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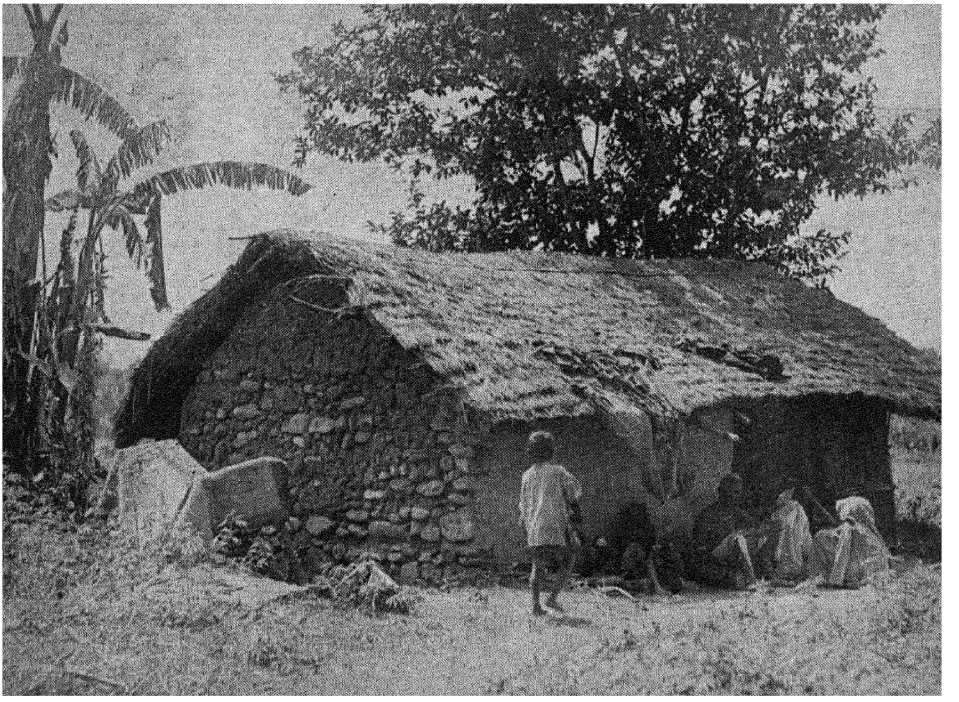

A Typical Village Hut

WELFARE PROBLEMS
IN
RURAL INDIA

BY

A. P. PILLAY

O.B.E., M.B.B.S.

FOREWORD

BY

J. NORMAN WALKER

M.R.C.P. (LONDON) D.T.M. & H. (CAMB),

Director, Medical & Sanitation Department, H. E. H. the Nizam's Government

INTRODUCTION

BY

M. I. BALFOUR

C.B.E., M.B.

BOMBAY:

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DEDICATED

TO

LADY SYKES

FOREWORD

This book will be welcomed as a companion to "Maternity and Child Welfare" published by Dr. Pillay and Dr. Subramanyam in 1928.

Dr. Pillay's qualifications for his difficult task are well known. For many years he has devoted much thought and hard work to welfare organisation. The centres working under his personal guidance are not only models in system but have developed real practical success.

Various activities in the interest of mother and child, embraced in the term "Welfare Work", have received much attention and encouragement in the last few years. As far as the larger cities in India are concerned creditable progress has been made. Interest in the claim of the rural areas has only recently been aroused. This volume should do much to encourage and quicken those who are not insensitive to the silent appeal of the village.

The difficulties are formidable; not only welfare work but almost all measures calculated to prevent disease, have in the past made little appeal to authorities in charge of rural administration. Medical science for centuries limited its activities to curative measures only, and the people are fatalistic. It is rare that local boards, even in spite of generous financial assistance from central authorities, will vote money for the prevention of conditions which they regard as inevitable. Education in health matters is of primary importance and the chapter on propaganda work in this volume is of special value. The dai and her efficient training constitute a problem of the greatest difficulty. Dr. Pillay rightly recognises that the dai cannot be ousted and must be improved. The scheme for the training and supervision of village dais may be commended to the growing numbers of those enthusiastic for village uplift.

There is much in this book which should awaken a social conscience in the smaller municipalities and among village authorities. With the creation of a demand for better sanitary service and a reasonable standard of training of dais, many welfare problems become capable of solution. The book is commended to all who have the interests of India at heart.

J. NORMAN WALKER
M.R.C.P. (London), D.T.M. &. H. (Camb),
Director, Medical & Sanitation Department
H. E. H. the Nizam's Government.

Hyderabad–Deccan,
21st January 1931.

INTRODUCTION

Maternity and Child Welfare is generally recognised as one of the most important developments of the last fifteen years in India. Public interest has been awakened and the movement has spread into every Province. People are beginning to recognise that the object is not to increase the birth-rate, perhaps not even to diminish directly the infant death-rate, but to secure the birth and development of a healthier race of children. Modern research is beginning to show us that much of the infantile death-rate is due to feebleness at birth, and that the feebleness at birth may be due to malnutrition of the parents, to lack of care of the expectant mother or to obscure diseases which attack her during pregnancy. The remedy of this state of things is study of nutritional problems, especially in connection with pregnancy, supervision and instruction of mothers during pregnancy by trained Health Visitors, trained dais during childbirth and a sufficiency of medical men and women to supervise and check the work of the dais and Health Visitors. In the large towns of India, material for this is in our hands and it only remains for experts and organisers to direct the workers so that the best possible results may be obtained. But in village India the matter is very different. Yet the villages of India, of which it is estimated there are 750,000, represent 90 per cent. of the people.

It is difficult to estimate correctly the maternal and infant mortality in villages owing to the imperfectness of the registration of vital statistics and the lack of hospitals which the women will attend for labour. But we have evidence from the city hospitals of the admission of many cases of difficult labour coming from villages, usually complicated by delay. Recent research has disclosed the extremely high incidence of osteomalacia and difficult labour in the villages of the Kangra Valley and it is possible that the organisation of village maternity centres under medical supervision would throw light on hidden foci of disease in other parts of the country.

In the following pages, Captain Pillay gives a very valuable account of the problem before us, what is being done to solve it and what more may be hoped for in the future. The chapters on Rural Administration and Public Health Administration are especially useful because it is only by thoroughly understanding the conditions that sympathisers can hope to be of use. The paragraphs and appendices showing the source of expenditure of Local Bodies and some of the actual Budgets, are illuminating. Sholapur Taluka is shown as having an income under Rs. 4000 per annum and it contains approximately 100 villages (See text). At the most economical estimate a midwife on Rs. 30 p. m. would be required to supervise indigenous dais in 7 villages and we must not forget that unless the midwife herself is supervised by a Health Visitor and unless

the Health Visitor is able to call medical assistance in her serious cases, the scheme will fail in many ways.

Chapters on rural welfare in England and Australia show that schemes are carried out on a co-operative basis, the villagers contributing for the nurse's salary. Owing to the individual poverty of the villagers as well as to lack of enlightenment this method is impossible in India.

But charitable funds are to some extent available and help may be given by Government. In one or two Provinces Government has already appointed a medical woman to organise and inspect maternity and child welfare work and this should be a great help to the cause. The Punjab, Sind, the Central Provinces and Bombay have already made beginnings in rural welfare work, which as Captain Pillay rightly remarks, must be looked on as experimental until it is possible to compare results and to find by experience what methods have been most successful.

After finance the most difficult problem is to find workers. Women are in the minority in India, hence few are unmarried, and workers are needed as teachers and nurses as well as midwives and Health Visitors. The solution is undoubtedly to use the material available by trying to improve the indigenous dai and to employ married women for the more highly educated workers who are needed to supervise. This is not free from difficulty as it is not easy to get young married women trained, or if they come from outside, to get work for their husbands in the villages.

It is worth notice that some of the most successful village dais' work has been done under the aegis of missions, notably that of Miss K. M. Bose in the Punjab and of Miss Piggott in Sind. If Missions would undertake such work on a larger scale many of the difficulties of workers and finance would disappear. There is another solution and one more in accordance with popular feeling at present. Indian women have come forward and are taking a large share in organising political activities, educational cenferences, social gatherings. etc. Their number is increasing daily and many are passing out yearly as doctors and nurses. Will these not come forward to organise and carry out schemes of uplift for village dais and expectant mothers, living on the spot and taking, as missionaries do, a subsistence wage? In that case, the difficulties which seem so insuperable now, would soon vanish and in fifty years' time we should see another rural India.

To this happy state of affairs Captain Pillay's book should point the way and one hopes it will find an entry into every home which has the welfare of India at heart.

Haffkine's Institute,
Parel, Bombay,
3rd January 1931

M. I. BALFOUR,
C.B.E., M. B.

AUTHOR'S PREFACE

The rural masses in India have ever been neglected, but there are signs that they are at last beginning to receive public interest; in fact a great wave of sympathy and anxiety for their welfare is sweeping over the country. It was therefore thought opportune to present to those intending to take up the work of rural uplift the special needs of mothers and children. The Indian village and villager form a fascinating, though pathetic study, well repaying the time spent on their behalf. Their call is irresistible to those who have once heard it.

The point that is specially stressed in this book is the fact that general uplift and health questions have to be dealt with as a whole and not in separate compartments. The aim should be to see that while health work is assisting other branches of state activities, it is automatically helped by them and thus becomes an aspect of a concerted attempt at general uplift.

