

PREVENTIVE MEDICAL WORK

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AS day succeeds day and year succeeds year, some of us are being more and more impressed with the need of what is termed "Preventive Medicine." Both doctors and nurses are agreed that hospitals and the treatment of the sick are necessary, but the time has come for us to pause and think—to pause and revalue all efforts that are being made in the line of medical work. Most of us, I think, are convinced that if it were practicable the ideal programme would be for the existing medical work to enlarge, so as to include more and more of the community health preventive idea. To do this we have to start right away at the beginning *i.e.* in the Schools, by classes in Simple Hygiene and mothercraft. We must admit that most of our medical work has developed largely on the clinical side, and it has only been recently that the other and equally important side has been seriously thought about. As someone has said, "We must gradually become less indispensable in the immediate work of the hospitals and be able to push out into the communities from the hospitals, in a new way—using the approach of health education."

What one naturally thinks of in connection with a scheme of public health work in India is the immensity of the task—Where should one begin?—Which ought one to do? The more we think of it the more we realize that it has to be done by one step at a time. It is our great hope that the time will come when we have both doctors, and nurses definitely trained and set apart for this type of preventive work. It has been done in other countries and has been the means of saving lives and has resulted in an improvement in the general standard of health—Why not in India? Is not the need for it as great? One has only to study the figures of mortality in India—not in one city alone, all over India, to realize the great and crying need for this work. Go further into the causes of mortality and see how many of them are preventible. Take maternal mortality at childbirth as an example. Think of the lives that are being wasted, think not only of the mortality but of the unnecessary suffering and misery that is associated with motherhood in India! Suffering that is largely preventible by efficient antenatal supervision.

Something has been done to introduce the work in India and to educate public opinion by the celebration of "Baby Week" or "Health Welfare Week" as it has been called in Bengal. During this week programmes have been arranged which include Lectures to Dais, Cinema Shows, Lantern Lectures on Health, Mothercraft and Child Welfare. Exhibits are arranged showing means for the Prevention of Blindness, Tuberculosis, etc., etc. Health Welfare Week is forming a most excellent

form of propaganda, but it lasts only a few days each year. The promoters realize that mothers need a place where they can go daily to get advice and they are, therefore, considering the establishment of Welfare Centres. Many districts in Bengal have approached Headquarters for advice and help in this matter. The advice given is that they should engage a trained Health Visitor. The reply comes back "Where can a trained Health Visitor be obtained?" It is not generally known there are Training Schools for Health Visitors in Delhi, Calcutta and Madras where women are being specially trained for this branch of preventive and pioneer work. There is some difficulty in getting the right type of people for training. The question is often asked "Who should become Health Visitors?" The condition of entry to a Health School can always be had on application, but the matter does not end there. Qualities of character are as important as education and intellectual ability. Tact is essential. Unless the Health Visitor has the sympathy and insight, the patience and good temper which the word "tact" implies, she is not likely to make a success of her work. Those who go amongst the people prepared to be friends as well as teachers are those who will succeed. A Health Visitor must, above all, fully grasp that her work is the *prevention* of disease and not treatment which must be left to Hospitals and Doctors. This is often a great stumbling-block, for the idea of prevention has not yet been grasped by the community at large and not even always by the various bodies employing Health Visitors. The public need education in this direction and it is our duty as trained workers to spread the gospel of prevention.

Reader

"Pain", to quote Romberg's famous dictum, "is the prayer of a nerve for healthy blood."

Certain nerves seem to be placed as sentinels by nature to warn of impending danger. These nerves, or sets of nerves, are endowed with a greater susceptibility to inflammatory processes and cry aloud in accents of pain as soon as the organ as a whole feels the effect of the invading bacteria.

The observations of research workers have proved that under the influence of topical moist heat, lymph circulation is materially increased and has for its direct effect—

- (a) The washing-out of the tissues
- (b) An accelerated resorption
- (c) A more thorough cell nutrition
- (d) Reduction of the infiltration

Fresh blood contains nutritive elements, vitamins, oxygen, leucocytes, immunizing bodies and enzymes. Moreover, such induced hyperemia permits a tissue drainage which removes accumulations of altered cell metabolism and functional products. A normal supply of blood carries away organic debris, exudates and extravasations.

For daily emergency practice, considering the advantages and disadvantages of all other therapeutic procedures, investigators and clinicians of international reputation have found that in order to prevent or to treat local inflammatory processes and to avoid the formation of pus as early as possible, Antiphlogistine, covered with an impermeable membrane, will yield the best results, because it retains moist heat and need not be changed for a long time.