

NEED FOR AN ENQUIRY INTO THE CAUSE OF INFANT MORTALITY IN INDIA

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WHAT are the causes of infant mortality in India? A great variety of possible causes might be given—early marriage—lack of advice for mothers during pregnancy—lack of skilled attendance during labour—injury to the child by rough usage—injury to the mother with slow convalescence and poor nursing for the baby—ignorance of the mother regarding hygiene and care of babies—too little medical treatment for babies—bad sanitation—poor or vitiated milk supply—venereal disease—bad housing—low wages.

The remedies for these causes are various. Should we try to organise better feeding and medical attention for the poorer pregnant women or should we concentrate on giving them good attendance at labour? Should we send Health Visitors into the home to teach hygiene on the spot or should we try to collect the mothers in special clinics where medical attention can be given? Should we open milk kitchens and centres for social hygiene or should we work for better housing and higher wages?

Do all these causes contribute to the high infant mortality and even if they do, are some more important than others? We have no answer which would be accepted as proved by any scientific society.

It appears at present charitable organisations are working in all the directions indicated above, sometimes varying their activities from one to the other, but without any foundation of knowledge to go on except a knowledge of what is being done in other countries such as England where climate, conditions of living and education are totally different.

In India we are short of money for infant welfare activities and we are short of workers. If we wish to produce an effect on the huge population of India our work must be enormously extended. Ought we not to conserve our energies by finding out which are the most urgent paths of progress?

We are handicapped by getting very little information from the Public Health Department, not through any fault of these departments but because they are understaffed, overworked and are dealing with an illiterate people who are comparatively seldom attended by medical practitioners in illness.

In the last report of the Director for Public Health in the Bombay Presidency it was stated that in the villages large numbers of babies under one month died of convulsions. One of the Assistant Directors concluded that the cause was tetanus neonatorum and drew up a scheme for sending sterile cord cutting outfits into the villages to be supplied to the dais who would also receive a few weeks training at the Poona hospitals. The

necessary funds were found by an infant welfare organisation. I do not know how the scheme has worked but those of us who are doctors know that convulsions in new born babies may be caused otherwise than by tetanus. Would it not have been worth while to appoint a doctor for a short time to watch the suspected cases and take material from the cord for pathological examination? In this way a diagnosis could have been made which would have been of incalculable value to other provinces where infantile tetanus is suspected. As it is, the scheme bristles with difficulties and its success or failure will throw no light on the important question 'is infantile tetanus a common source of infantile mortality or not?'

From observations I made last winter during a period of 3 months, I learned that nearly 50 per cent of maternal deaths in 4,000 cases of childbirth were due to diseases such as the pernicious anaemia of pregnancy, or eclampsia. Hitherto for the improvement of the conditions of childbirth we have confined ourselves to the training of midwives or dais and opening of maternity homes, but these measures, it is evident, will only help to reduce a part of the mortality.

So far as I know no general enquiry has ever been made on the causes of infant mortality. If it were it would no doubt throw much light on the subject and lead to the better employment of the funds and material at our disposal. Much investigation as to the causes of infant mortality in England and diseases of infancy and childhood has been carried out by the Central Research Council (financed by the British Government) also by the women officers of the Ministry of Health.

Speaking as an onlooker I think that much time and money devoted to infant welfare work in India are wasted on matters that are immaterial and this gives us less time and money to spend on things that really do matter and which would lead to reduction and infant mortality.

To loosen fixed articles.—If tumblers become fixed, tap gently round with another tumbler and they will come apart. The rule is tap each article with one of similar kind.

Hint for a blocked sink.—Insert as much chloride of lime as you can into the pipe, and allow boiling water to trickle through. After the lime has dissolved let the water run for a few minutes.

To mend lace curtains.—Wring a piece of old lace curtain out of cold water, starch and iron over the holes. Hung with the patch inside the room it is scarcely discernable.

To remove the stains from table linen.—Put a handful of common salt into the copper when boiling the clothes and the stains will disappear.

Furred Kettles.—Into a kettle of boiling water put 2 teaspoonfuls of borax. After boiling 15 minutes the loosened fur should be thrown away. Cleanse the kettle by boiling fresh water in it.