The preliminary requirement for this is to recognise and accept the fact that maternity and infant welfare is a national responsibility to be fostered conjointly by the state, the local bodies and the people. The state and the local bodies have hitherto completely ignored the subject and left it entirely to the people. The chief credit for what has so far been achieved should go to foreigners—the wives of Viceroys and Governors, the Civilians and their wives and the Missionaries. "Neither by waving the National Flag nor by spinning your allotted quota of cotton on the Charka can you win Swaraj, but only by constructive work for the masses, only by actual service to your countrymen can you achieve it". This advice of Dr. Rabindra Nath Tagore to our people is very significant. The social worker can scarcely expect the halo and popularity of the political worker, or even Government appreciation, but he can have the satisfaction of having done his bit to lessen the misery and suffering around him, and *that is the prime object of LIFE.*

The book is divided into three parts. Part one deals with the problems of rural welfare, part two with the more important methods of work now being carried on in India and elsewhere, and part three with suggestions for the organisation of systematic work. The numerous appendices have been prepared with the object of giving practical advice to those who would run schemes of rural welfare. The work that is being carried on in various parts of the country at present is described without any comments, but as the requirements of scientific work are enunciated and the activities effectively carried on in other countries are described, the student would not find it difficult to formulate schemes suitable to his environments.

It is said that a book has no right to exist which has not for its purpose the betterment of mankind by affording either useful information or healthful recreation. It is claimed for this publication that it brings within the reach of the student in a compact volume for the first time the various aspects of rural welfare work in its broadest sense. A few of the chapters have already appeared as magazine articles or in reports of international conferences, and every one of the collaborators is an expert on the subject she or he writes about. In rural uplift the work of Mr. Brayne in Gurgaon is too well known to need mention here and his suggestions are most constructive, practical and simple. Miss Piggott has spent a lifetime in successfully training dais in Sind. Mrs. Mitra is the Inspectress of Health Centres in the Punjab, which stands foremost in India in rural welfare work. Dr. Vera Scantlebury is the Director of Infant Welfare in Victoria, and kindly supplied all required material to prepare the chapter on rural welfare work in Australia and New Zealand, and its appendices. Mr. Dikshit is a senior Provincial Service official who has had experience of various departments under Government, and Dr. Subramanyam, Health Officer, Sholapur, ever keeps abreast of the times in his subjects. Mr. Hogg is the Editorial Secretary of the National Council, Y. M. C. A., Calcutta, and a sympathetic observer of the conditions and needs of our people. His chapter together with that of Mr. Brayne will give the student a concise and clear idea of how general village uplift can be undertaken even without any elaborate organisation or large funds. For work on a provincial or national scale, however, an efficient organisation, not funds, is the primary requirement. In this connection the contribution of Mr. Ramrai, the President of the Indian Peasants' Federation, (Appendix X), will be found very instructive.

It will be seen from a perusal of the following pages that the organisation for public welfare in America would be the type that would be suitable in this country. The ideal should be for the State to give the necessary impetus to local bodies and private enterprises, to act as advisor in specific groups of work through its departmental or other experts, and to coordinate activities, leaving the local communities free to develop their own resources. If this book in any way helps to cure the present apathy of the State and the Local Bodies, the Author will feel that he has not laboured in vain in its preparation.

Acknowledgements:

Grateful acknowledgements are made to all the contributors for their help in making this publication possible, and to Mr. Hogg also for supplying photographs to illustrate his chapter. The Author has been specially fortunate in getting Col. J. Norman Walker and Dr. Balfour to write the Foreword and Introduction. Col. Norman Walker is now the Director of the Medical and Sanitation Department in Hyderabad, the Premier Indian State, and had unique opportunities of studying the welfare and social activities in the country

while he was Surgeon to His Excellency the Viceroy. Dr. Balfour is one of the very few authorities on maternity and child welfare in India, and as Special Research Worker on Maternal and Infant Mortality, her contributions to the subject, as it affects this country, have been of inestimable value.

The Sholapur District Scheme experiment opened out broad avenues of possibilities in connection with rural welfare work, and it was after working it out that the idea of publishing this book arose. The Author acknowledges his indebtedness to H. F. Knight, Esquire, I.C.S., the Collector of Sholapur, for his encouragement and practical help in initiating and working out the Scheme. He also takes this opportunity to put on record his great appreciation of the services of Mrs. Umabhai Parchure, who as District Worker of the Sholapur Scheme and as Superintendent of the Local Maternity and Infant Welfare Association has ever been most helpful to put his theories and ideas into practical shape.

A. P. PILLAY

12th May 1931,

The Maternity and Infant
Welfare Association,
Sholapur

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WELFARE PROBLEMS IN RURAL INDIA

PART ONE

THE PROBLEMS

CHAPTER I

India and its Problems

The two most potent factors about India on which there can be no two opinions are its vastness and its variety. Its vastness lies in the fact that its area is 1,805,332 square miles and hence it is more a continent than a country. Its variety consists in its being peopled by 319,000,000 inhabitants, or nearly one-fifth of the human race, in well nigh every stage of civilisation, with languages (222 by the 1921 census), religions and customs of the most diverse kinds. India contains within its borders almost every conceivable variety of climate, from the arctic severity of the Himalayas through temperate and subtropical to the tropical heat of southern Madras and a range of rainfall varying from little or nothing to over 500 inches per annum. In such circumstances it is dangerous to generalise about anything in India. With all this, the boundaries of the land are of such a distinctive nature as to make India a separate geographic entity and quite different from even her nearest neighbour in many ways. On the other hand, there are certain innate qualities, social customs and racial characteristics which are common in every part of the country.

It is well known that certain characteristics and customs are common to members of the human race in the same degree of civilisation, but there are some factors in which India stands unique. A knowledge of these factors is essential to understand the difficulties that stand in the way of welfare reforms in India, especially in its rural areas. To mention the more important—

A—The Caste System

To understand the life of the people it is necessary to have an idea of that unique institution unparallelled in any other part of the world—the caste. "A caste may be defined as an endogamous group or collection of groups bearing a common name and having the same traditional occupation, who are so linked together by those and other ties, such as the tradition of a common origin and the possession of the same tutelary deity and the same social status, ceremonial observances and family priests that they regard themselves and are regarded by others as forming a single homogeneous community."[3]

In addition to the original four, or rather five, castes, *viz.*, the Brahmin, Kshatriya, Vaisya, Sudra and the *aspirsha* Sudra, there are now very many other castes. These castes are again sub-divided into sub-castes which are usually formed by the fusion of two castes or by fission from a caste, through change of occupation, social status or other reasons. These sub-castes are also endogamous groups and are again divided into minor sub-divisions or exogamous groups known as *gotras*, among the Brahmins, and *nukhs*, *devakhs* or *balis*, among the lower castes. The *gotras* are eponymous and are supposed to consist of the descendents of one or other of the vedic saints or *rishis*. The *nukhs*, *devakhs* and *balis* were totemestic, the totem being some plant or animal, but the names of the groups have become transformed and now appear eponymous.

No member of a caste may intermarry or eat or drink with persons of a lower caste. The members of the lowest castes are not allowed to enter the houses of their higher caste brethren and, in some parts of the country, are not allowed even to come near them as their shadows are believed to cause pollution.

B—Pollution

Together with the caste system should be taken into consideration the question of pollution. Among the more advanced nations of the world except the Jews, there is no such thing as physical pollution; but among Hindus, menstruation (seen also among the Zoroastrians), confinement, touching and eating and drinking with untouchables and even some of the natural and necessary functions of human life cause pollution. This has a great bearing on the solution of the maternity problem in India. The professional midwives of the country were from time immemorial from the lowest castes because confinements were considered unclean and confined women sources of pollution to others coming near them. One of the problems before welfare workers is to remove this prejudice against confinement and those attending confinements.

C—Early Marriages

Before the enforcement of the Sarda Act, pre-puberty marriages were far more numerous than post-puberty marriages and instances where mothers have disposed of their infants in marriage even before they were born were not uncommon. The word "marriage" has thus not the same significance in India as in other countries, it corresponds only more or less to betrothal. Now the age of marriage has been raised to 14 in the case of girls and 18 in the case of boys. Hindus are not the only offenders in the matter, but among the Muhammadans also, early marriages were common. The Hindus think it a religious obligation to get their girls married off before puberty and though the Muhammadans have no koranic injunction in the matter, they follow the Hindu example and precept. The average age of marriage in England is 27·51 for males and 25·54 for females while the figures for India would be 15 and 10.

D—Universality of Marriages

In European countries, marriage is a voluntary and deliberate act usually contracted only when the parties concerned are healthy and able to support a family. Among the Hindus on the other hand, marriage is a religious sacrament which should be performed by every one regardless of the fitness of the parties to bear the responsibilities of a mated existence. The result of this is every one marries unless the person is suffering from very "marked infirmity or deformity or is a beggar, prostitute, concubine, religious devotee or mendicant or is unable to get a suitable match as it commonly happens in hypergamous groups." [3] The chief reason why the Hindus are enjoined to marry is because every one of them should have a *putra* (a son) to perform the funeral obsequies and save the father's soul from hell. Even though not handicapped by religious necessity, marriages are almost equally universal among many of the other communities. In India, 45 per cent. of the males and 48 per cent. of the females in the general population are married. The figures for Hindus and Muhammadans are 47·5 per cent. and 43·4 per cent. respectively. By age groups the figures can be stated as follows:

In England, no boy below 15 is married while in India 6 per cent. is married. At the age of 20, the English figure is 20 and the Indian figure is *321* per thousand of the population; at the age of 25, the English and Indian figures stand at 142 and 591. As for females, the figures for England and India upto the age of 15 are 0 and 200; at the age of 20, 12 and 800.

