an admixture of slides on lighter themes to amuse her audience.

Now how does a Health Visitor become such a well-qualified person? Nearly every Province in India now has its Training School for Health Visitors,—Delhi, Lahore, Madras, Calcutta, Bombay, Poona, Nagpur, Rangoon, all have their Health Schools. The prospective student must have certain preliminary qualifications before she can be trained in any of these schools. In all cases, she must be well-educated and be a trained midwife; she must not be too young (21 years is the minimum age). She must be healthy and of good character. The length of training varies in the different schools, from 10 months to 1½ years,—in Bengal it is 1½ years at present. In most schools, stipends are given to suitable candidates, and in some cases stipends are also given for the preliminary midwifery training. The training covers a wide field and is of great interest. In her lectures, the student studies Maternity and Child Welfare in all its aspects, Hygiene and Public Health, Household Management and Dietetics, Character Training and Psychology, Economics, Anatomy and Physiology, Home Nursing and First Aid. Her practical training includes many months' work at the Welfare Centre, Home Visiting, the giving of classes, talks and lantern lectures, instruction at Tuberculosis Clinic, Infectious Disease Hospital, at Eye Hospital, and visits to Public Health Works, such as Water Supply, Mills etc. She is trained as a Vaccinator and can give valuable assistance in vaccinating women and children in times of epidemic. Students also spend a short part of their training in villages so that they can study village conditions and problems at first hand.

No Health Visitor could do all the kinds of work that have been outlined above, but many of these activities can become a part of the life of the Centre, and the Health Visitor can make a choice of those extra activities which she feels are most needed and which she is best fitted to carry out. There is great scope in this work for ideas and originality and organisation, and many Health Visitors evolve their own schemes for teaching and interesting their people. The Health Visitor can and should be the social centre of the place in which she works. One thing is quite certain, although the work will often not be easy, no good Health Visitor can expect a 'soft job' yet to the woman who has the Welfare of her country and her fellow-women at heart, the profession opens up a very wide and absorbingly interesting field of service.



THE MIDWIVES' UNION SECTION

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

SALT

By Miss G. DAVIS, Indian Member, T. N. A. I., No. 32

As we all know, salt is an important ingredient which is used for each and every purpose in cooking and in medicine. For (e.g.):—When it is a matter of a life and death, the saline brings the life back wonderfully, in giving it intravenously, submammarily and rectally. In cases of carbuncles and chronic septic sores we generally give sodium chloride or mag. sulph. soaking and then mag. sulph. with Glycerine Paste dressings. In doing this we find most of these cases are successful. So by all these things we come to know that the salt stimulates the blood vessels, contracts the muscles together and heals the sore parts quickly.

In all parts of the world people try to take certain precautions after delivery in order not to get septicæmia by doing their own treatments. In India in some places without the help of the medical ways people do their own treatments for (e.g.) in some places after delivery, the patient is made to sit in a basin containing arrack, and some use ashes, and some use jaggery. With all these there is a lot of suffering and some of them die.

Now I wanted to tell you something about Bahrien Islands in the Persian Gulf in Arabia to which place I have been twice. It is a pity to state that there is not much in the way of medical departments whereby people can obtain proper medical treatments. When a patient is having labour pains they tie a rope to the door post and she is asked to hold the rope and hang down in order to deliver soon. Even though the membranes rupture, the patient is not allowed to lie down, but she can sit and bear down and have the baby in that position only. As soon as the placenta is out the patient is put down flat on her back. The size of the tennis ball, the salt is induced into the cervix. Water is strictly forbidden. This same treatment is continued for sixteen days, according to the size of the cervix. By doing this the patient hardly has any discharge. There is very scanty discharge which is more or