EDITORIAL.

THE effect of colour. It is a comparatively new idea, that colour enters the realm of suggestion as an active factor. Auto-suggestion is a popular theme; outside suggestion, the effect of influence and environment, is well recognised. Now we are told "Colour has an emotional influence on the individual through the sense of vision . . . . . Many expressions in common use imply that colours have this emotional meaning—"feeling blue," "seeing red," "purple with rage," "green with envy," "in a brown study," "golden opportunities," etc. All our readers may not have seen a recent interesting article by Mr. R. A. Wilson in "Health," dealing with this subject. He points out that few people except artists know much about the value of colour; during the last few years, however, when men were searching for something to relieve the gloom and depression colour has been found to play an important part—and we hear of schoolrooms being painted to stimulate study, of factories being distempered to keep the employees happy and so help production. Each colour has its own effect, but broadly there are two factors or influences, *viz.*, the warm exciting colours, the reds, oranges and yellows, which have a stimulating effect on the beholder, and the cold distant colours, the greens, blues and violets which calm and soothe. Each colour has its emotional characteristic. Red is determined defiant and intense—blue is the typically heavenly colour denoting tranquillity, piety and contemplation, while a yellow room would have a cheerful, light and happy influence on one's nature, and like the sunshine would help to clear away one's thoughts and doubts.

There is a necessity to think harmoniously with the colour one is influenced by at the time, otherwise its beneficial results may be 'neutralised, but with care in selection, taking hints from Nature's scale, we have a foundation for the use of colour psychologically which may put into our grasp a tremendous power for good.

CONTRIBUTED ARTICLES.

"HEALTH VISITING"—A VOCATION FOR INDIAN WOMEN.

WITH the first season of the Punjab Health School drawing to a close, and our students working feverishly up to Examination pitch and looking forward eagerly to the work awaiting them in their own districts when their course is ended, we—the staff—are looking both backwards and forwards, and in both directions the prospect is pleasing. For it is but 18 months since we started to prepare a ground for the training of our Health Visitor students, and only 10 months since the Infant Welfare Centre (supported and managed by a Committee of Indian ladies) was opened, and now, though much remains to be done in our little area containing between 2,000 and 3,000 inhabitants,

with its annual births about 300, we feel that we can say we have established a firm and friendly foothold among the people, and an even firmer hold upon the desi dais. All except one of those practising in our area are regular members of classes and gladly call us in to the majority of their cases. Also we have been able to gain to some extent the confidence of the mothers, and to impress upon them the value of preventive work among their little ones, this being shown by the increasing numbers of mothers bringing their healthy babies up week by week to the Infant Consultations, and the excellent attendances of young mothers at the weekly sewing classes. In spite of the prevailing spirit of non-co-operation among the men, they, too, are learning that there is one point on which they can whole-heartedly co-operate with the "stranger," and that is in the well-being of their wives and children, and it is often the men who come to us to take their wife's case, and for advice as to the dai to be employed. When we come to look forward to next season, and to realise how sadly the Economy Campaign is likely to prejudice District Boards and Municipalities against either granting stipends for the training of Health Visitors, or employing them when trained, it is a relief to realise that the Red Cross Peace programme concentrates largely on Public Health propaganda and the provision of "Public Health Nurses," so that it is to be hoped part of their funds will go towards helping on this most necessary work in the Punjab.

But what of the material which is forthcoming? For the next course several women are at present taking their preliminary compulsory midwifery training, but we must look forward to the future and make real efforts to attract the right kind of women to take up this training, and it is in these efforts that public-spirited matrons and all those interested in women and children's welfare can help us.

We have determined to limit the number of our students to 6, as one realises how much individual teaching the average Indian woman needs if her training is to be of real practical value and not merely a preparation for passing an examination.

The minimum age for admission is 25, though perhaps the woman best fitted for a Health Visitor is a married woman of from 30 to 40 years, herself a mother and one—(not necessarily fluent in English!)—able to command respect and affection among her country women of all classes, sufficiently educated indeed to be able to absorb the technical knowledge necessary for the examination standard, but a woman of simple tastes and who will turn her hand to whatever she finds needs doing on her district.

For such a woman—only she must be of unimpeachable character, for the position is not without its difficulties and temptations,—the post of Health Visitor offers splendid opportunities. After her training, if she has accepted the stipend of Rs. 40 per mensem given by the Punjab Health School, for the 6 months the course lasts, she must give 3 years' service, if required, in the Punjab, after which she is free to accept a post wherever she likes.

The commencing salary of a Health Visitor will be about Rs. 75 per mensem with furnished quarters and conveyance allowance, and for a woman with a family to support, the post offers independence, and for a woman of energy and a real desire to do good among her fellow country women, unlimited opportunities of useful service.

May we then appeal to the training schools of the Punjab to look out for such candidates for us and to use their influence with the Indian communities among whom they work, to create a demand for such workers.

In many cases a most desirable arrangement would be for a Health Visitor to be attached to the Out-Patient Department to supervise the work of the nurse dais sent out from the hospital, to keep in touch with all babies born under the auspices of the hospital, and to visit ante-natal cases in the homes, gradually getting in touch with the indigenous dais and drawing them into the control of the hospital, and so on. If Infant Welfare work is to be permanent in this country, it must come about through the demands of the Indian women themselves, and women of the country must gradually learn to carry on the work which has been and is being done so splendidly by missionary-hearted women of other countries.

To this end let us all co-operate, and the future of India's mothers and babies will be bright with promise.

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SNAKES AND SNAKE BITES.

(BY MISS BURKE.)

People dread snakes rightly, for the bite of a poisonous species will deal death, swift, silent and terrible within a short space of time. Europeans however are rarely bitten by snakes.

All poisonous snakes are not deadly, but the common krait, Russell's viper, and the cobra are swift death dealers, and the cobra is one of the commonest snakes in India. One sometimes hears an Indian claim to cure snake bites, this may be so, but one must remember that all snakes are not poisonous, and that a deadly snake does not always make a fatal wound. The snake charmers have a certain dried seed, which they moisten and place on the bite, they have great faith in its curative powers. There are cases known when a poisonous snake has bitten a man without any ill effects, no special treatment having been given him. This proves that poisonous snakes occasionally do not inject their poison when biting.

The following is a general description of snakes.

Snakes are classed among the vertebrates, or animals with backbones and are called reptiles, they are divided into species. On examining the skeleton of a snake it is found to consist of a skull, backbone, or ribs. It is the movement of these ribs which help the snake to move so quickly over the ground,