Curiously, among the Hindus a son "need not have been necessarily begotten by the father nor need he have been produced by his father's wife".[3] Various kinds of "fictitious" sons are therefore seen, the chief among them being the adopted son.

E—Prohibition of Widow Re-marriage

The proportion of widowers in India, *i. e.*, 6·4 per cent. does not differ widely from the figure for European countries but when the figures for widows are compared, namely 175 and 73 per 1000 respectively a state of things peculiarly Indian is seen. (See Table I, Appendix II).

Among the lower caste Hindus, Muhammadans, Budhists and Animists re-marriage is permitted. The prohibition of widow re-marriage has a great bearing on birth-rate and illegitimacy. A word might in this place be said about divorce. The Hindus, as was mentioned, consider marriage a religious sacrament and hence the higher castes do not permit divorce. As a general rule it might be stated that castes which do not allow remarriage do not permit divorce as well. Among the Muhammadans divorce is easy, the woman ordinarily having no voice in the matter.

F—Polygamy, Concubinage and Prostitution

These forms of sex relationship are allowed and openly practised in India.

Polyandry though once prevalent is now very seldom seen. The number of wives a Hindu might have is unlimited while a Muhammadan may not have more than four wives at a time. There is no limit to the number of concubines a man might have. Polygamy and concubinage affect the marriage rates.

Though a concubine is not a legal wife she has, according to Hindu Law, a claim for maintenance on the property of the man after his death (but not during his life-time) if she was "kept" by him till then. This is conditional on her continued chastity. The children from this union are illegitimate and have no claim on their father's property, though maintenance can be claimed by them from their father during his life time and from his property after his death.

Prostitution is not in any way peculiar to India. In India however a prostitute does not lose her social status nor does a Hindu prostitute lose her claim on her property or relationship with her kindred of blood. It can be safely asserted that in India because of the social segregation of sexes there is more of promiscuity while in other countries there is more of prostitution, open or hidden.

G—Forms of Marriage and the Dowry System

According to Hindu Law four forms of marriages are recognised—The *Brahma*, the *Daiva*, the *Arsha* and the *Prajapatya*. These were all mainly intended for the Brahmins but they are now universally adopted by all classes of Hindus. The *Prajapatya* form is the most common and means marriage where the father selects the bride or bridegroom without consulting the parties concerned. There is no love match, at least among the masses, in India, though it was once in vogue in the *Gandharva* form of marriage. This meant marriage between grown-ups by mutual consent and a proper ceremony may be dispensed with. The dowry system is greatly in vogue in India. As a general rule, the higher castes pay for the bridegroom while the lower castes pay for the bride. In practice this is marriage by purchase, the *Asura* form of marriage (once widely prevalent) though this name is not now used.

H—Religion and Fatalism

To the Hindu from his birth to his death every event in his life is associated with and dominated or dictated by, religion. This makes him even more fatalistic than the other Eastern nations. His form of marriage is dictated by religion and the suitability of the parties and the date of the marriage etc., are decided by astrology. *Karma* or *Nasib* causes or enters into everything that befalls him. Death and disease are all effects of *Karma* or *Nasib*. This is probably the worst enemy to the progress of our nation.

I—Status of Women

In Law and in practice, Hindu women (and to a less extent their Muslim sisters) have no status to speak of. They cannot inherit or own property in

their own name, but are considered as inferior beings meant solely as drudges and to bear children. This probably accounts to a certain extent why the problem of Maternity and Child welfare is being neglected in India.

J—Restrictions on Marriage

These are not of much importance in connection with the subject of maternity and child welfare but are interesting. The chief restrictions on marriage seen among the Hindus are endogamy, exogamy and hypergamy. Exogamy is seen among all primitive nations but endogamy is the essence of caste system and is therefore peculiar to India. Endogamy is marrying within one's own caste and exogamy is prohibiting marriage within one's own sect. A Hindu should marry within his own caste but outside his own *gotra* or *nukh*. Hypergamy designates the rule "whereby when a caste is divided into several sections of different status, parents are obliged to marry their daughters (not sons) into an equal or higher section and if they fail to do so, they themselves are reduced to the status of the section in which their daughter marries."[3] Hypergamy was the chief cause for the practice of female infanticide that was once very widely prevalent in this country. Endogamy co-existing with exogamy and hypergamy presses heavily on the smaller castes which either die out or get absorbed into other castes in course of time.

There are various other minor customs and practices which have some bearing directly or indirectly on maternity and child welfare problem but space forbids their being described. These include the matriarchal form of descent, the symbolic marriages, *devadasis*, marriage seasons, *niyoga* and so on.

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2. „ „ „ „ 1911.
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5. Principles of Hindu Law, by D. F. Mulla.
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CHAPTER II

Some Population Problems

It was thought advisable to explain at the very outset the various terms used in the book which is meant also for non-technical readers and to introduce them to the simpler and more interesting problems of population. Statistics in European countries are claiming a rank with the positive sciences while in our country they are still in the rudimentary stage. Statistics should be considered as a necessary hand-maid to welfare work and a knowledge how to collect and prepare them is essential to workers in the field.

Vital Statistics are concerned with the number of a given community and accurate information as to their number and their grouping in various respects is indispensable. Among the items with which vital statistics are chiefly concerned are number, age, sex, mental condition, occupation and marriages, births, deaths, migration and sickness. For information as to these vital facts we depend on a *census* or complete enumeration of population, and on information furnished by complete and continuous registration of births and deaths and of other important events in the life history of individuals, as marriages and sickness, classified on the same basis as the statistics of population. The first requirement is therefore an accurate statement of population.[1]

Population. There are two factors governing the growth of population in any country, namely, *natural increase* and *migration.* By *natural increase* is meant the excess of births over deaths while the term *migration* comprises the difference of immigration over emigration. In all old countries where population has already adapted itself to the means of subsistence provided for it by nature there is a slight gain by natural increase while there is a steady loss by the excess of emigration over immigration. *Migration* can be *internal* or *external,* internal means inside the country and external to foreign countries. In India there is practically no immigration under the operation of economic causes. The Indians are a stay-at-home people. In 1901 only 9·27 per cent. of the whole population were enumerated outside their districts of birth and in 1911, it fell to 8·7 per cent. Even of these, two-thirds were only movement from one village to another contiguous village and had no connection with the pressure of economic causes. The immobility of the population in this country is ascribed to two causes—the caste system (social cause) and the dependence of the people on one calling, agriculture (economic cause).

External migration is getting negligible in India because of "the fact that the Indian is not welcomed as an immigrant any where and that in places

where his labour is needed onerous restrictions are placed on his elementary rights as a citizen." [2] Emigration has thus no promise for our people. To be successful on a large scale, it must hold out hopes of a distinct improvement in social status and the prospect of earning much higher wages than that attainable in the mother country.

The checks to the increase of population are two and these are *positive checks* and *preventive checks.* The former include diseases, epidemics, famines, extreme proverty and wars, in short, everything which in any way contributes to shorten the normal duration of life. The *preventive check* is voluntary and consists in the restraint from marriage and in family limitation. *Preventive* and *positive checks* vary inversely as each other, that is to say, in countries where the preventive check prevails very little, as in India, there will be a high death-rate; while in countries where it prevails death-rate will be low. It follows therefore that in countries with a high birth rate, there will be a rapid succession of short lived beings to keep up the numbers, one generation being pushed out of existence before its time to make room for the next—a phenomenon painfully common all over India. [2]

Marriage is the institution in civilised countries by which the population is chiefly replenished. *Marriage rates* may be stated either as the proportion of marriages to 1000 of the total population (rather a crude calculation) or in terms of the marriageable persons or by age groups.

The *marriage rate* is described as the barometer of national prosperity—present in part but in still greater part future anticipated prosperity. Other factors which have an influence on marriage rate are the proportion of persons in the earlier periods of life and the proportion of females to males.

After pregnancy begins, one of three conditions might result: the woman might give birth to a full term live child, *live-birth,* or to a dead child—*still-birth,* or the pregnancy might terminate before time. If the termination of pregnancy takes place before the 24th or 26th week, *i. e.,* before the foetus becomes viable, it is called an *abortion* or *miscarriage* and if later, a *premature labour.* In England, the rate of still-births varies upto 7 and in India upto 13. Available statistics point to the possibility that for every still-birth there are at least 4 abortions. An infant has to be considered still-born if after complete birth it has not breathed or shown other signs of life. *Still-births* are stated as per-centage to registered live births.

Fertility means " the amount of births as distinguished from the capacity to bear", while *fecundity* indicates "the demonstrated capability to bear children." *Fertility* implies *fecundity* and introduces also the idea of number of progeny; *fecundity* indicates " the quality without any superadded notion of quantity." By *effective fertility* is meant the surviving children per 100 couples. [1]

The *Birth rate* is reckoned as a rate per 1000 of the population living at all ages in the middle of the year (*crude birth rate*), or the proportion which

the registered births bear to the women living at child bearing years *i. e.* roughly between 15 and 45 years. A more accurate method would be to separate the *legitimate* from the *illegitimate* births, stating the former per 1000 of *married* women aged 15–45 and the latter per 1000 of *unmarried* women aged 15–40. The chief factors influencing birth rates are (1) Decline in fertility, (2) postponement or limitation of marriages, (3) artificial limitation of progeny, (4) over-feeding, (5) intellectual and moral development of the race and (6) economic conditions. A few of these factors need explanation.

Over-feeding—Throughout both animal and vegetable kingdoms over-feeding checks increase while a limited or deficient nutriment stimulates and adds to it. The increased fertility of the poor compared with the affluent illustrates this statement.

Herbert Spencer says—"Organisms multiply in inverse ratio to the dignity and worth of individual life", in other words, to their power of individual self-preservation. The dignity and worth of individual life are at their lowest among the aboriginal tribes and this accounts for their prolificness. Similar is the case with the learned professions compared with the labourer and agriculturist.

The marriage rate and through it the birth rate vary with the activity of trade and other economic conditions such as famine. Observations in India certainly bear out this statement. The number of births would also depend on the duration of marriage and the ages of the couples.

Plural births, also called *multiple births,* are given as a ratio to the total births. In Switzerland it is 1 to 79·30, in Germany 1 to 78·7, in Belgium 1 to 90 and in Scotland 1 to 87·1. Figures for all India are not available but the Sholapur Maternity Association gives 1 to 74·1 as the figure for that city. The interesting point to note is that there are very few multiple births in illegitimate pregnancies and this is explained by the fact that a higher proportion of these occur in women of older years.

The *Maternal mortality rate* is the number of maternal deaths in every 1,000 live births due to causes directly attributable to pregnancy or confinement. The maternal mortality rate should be regarded as one of the best tests of the stage of sanitary civilisation attained by a country, as a large proportion of the mortality and the still larger amount of disablement arising from pregnancy and confinement are preventable if efficient ante-natal and natal aid are given to the mother.

The *Neo-natal* death rate is the number of infants per 1,000 live births who die within the *first month* of life. The *Infant Mortality rate* is the number of infants per 1,000 live births who die within the first year of life. The common causes of infant mortality are—(1) Prematurity, (2) Congenital debility, diseases or malformations, (3) injury at birth, (4) gastro-intestinal disorders, (6) respiratory disorders, (6) convulsions and (7) other causes such as malaria, accident, etc.

"Nearly half of the deaths fall under the first 3 categories and they occur almost entirely during the first few weeks after birth. Obviously it is far more difficult to reduce mortality from such causes than from intestinal or respiratory disorders. Some of the children are born without capacity for survival; but many of the deaths which are due to injury at birth, to debility or prematurity might be prevented by better midwifery, by ante-natal supervision or by more skilful care of the weakly infant after birth."[3] In India, of the infants who survive the first month of life, over half die of intestinal disorders sooner or later due to faulty feeding. The remedy for this is obvious.

Still-births are very largely due to the same causes which result in neo-natal deaths, namely congenital diseases or malformations, obstetric trauma and prematurity and it is almost a matter of chance whether the infant is born dead or survives a few hours or days and is thus numbered among the live-births. In considering infant mortality, therefore, it is important not to overlook the loss of infant life due to still-births, that is the births of potentially viable children. A certain proportion of these deaths is unavoidable, for example, those due to congenital defects; but other causes would be favourably influenced by steps taken to protect the mother during pregnancy and labour. As has already been suggested, a reduction of still-births, as well as the neo-natal deaths, would thus seem largely to *depend upon improved maternal hygiene and upon a better knowledge and more efficient practice of the care of the premature, delicate or debilitated baby during the early weeks of life.*"

Abortion, miscarriage and premature labour also are covered by the above remarks as the causes for these are defects in one of the parents, local malformations in the mother, or due to general causes such as accident and so on.

The Infant Mortality rate also depends on the following general factors:—

1. Earnings of the father—the less the earning the greater the rate (see table XIII and XIV).
2. The size of the family (see tables X, XII and XVI).
3. A high birth rate is found, in actual experience, to be associated with a high rate of infant mortality. The Fertility Census Report (England) shows that infant mortality is about 5 times as high for the largest families as for the smallest.
4. The rate is also said to depend on the order of the child in the family (see table XV).
5. Density and housing congestion.

Masculinity (see table II) means the proportion of male to female births. Many are the causes assigned for this variation, one being that there is some ununderstandable association between increase of prices and increase of male births. There was a marked increase of masculinity in England in the recent years of the Great War. Other causes of sex inequality are:—

1. Racial characteristics.

2. Climate—a damp climate is said to be favourable to males while dry uplands to females.
3. Social customs like female infanticide.
4. Migration.
5. Famine—more females dying during it.
6. Diseases with sex selection.

The *Death Rate* is stated per 1000 of the population and is influenced by the following factors—

1. Racial characteristics.
2. Cyclic influences by causing epidemics.
3. Climate by causing seasonal ailments.
4. Density of population.
5. Poverty.
6. Housing and other sanitary conditions.
7. Occupation.
8. Habits like alcoholism.
9. Customs like infanticide.
10. Town or village residence.

Expectation of life is the average number of years which persons of a given age, taken one with another, live, assuming that they die according to a given table of the probabilities of life. A convenient formula to work out the expectation of life is this: Supposing,

x = expectation of life, and
a = present age,
then $x = 2/3\ (80 - a)$.

It was stated before that in countries with a high birth-rate there must be a rapid succession of short lived beings to keep up the numbers, one generation being pushed out of existence before its time to make room for the next.

Conversely, in countries with a low birth rate, the expectation of life would be higher. (See tables III and IV.)

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1. Vital Statistics by Sir Arthur Newsholme.
2. The Population Problem in India by P. K. Wattal.
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A South Indian Village

CHAPTER III

Rural Administration in British India

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It is hardly possible for the student of rural welfare work to have an intelligent understanding of the subject without an elementary knowledge of the Local Government of the country. An attempt is therefore made in this chapter to give some idea of the subject.

General—The area of British India, that is to say, that part of the country which is administered directly by Great Britain as distinct from the Indian States is 1,094,300 square miles out of the total area of 1,805,332 square miles for the whole country. For administrative purposes, the Indian Empire is divided into 15 Provinces each with its own separate Local Government. Nine of these have Governors, the remaining six having Chief Commissioners. It contains over 500 Indian States or Agencies.

I. The Government Machinery

The principles on which rural administration is carried on all over British India are the same, the difference being only in the names of units and officers. A Presidency is divided into a convenient number of districts with a Collector or a Deputy Commissioner at the head of each. A group of districts forms a division which is under the supervision of a Commissioner. The Collector is assisted by two or three Prant or Sub Divisional Officers according to the size of the district. The Prant Officer is in charge of 3 or 4 Talukas or Tahasils, each under a Mamlatdar or Tahasildar. The Taluka is really the unit of rural administration. Each Taluka contains about 100 villages according to its size and most villages have one, two or three *wadis* or hamlets within about 2 miles radius and under their control. The wadis have ordinarily an average population of 200 to 400 inhabitants. The village forms the lowest territorial unit for administrative purposes and consists of a number of mud houses huddled together in a more or less compact area and situated in the midst of fields which provide the means of livelihood to their occupants. Each village tends to be self contained and so far the villagers have had little contact with the great world outside. The Mamlatdar is both the Revenue officer and the Magistrate for all the villages in his Taluka, and is assisted especially in land revenue and land record matters by 2 or 3 Circle Inspectors, a group of 30 to 50 villages forming a circle. Each village has a Patel or Village Headman and an Accountant or Kulkarni. In larger villages, there are two Patels, one for revenue work and one for Police work. It is the business of the Patel, aided by the Kulkarni, to report to the Mamlatdar every matter of public importance

and every public grievance in his village. The Mamlatdar attends to these matters as far as lies in his power and reports to the Prant Officer or, through him, to the Collector for the rest. The Collector sees that all the Talukas in his district are uniformly treated and is in touch with Government through the Divisional Commissioner.

The Village officers. A few police constables under a Head Constable are stationed in the more important villages and it is their duty to detect crime in their area with the aid of Police Patels. The Police Patel in turn receives the help of the local *Ramoshis, Rakhawaldars* and other menials of the villages to preserve peace and order. The several links described above form the complete chain of Government administration of rural areas. In the Bombay Presidency the Patel's office is a hereditary one and the remuneration given to him is land partially or wholly exempt from land assessment. Such lands are called *Watan* lands and the Patel families are *Watandars* having vested landed interests in their own villages. When the watan land is not remunerative enough, the Patels are also paid in cash about Rs. 60/- to 100/- a year, according to the amount of revenue of the village. Formerly the Kulkarni's office used to be a hereditary one but he is now being replaced by a stipendiary one. In each village there are the watandar *Mahars* (the lowest caste) who are its ramoshis, peons, and bill collectors. The watandar Mahars are also hereditary.

Revenue. The principal sources of Government revenues from rural areas are receipts from land-tax, customs, and excise, and income-tax. Of all these the land revenue is the oldest and most important as it extends even to the remotest villages and a well-organised establishment is maintained to administer the Land Revenue system. In rural India about 90 per cent of the population depends on agriculture and other industries based on it. The system of land taxation in India dates from pre-Moghul period and several Governments devised various methods of taxation so that its incidence may be low, uniform and equitable and satisfy the canons of taxation known at those times. During the Moghul and Peshwa's times, the tax was levied in kind based as a fixed share of the gross produce in a field. One of the first and important work the British did as soon as they took over the rule of India was a survey of all the agricultural land so as to determine the degree of fertility of the different lands and then fixed the land revenue in money according to the capability of the soil. In accordance with the latest theories of taxation accepted in all countries of the world, the land revenue in India is now fixed as a share of the actual net rent or the unearned increment received by the land-lord from a tenant. The annual net rent, or the annual value of a field as it is called, is now the basis of the land revenue and the maximum limit of the land tax in India has been fixed at 50 per cent. of such annual value. This maximum limit is hardly reached in practice as the tax has not so far exceeded 30 to 40% of the annual value. The land tax is generally fixed for a Taluka or a tract for 30

years, the life-span of a generation, and is revised after every such period, due regard being then given to climate, rainfall, vital statistics, prices, wages and the revenue history of the tract in question. In a few provinces like Bengal, permanent settlement has been allowed since long with the necessarily unwholesome result that the increased revenue which ought to have gone to the State, goes to enrich a few land-lords or middle-men.

The village officers are responsible every year for the collection of the annual land revenue which they recover according to the season in two or even three instalments after the crops are harvested and marketed.

II. Local Self-Government

Although for general administration, the above territorial division of a district is observed, a district is divided into urban and rural areas. In each province, local control over certain branches of administration is secured by the constitution of various independent bodies styled as Municipalities, Cantonments, District and Local Boards, Notified Areas and Village Panchayats. Each civil district contains within it one or more municipalities and notified areas. These, including any cantonment area that the district may contain, constitute the "Urban" areas. The portion of the district not covered by these areas is classed as "Rural" areas. The population of the urban is accommodated in cities and towns while that of the rural areas in villages. The main functions of the various bodies mentioned are to provide for sanitation, medical aid, means of communication, water supply, education and so on. The Local Bodies are constituted according to the size of the areas. The franchise is granted to the people having interests either as land-lords or tenants in the respective areas. To safeguard the interests of backward minority communities, a few seats on these Local Bodies are reserved and these are filled in by nomination by Government from among them, the other seats being filled up by elections. Every Local Body so constituted remains in force generally for a triennium. In the beginning these Local Bodies had official nominated Presidents, who have now been replaced by elected non-official Presidents. The powers and duties of the Local Bodies are described in detail in the District Municipal and Local Boards Act. Such local bodies in cities are called Municipalities. The Local Body in a Taluka is called the Taluka Local Board while that for the whole district which helps, instructs, controls and co-ordinates the activities of the Taluka Local Boards is called the District Local Board. Notified Areas are Municipalities in miniature intended to meet the needs of areas within a radius of one mile from a Railway Station and intermediate in size and importance between the village and the town. Cantonments are places in which any part of His Majesty's forces are quartered and declared to be a Cantonment by the Governor-General-in-Council. Each village is supposed by statute to have a Panchayat to look after specially its sanitation and water supply but only very few villages take

advantage of forming such bodies owing to general illiteracy and to its advantages being not known and understood by the people.

Revenue of Local Bodies.—Separate sources of revenue are assigned to these Local Bodies and supplemented by grants from Government. The sources of revenue for municipalities are generally House-Tax, Octroi, Sanitary Cess, water-rates, etc., while the main source for Local Boards is the Local Funds Cess alloted to them by Government from the land revenue at 1 to 2 annas per rupee. Out of this amount, the Local Bodies are bound to spend 8 pies in the anna on primary education. The Panchayats are allowed to collect house tax which is fixed at about 6 per cent. of the rental of the houses. The rural areas under the Local Bodies spread far and extensive and the revenue at their disposal is so poor that they can hardly afford to spare sufficient even on their obligatory duties such as village sanitation and medical aid. The income from tolls, cattle pounds, quarries, etc., which these bodies are allowed to collect is also not very large.

It is very difficult to tap any new sources of revenue. The villages, in fact, put forth an apparently unrebuttable argument that the limit of taxation has been reached in their case. Whatever the Local Bodies have been able to achieve so far is due to the frequent grants received by them from Government. A small fraction of the Land Revenue will have to be assigned as Local Rate sooner or later as recommended by the Indian Taxation Enquiry Committee if the Local Bodies are to be expected to do useful work on an extensive scale commensurate with the areas they are called on to administer. All the land-tax above 25 or 30 per cent. of the annual value may for instance be earmarked for expenditure in the local area. It would no doubt involve retrenchment which can doubtless be effected in many ways. The earmarking of the increase of land revenue will have a soothing effect also on the agitation against periodical Revision Settlements. The question of imposing taxation on trades and professions, pilgrims (each village has its own religious annual fares), vehicles, markets and animals will also have to be considered and more important still of increasing the yield of the land by improved agricultural methods. Increase in yield from agricultural land means increased annual value which in turn means increased land revenue and increased Local Fund Cess.

Even in the present state of affairs much could be done as regards Maternity and Child Welfare by the Local Bodies by sympathy and co-operation with any existing voluntary organisations. The Collector who is the administrative head of the District must possess the necessary driving power in the first instance and the impulse given by him once will goad and direct to proper action the semi-official bodies like the Municipalities and Local Boards. Women are the mothers of babies who form our greatest national assets and improving their lot and suffering is and should form one of the obligatory duties of all who have the power to help, whether they be Government servants, Presidents of Local Bodies or non-officials. Only in this way will the stains so ably pointed out by Miss Mayo

in "*Mother India*" will be permanently eradicated and the future India will possess men and women, strong, healthy and capable, to administer its Dominion Status Government.

To give an idea of the income and expenditure of Local Bodies, the actual budgets for 1929–30 for a District Local Board, a Taluka Local Board and a Panchayat, are given as examples in Appendix II. The amounts are stated in Indian, English and American currency.

References:—

1. Report of the Indian Taxation Enquiry Committee.
2. The District Municipal and Local Boards Act.

CHAPTER IV

Rural India and its Problems

A—India, a Ruralised Country

India is a ruralised country and will remain so as long as agriculture forms the main occupation of the masses. The following table gives the distribution of the urban and rural areas and population.

1. No. of towns	2,316
2. No. of villages	685,665
3. Urban population	32,475,276
4. Rural population	286,467,204
5. No. of persons supported by agriculture or pasture.	2,29,045,231 [10]

"Only 12·9 per cent. of the population live in towns, as compared with 79 per cent. in England and Wales, 51 per cent. in the U. S. A., 42·2 per cent. in France and 45·6 per cent. in Germany. In British India 74·4 per cent. of the population is dependent on agricultural or pastural pursuits, 10·1 per cent. on industries and 5·5 per cent. on trade. There are only 29 cities with a population of 100,000 or over (Bombay and Calcutta have each over a million), and 2,100 towns with a population of between 50,000 and 100,000, while the number of villages is not far short of half a million. Of the total village population over 179,000,000 live in villages with less than 2,000 inhabitants. Over 360,000 villages in British India have a population of under 500 inhabitants, and their aggregate population is approximately 70 millions". (Hartog Committee's Report on Education in India).

The general problems confronting workers in villages are more or less the same as those described in the first chapter but here the difficulties are seen even in a more acute form. There are various other factors also which make any organised attempt to improve the lot of the villagers a most difficult problem. These will now be discussed.

B—Poverty

In spite of the mythical wealth of India one reads of in story books and in records of Western travellers, India is a poor country. Most of the villagers have barely more than a meal a day and that the least nourishing. Clothes are insufficient even to protect them from climatic changes. His poverty makes the Indian villager a helpless being incapable of assisting himself even in essential matters like medical relief and maternity and child welfare. With all this he is proverbially improvident. Large amounts, which he could ill afford, are spent on marriages and similar other ceremonies, on litigation and on purchasing ornaments for his wife, children, and himself. The result of this is that

he is heavily immersed in debt and nearly the whole of his income goes in paying off its interest. It is said that the social worth of a man is judged not by his earnings, or even by his earning capacity, but from how he spends his earnings. Judged by this standard, the average Indian, and certainly the Indian villager, is of very little use to his country.

C—Absence of Adequate Medical Relief and any Form of Sanitary Measures

The cities in India are on the whole sufficiently well provided so far as medical and maternity relief and proper sanitary measures are concerned. In the rural areas it is not so. In each taluka, there is a dispensary run by the Government or the Local Body. It is clear that one medical officer for over 100 villages is quite insufficient. To take an instance, Sholapur District has 7 Talukas and about 700 villages with an area of 4521 square miles and a population of about 6 lakhs of people. For rural medical relief, in the whole district, there are only 7 dispensaries and 1 midwife. This works up to one dispensary to 648 square miles and one medical officer for 85,714 persons. As for sanitation there is none in existence.

Maternity and Child Welfare is a specialised work and has been begun in all other countries only many years after medical relief and sanitary measures have been introduced. These latter are in their rudimentary state or non-existent and it is not surprising that subjects like Maternity relief have been neglected so far by Government. It has, however, to be borne in mind that one has to be born first before he can utilise medical relief or take advantage of sanitary measures. An efficient, if not at least an innocuous, midwifery service should therefore be considered one of the primary requirements of human society.

D—General Ignorance and Illiteracy of the Villagers

In British India there are nearly 35 million boys and girls of school going age out of which just over 4 millions attend primary and secondary schools. "In British India 6 per cent. of the population, males and females together, were able at the last census to comply with the test of literacy which consisted in reading and writing a letter in their own script". (Montague-Chelmsford Report.) The majority of these persons belong to cities. Separate figures for urban (in some cities it is as high as 30 per cent.) and rural areas are not available but it is quite certain that the rural figures will be very far below those given for British India as a whole. Each village school has to serve an area of 6 to 10 square miles. The Hartzog Commission's report describes clearly the difficulties to be encountered in villages as regards education and they are true as a general rule in all other spheres of uplift work. "In rural areas, school units are usually small; adequate staffing is more expensive; the conditions of life are not attractive to teachers unless they are specially selected and trained; women

teachers cannot, as a rule, live in villages unless circumstances are especially favourable; the teachers are isolated and the difficulties of administration, supervision and inspection are much greater; and it is more difficult to secure regular and prolonged attendance of children. In India the majority of parents who live on the land are poor, and their poverty is aggravated by improvidence and debt. Being illiterate, and having an outlook confined entirely to their own surroundings and the daily routine of life, much persuasion is needed to convince them of the advantage of sending their children to school and keeping them there long enough to receive effective education, however rudimentary. Even if schooling is free or school fees are small, the temptation to take a child away from school as soon as he is old enough to mind cattle or goats (which in an unfenced country has to be done by some-body) is great. In India, more than in most countries, the general economic condition of the villager is unfavourable to the spread of education or an appreciation of its advantages. If an appeal to him, to educate his children, is to be successful it must rest on a concerted effort to make the school an instrument of village "up-lift"—economic and social as well as intellectual."

E—Lack of Funds

The funds at the disposal of any progressive Government are naturally limited; and in India there are very little spare funds except for the most "crying" needs. The Government have also to look after other equally essential subjects like education, road making and so on. As far as can be seen at present, there is little likelihood of the Government paying much attention to the subject of Maternity and Child Welfare even in the near future on account of the political and other pressing problems before it. As for the Local Bodies, their funds and outlook are limited as was mentioned and even otherwise there are only very few instances of their undertaking any new reforms or new work of public utility on their own initiative and without Government impetus.

F—Lack of Means of Communication

India can rightly be termed the land of distances. Even if one midwife is appointed for each Taluka, she will have to work in an area of about 700 or 800 square miles and the roads are often impassable even in the non-rainy seasons except by the bullock-cart which travels at the rate of about 2 miles an hour. Most of the villages are still untouched by metalled roads or railways. Post offices are many miles apart, and telegraph offices still more distant from each other.

G—Communal and caste frictions and factions are the bane of India and in no way peculiar to villages. In villages, however, as the area and population are limited, these factions often upset the normal course of life.

Rural Welfare Work is not an Isolated Subject

The point to remember, and which is always lost sight of, is that maternity and child welfare is not an isolated subject but is closely interrelated with all other activities essential to human progress, such as education, sanitation, medical relief, agriculture, "up-lift" of women, and so on. Permanent results can be obtained only by a "concerted effort at village up-lift, economic, social as well as intellectual". This would mean providing clean villages, clean drinking water, adequate medical relief, agencies to combat infectious diseases, improved methods of agriculture, cottage industries to improve the economic condition of the people by keeping them profitably occupied during the 3 or 4 months of their enforced idleness every year, compulsory primary education, lessons to the villagers regarding the dignity of labour, measures to kill their fatalism by demonstrating that diseases and pestilences can be successfully overcome, improvement in the status of women, and measures to make the villagers give up all their unhealthy religion-ridden and uneconomic customs. It is not, however, within the province of this book to go into these matters, nor will it be possible for any single organisation to undertake these varied activities even if funds and workers are available. It is proposed to discuss only how the existing resources and materials can be husbanded and directed in such a way as to have an efficient midwifery service in rural areas. For this a knowledge of the difficulties as they exist and the ascertaining of what materials are now available to work with are necessary. The difficulties that stand in the way of welfare workers having been explained, it is now proposed to discuss what materials are available in villages and which of them can be made use of for the purpose. It will be instructive also to see how the problem is being tackled in India and in other more advanced countries.

Is Welfare Work in Rural Areas Necessary?

In this connection it is often said that the villager is happy in his lot and that true kindness to him lies in leaving him alone. The Marquis of Linlithgow, the Chairman of the Royal Agricultural Commission, presiding at one of Mr. Brayne's addresses in England, replied to this so-called objection: "No doubt habit and ignorance of better things help him to face his life, with all its difficulties, in a spirit of greater resignation than might be possible in other circumstances, but that the peasant enjoys his difficulties I, for one, do not believe. Do devoted parents suffer no anguish when child after child is taken from them by the cruel hand of a painful disease? Does the young mother, in a house surrounded by conditions intensely unhealthy, endure no wretchedness or pain at the hands of an ignorant neighbour who happens to style herself a midwife? Does the devoted father of a family relish the spectacle of a home broken up by the loss of his working bullocks? Is it by choice that poor humanity leads a precarious existence in which the slightest buffet of fortune, failure of the rains or the vagaries of some money lender, can shatter in a moment, and for ever, the

little cup of happiness? I do not believe that and no one, I know, does. Give the Indian peasant the opportunity of enjoying better things and better health and you will find him very ready to appreciate them."

Another objection raised is that while the infant and maternal mortality rates are 250·7 and 10·3 in cities per thousand live births, the corresponding rates for rural areas are only 167·38 and 4·9. [11] Why, then, interfere with the existing state of affairs in villages? On the face of it, it is a difficult argument to refute; but mere figures give no idea of the suffering of the millions of women in rural areas who have to be at the mercy of the untrained dais at the time of confinement. Statistics are not available comparing the rate of infant or maternal *morbidity* in rural and urban areas and these would have told a different tale. The Departmental Committee of the Ministry of Health, England, entrusted with investigating and reporting on maternal mortality and morbidity, says, in its report just issued, that 48 per cent. of the maternal deaths in England were preventable. They analyse these deaths as follows:—

17 per cent. due to absence of antenatal care.
17 per cent. due to errors of judgment of doctors or midwives.
5 per cent. due to lack of reasonable facilities for confinement.
9 per cent. due to failure of patient to carry out advice.

Nearly one-third of the deaths recorded were due to *sepsis* (effect of unclean midwifery). It is safe to assume that in India a larger percentage of maternal deaths is preventable and is due to the same cause. Even if only one woman can be helped to bear the pangs of labour cheerfully and to have one living child by improving the midwifery service it is worth while attempting it.

It is often argued that as long as India is having an increasing and vigorous population as at present, there need be no cause for alarm at the existing state of midwifery service in the country. The assumption is not true. The population is not increasing as it ought to and the rising generation is not healthy. In 1911, the birth rate for England was 24·4 and for India 38·59 calculated per thousand of the total population. From this it might appear that the fertility is higher in India than in England. But this is not so. If we calculate the births per thousand of females of reproductive ages the figure for England stands at 98 and for India 128. If, however, we calculate the births on the number of married females of reproductive ages the English figure is 196 while the Indian figure is only 160 (Wattal). The best proof that the rising generation is deteriorating is the fact that the expectation of life which was 24·59 in 1891 was only 22·59 in 1911 as contrasted with 48·5 in England and 55 in Australia. (See table III.)

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CHAPTER V

The Maternity Problem in Villages

It was mentioned that the majority of our people lived in villages of less than 2,000 inhabitants and the distances between villages were great. Taking the average birth rate for rural areas as 42 per 1,000 of the population, the births per year in each of these villages are less than 84, or 7 a month. The number of cases is not enough to maintain even one *dai* (midwife) on this profession alone as the average payment for each case is a rupee or a measure of grain. The dais come from a class which ordinarily has to work in the fields and midwifery is thus a subsidiary profession to them. It is obviously quite uneconomical to put in trained midwives, one for each village, even if so many trained midwives are available. The material available to work out a practical scheme would therefore be the dais, and these dais will be with us and cannot be eliminated from the profession for generations.

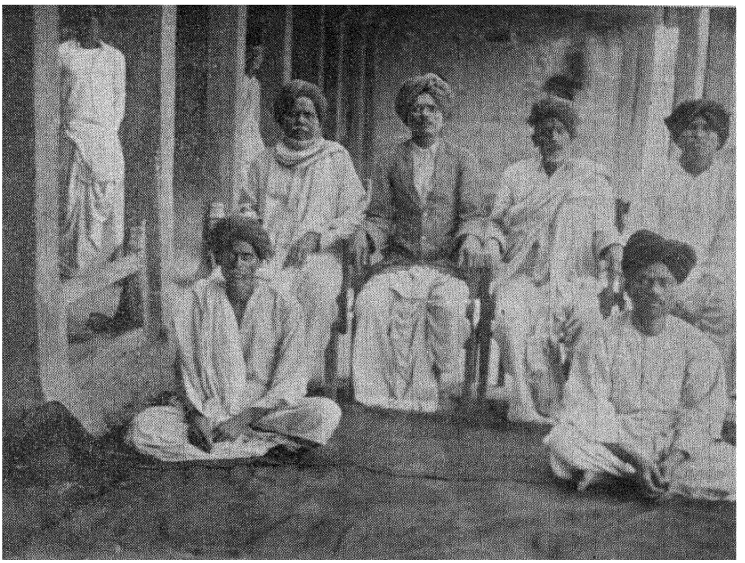
Who are the Dais?

In this connection it is necessary to study the question "Who are the Dais"? The impression of the uninitiated is that all cases of confinements in villages are attended by the dais. The fact does not bear out this impression. In villages (and to a less extent also in the cities) the older women of the family make the younger women do their own confinements or attend them themselves or call in obliging neighbours who are willing to do the service free. The dais are sent for only when the cases are protracted or do not end normally. In other words, in villages every grown-up woman is a potential dai. Instances are not unknown where the husband or even small girls of the family have helped at confinements.

To the villager, the word "dai" has various meanings. Women whose only duty is to give baths to women during the puerperium (lying-in period) are dais, and so also those whose work it is to "press the back" of the women in labour, a necessary procedure for confinements in villages. These are only preliminary stages which a woman has to pass through before she is called on to actually deliver women and then she becomes a full fledged dai. It was mentioned that the dais ordinarily belong to the lowest castes but now-a-days dais from among Brahmins, Jains and similar other higher castes are also seen. Some of the high caste dais carry their ideas of pollution even into their profession and do not cut the infant's cord, as it is considered unclean. The confined woman herself or one of the other class dais mentioned above has to do this work.

Male Dais

During our investigation in villages, our worker came across in one village two "male dais", hefty young men and not sex perverts. They practised on



A Group of Village Officers with Watandar Mahars

buffaloes and cows before they took up human midwifery and are sent for in obstructed cases of labour where "strength of arms" is believed to be essential. The way the male dais conduct cases is interesting. The woman lies on a charpoy with a cloth screen between her and her tormentor. There is an opening in the middle of the screen big enough for the two hands of the "dai" to go in and he delivers the woman without seeing her. It is said that male "dais" are common near the Himalayan end of India.

From what has been said it will be seen that the dais learn midwifery by precept or often only by instinct and it is therefore not surprising that they practise the profession in all its prehistoric impurity. The methods adopted to deliver women or to hasten delivery—some of them shocking to the trained mind—are too well-known to any midwife who had dealings with dais to need mention here. With all this one often meets with in villages some very experienced dais who are able to conduct successfully in their own way even the commoner abnormal cases. The subjects that the dais need instruction in and the only ones they can be taught with any measure of success are:

1. Anatomy of the parts.
2. Dangers of too frequent internal examination.
3. Dangers of uncleanliness and dirt.
4. How to detect abnormal cases before labour begins.
5. How women are delivered by trained midwives.

Their Ignorance

The dais are in no way anxious to be trained. This is because there is no demand for trained dais from the people. Moreover the dais do not believe that there is any better method than what they know and some of them have been in the profession for 20 and 30 years. If a large proportion of the women they confined and of the infants they helped to see the light of the world died, it was *nasib or karma* and not due to their faulty midwifery. Then again seven or eight months in the year they have to work in the fields and hence have no time to spare for attending classes. The shrewder dais argue that training would mean certain obligations like conforming to orders or rules that might be passed by the training authority, breach of which would entail unpleasant consequences. After having lived sequestered lives for years, rules and regulations are not to their liking. And all this bother for what? To get into their heads certain new-fangled notions about whose superiority or necessity they have grave doubts. To make the dais to take to training and after training to act up to what they have been taught are much more difficult than to train them.

Two points worth remembering in connection with the training of dais in villages are the natural aversion of the people to leave their homes and the purdah system which is practised even by some of the Hindus. The one makes it difficult to induce the dais to leave their villages for training and the other

makes it imperative that all workers on the scheme in villages should be females. This further adds to the difficulties.

Other Available Material

It was mentioned in a previous chapter that each Taluka or Tahasil has a dispensary at its headquarters under the charge of a medical officer. A few of these dispensaries have qualified midwives attached to them. The only other technical workers in rural areas are an inspector of vaccination and sanitation in each district and one or two vaccinators in each Taluka. These are the material available at present in rural areas and we have to see how they can be trained or their duties so adjusted as to get the maximum amount of service out of them towards Maternity and Child Welfare in villages.

Confinement Rooms

A discussion of the maternity problem would not be complete without at least a reference to the arrangements available in Indian houses for confining women. The dingy dark room provided for confinements with its every inlet for ventilation and sun-light stopped by gunny-bags, the dirtiest and the of-no-further-use rags used in the room, the glowing charcoal fires continuously kept under the bed of the woman and her infant even during the hottest months in the year, all these have become bye-words just as much as the unremovable bangles, the oil lamp, and sickle used by the dais. The picture of the confinement rooms and the dais is as true to-day as it was a thousand years ago, as common in the cities as in the villages even among a good portion of the educated and well-to-do. Curiously it is a common factor among all the communities, a common bond of degradation, one might call it.

CHAPTER VI

Public Health Organisation in British India

(M. Subramhonyam, B.Sc., M.B.B.S., D.P.H., D.T.M. & H.)

The public health organisation of British India may be considered under two heads, viz., (a) the Central Health Organisation of the Government of India, (b) The Provincial Health Organisation.

(a) Central Health Organisation of the Government of India

The introduction of Reforms under the Government of India Act of 1919 and the commencement of the working of the Devolution rules in 1921 cut at the root of much of the previous policy of the Central Government in regard to health. Public health and sanitation were, with certain reservations, transferred from the Central Government to the Provincial Governments. The only aspects of public health activities reserved by the Central Government relate to extra-provincial, inter-provincial and international matters, together with legislation for the control of epidemics. These activities are carried on through the departments of Education, Health and Lands of the Government of India and are controlled by the Director General of the Indian Medical Service, who deals with the department through a civilian Secretary.

The central health organisation consists of the Director General of the Indian Medical Service, the Public Health Commissioner with the Government of India and the Bacteriological and Research Departments. For administrative purposes the Director General is the head of the department and the administration of the Bacteriological department and research as well as all questions of personnel are placed under his control. The Public Health Commissioner is the independent adviser of the Government of India in public health, and corresponds direct with the departments on this subject; but he also acts as staff officer for public health to the Director General and is under him for discipline. He also advises Local Governments and Provincial Directors of Public Health when desired to do so and corresponds with the latter direct on all technical subjects. He acts as Director of Research for the Director General and is Secretary of the Scientific Advisory Board and of the Governing Body of the Indian Research Fund Association. He controls the Medical Statistical Bureau and is responsible to the Government of India for port quarantine work, the medical aspects of oversea pilgrims and emigration traffic, and for all international health work. He prepares and submits an annual report on the health of India and a note on the health of prisoners. He issues the weekly health returns, the quarterly abstracts of Vital Statistics and all other health returns for India. The bacteriological and research departments consist of about ten institutions engaged

in anti-rabic work, vaccine and serum production, medical research, etc., and is controlled by about 74 Medical Officers.

(b) The Provincial Public Health Organisation

The devolution rules framed under the Government of India Act of 1919 have placed in the hands of provincial legislatures extensive powers regarding health matters. Local Governments have complete powers to administer their public health departments subject to certain financial restrictions imposed by rules under the Government of India Act of 1919. The charge of the department now vests in the Minister for Public Health who is responsible to the Legislative Council and the Governor for its proper administration. The Minister is assisted by a civilian Secretary and an Under Secretary. The detailed administration of public health is now vested in the Local Bodies and they are responsible to Government for the health and sanitation of the areas under their control. It is the duty of Local Bodies to see that the provisions of the acts governing public health are carried out. The Local Bodies initiate and carry out their own policies subject only to such powers of direction and control as are retained by the Provincial Government. (See Chapter XIV.) The public health organisation of each province consists of (1) the Provincial Health Department, (2) the Public Health Organisation of urban areas, and (3) the Public Health Organisation of rural areas. These may be considered separately.

1. Provincial Health Department

The main concern of the Provincial Public Health Department at present is the establishment, throughout the country, of such precautionary conditions as render the incidence or spread of disease less likely. The functions of the Public Health Department are mostly of an advisory and supervisory character, except in the case of the control of vaccination, the management of fairs and festivals, and the compilation of Vital Statistics which are placed under the direct management of the Department. But when its advice is rejected without reason, the Government has statutory powers by which it can compel recalcitrant Local Bodies to take at least reasonable precautions against infectious diseases. The general organisation of the department varies somewhat in different provinces. As a rule it consists of (1) the Administrative Divisional District Organisation, (2) Technical services located at headquarters, and (3) Public Health Engineering. At the head of the department is the Director of Public Health who is the adviser to Government on all matters relating to Public Health. He is responsible to Government for the due performance of all duties laid down for the executive and subordinate officers of the Public Health Department. His jurisdiction extends over the whole of the Presidency. The Director of Public Health is the Inspector of all Municipalities and Local Boards concerning

matters of public health other than those relating to hospitals and dispensaries. He is also the Ex-officio Inspector of Factories in the Presidency. The administrative divisional staff consists of 3 or 4 Assistant Directors of Public Health whose duties have been defined either on a functional or on a territorial basis. For purposes of sanitary administration the Bombay Presidency is divided into five Registration Districts, each in charge of an Assistant Director of Public Health. The duties of the Assistant Directors of Public Health at present are:–

a. Vaccination and all that pertains to it; the control of the vaccination staff, and inspection of the quantity and quality of the work done.
b. The rendering of advice with regard to the sanitation of the various urban and rural circles in their charges, the submission of special sanitary reports on the larger towns and the writing up of village sanitary books and inspection of books. Also the rendering of special advice with regard to any sanitary defects which may come to their notice, or regarding which advice is asked by the Municipal or Local bodies.
c. The inspection of birth and death registers while on tour and the compilation of Vital Statistics submitted to them by the revenue and municipal recording officers.
d. The sanitary management of religious fairs and festivals.
e. Close supervision of the general health of the registration districts, the ascertaining of the movement and the causes of the various epidemic diseases and the prompt advising of the revenue authorities as regards remedial and preventive measures dealing with epidemic outbreaks.
f. They act as Inspectors of Factories under the Indian Factories Act.
g. They also inspect sites for proposed schools, Government buildings, burial grounds, public latrines, nightsoil depots, and town improvement schemes, etc.

The technical services staff consists of Special Officers such as Directors of Vaccine Institutes, Public Health Chemists, Chemical Examiners, Bacteriologists, and so on. The Public Health Engineering staff consists of a Superintending Engineer, Public Health, and several Executive Engineers and Sub-divisional Officers under him. The Superintending Engineer advises the local bodies on proposed schemes of public health improvements and carries out the bulk of such projects.

In each province, besides the Public Health Engineering staff, Sanitary Boards have been constituted with varying powers, some being merely advisory, others having authority to sanction schemes and allot funds. These boards are composed of officers belonging to the Medical, Sanitary, Engineering and other branches of Civil Service with the addition of non-officials. The Boards' functions are briefly as follows :—

1. To consider measures for progress in sanitation and to render help and advice to the Local Bodies on sanitary matters.

2. To scrutinize sanitary improvement schemes for towns, etc., in respect of their financial aspect and to recommend grants-in-aid from Government.
3. To distribute grants for minor sanitary schemes from the funds placed at its disposal.

While the Board is generally advised with respect of sanitary progress of towns by the Director of Public Health, its executive functions are chiefly carried out by the Sanitary Engineer to Government who usually acts as the Ex-Officio Secretary of the Board and he advises the Board upon Engineering and financial aspects of the proposed schemes of public health improvements and carries out the bulk of such projects.

The Modus operandi is usually as follows :—

The Municipalities or in the case of districts, the District Board, applies to the Sanitary Engineer for the preparation of a scheme. When a scheme has been prepared and approved by the technical officers it is sent to the Municipality or the District Board for acceptance. The latter having accepted the scheme then submits it through the Civil head of the division to the Sanitary Board for administrative and technical sanction and for a grant-in-aid or for forwarding the case with its recommendation to the Government for a grant. Grants-in-aid are ordinarily limited to 50 per cent. of the capital cost. The schemes are executed by the Sanitary Engineer's department and are then handed over on completion to the local authorities for maintenance.

2. Public Health Organisation in Urban Areas

In urban areas of this Presidency, the Municipalities, Notified areas and Cantonments are responsible for the health and sanitation of their areas. In this Presidency excluding the Presidency town, there are 156 Municipalities varying in size from cities like Ahmedabad with a quarter million inhabitants to small towns with a few thousand. They are governed by the City Municipalities Acts and the District Municipalities Act. The Municipalities are responsible for the health and sanitation of their areas and have power to make, alter, or rescind bye-laws 1. for the regulation and inspection of markets and slaughter-houses, etc. 2. for regulating the stabling of cattle, 3. for regulating dairies and milk stores, 4. for registration of births, deaths, and marriages, 5. for regulating the disposal of the dead and 6. for enforcing the supply of information as to dangerous diseases, etc. In order to carry out the sanitary administration of their areas every Municipality has a certain number of sanitary inspectors under whose control and supervision the staff of scavengers and sweepers is employed. In the more important Municipalities the Sanitary staff is directly under the control of a trained Health Officer who is responsible for the public health administration of the Municipality and on whose initiative and practical common sense depends the future permanent improvement of the town. Government have formulated a scheme for the appointment of Medical Officers of

Health, and Sanitary Inspectors in the Municipalities of this Presidency. The scheme is applicable to Municipal towns having a minimum population of 15,000. In order to bring the scheme within the financial reach of the Municipalities, Government have agreed to give a grant-in-aid equal to two-thirds of the pay of the Medical Officers of Health and half of the pay of the Sanitary Inspectors. For the purpose of the scheme, the Municipalities are divided according to population into three classes ; those having a population of 50,000 and upwards belong to class I, those having a population of 30,000 and upwards belong to class II, and those having a population of 15,000 and upwards belong to class III. The following is the scale of appointments applicable to the several classes :—

Class I. A Medical Officer of Health having qualifications prescribed by Government, one Sanitary Inspector for every 20,000 of the population and one Chief Sanitary Inspector in addition when the population exceeds 1,00,000.

Class II. A Medical Officer of Health having qualifications prescribed by Government and one Sanitary Inspector for every 20,000 of population.

Class III. A Medical Officer of Health qualified for appointment to a Municipality of class II at the option of the Municipality; otherwise at least one sanitary inspector, preferably a Chief Sanitary Inspector where there is no Medical Officer of Health.

In addition to the Municipalities, there are several Notified Areas constituted under the District Municipal Act. These have got almost all powers of the Municipalities and are governed by Committees appointed by Government.

3 Organisation in Rural Areas

In rural areas the District Local Boards are responsible for the health and sanitation of their areas. It is the duty of District Local Boards to make adequate provision for (1) public vaccination and sanitary works and measures necessary for the public health ; (2) the construction and repairs of hospitals, dispensaries, markets, etc., and management and maintenance of these institutions ; (3) construction of, and repairs to, tanks, wells and water works, etc. The District Local Boards have power to make bye-laws for the control of markets, dairies, creameries, slaughter houses, burial and burning grounds, offensive trades, etc., and may impose penalties for the infringement of such bye-laws. They also have power to make rules for the protection of drinking water supplies, etc.

For the purpose of improving the sanitary condition of villages, sanitary committees and sanitary boards constituted under the Village Sanitation Act exist. These bodies make rules (1) for procuring and preserving for the village an adequate supply of pure potable water, (2) for cleansing of streets and open spaces, (3) for preventing accumulation of offensive or noxious matter and for preventing nuisance and insanitary acts etc. The Village Panchayat Act authorises the constitution of village Panchayats in villages. These are now replacing the sanitary committees in villages in this Presidency. In rural areas,

chiefly from financial reasons, the public health organisation is not so well developed as in urban areas. Excluding the provincial vaccination staff which consists of one Vaccination Inspector for each Collectorate and one to two peregrinating Vaccinators for each Taluka, there is no staff or organisation whose duty it is to look after the public health welfare of the rural population. In this Presidency though District Local Boards have full powers to employ such officers and servants as may be necessary for the efficient execution of their duties and though, just as in the case of Municipalities, Government are prepared to contribute a grant-in-aid equal to two-thirds of the salary of the district health staff, the majority of the District Boards of this Presidency have pleaded their inability to accept the scheme on account of financial stringency. At present the position of the District Boards in respect of their public health responsibilities is not satisfactory. While incurring responsibility, they have little power and no staff. In theory, the Civil Surgeon of the district is in charge of its sanitation and is the adviser of the District Board. His duties at headquarters, however, do not allow him to tour and inspect the district to the extent that is necessary; even in the case of epidemics in the district it is sometimes not possible for him to leave headquarters. At present such negligible measures as are enforced are originated and carried out by the Collector of the District who may seek expert advice which he can ignore or follow at his will without incurring responsibility of any kind.

With the awakening consciousness of the people, the need for a thorough reorganisation of public health administration in rural areas has been keenly felt. In order to place at the disposal of the District Boards at the outset advice and assistance of officers with administrative and executive experience and technical knowledge in public health matters, several provinces, notably Madras, the Punjab and the United Provinces, have introduced the "District Health Scheme". Under the scheme, a self contained Public Health staff has been constituted in each district, under the control of a District Health Officer, who is a properly qualified medical officer with public health experience and qualifications. He has as his assistants 8 to 15 Sanitary Inspectors (one for each Taluka), and the District Vaccination Staff is placed under his control. The establishment of a complete self contained public health staff in each District working under the District Board appears to be the most urgent and hopeful measure for promoting rural sanitation at present.

Reference:
League of Nations—Health Organisation in British India.

WELFARE PROBLEMS IN RURAL INDIA

PART TWO

HOW THE PROBLEMS ARE BEING TACKLED

CHAPTER VII

Rural Welfare Work in the Punjab

(Mrs. D. Mitra, M. A., Inspectress of Health Centres, Lahore)

The Punjab or the Land of Five Rivers with its area of 136,905 square miles and estimated population of 22,285,553 in December 1928, is partitioned into 5 Divisions which in their turn are divided into 29 Districts, each district having a district headquarters town and 3–4 tehsil towns. There are on an average 294 villages in each Tehsil. The total number of villages in Punjab is 34,119 according to the census of 1921.

Maternity and Child Welfare work was first begun in this province in 1921 under the auspices of the Lady Chelmsford League. In 1922 the League opened a Health School at Lahore for the training of the Health Visitors to work in the Punjab. In 1927 the Punjab Government took over the school from the League, previously the Government had only subsidised it.

At the present day there are 37 Health Centres in the Province, 23 in urban and 14 in rural areas. These represent the beginning of Welfare work in rural areas of 11 separate districts, each of the above named place forming a base from which rural work is extended into the surrounding villages.

Certain chosen villages within a 5 mile radius comprise the area of each Health Visitor's activities which consist mainly of Home visiting, Infant Welfare Centre work and Dais' Training. The Health Visitor is not allowed to charge a fee for any part of her work.

Home Visiting

Intensive work is done at the Health Visitor's Headquarters, till there is complete confidence and good feeling established between the people and the worker. Notifications of births are sent in by the Chowkidar or Lambardars of each village to the Health Visitor weekly, who is thus enabled to visit all the new births in that place. All such cases are re-visited and the mothers advised regarding the care and feeding of the infant. Necessary aid is rendered to the mother herself.

As the worker becomes better known to the people expectant mothers begin to come under her observation, and they receive her constant care and attention, and are advised regarding arrangements for the coming confinement and the engaging of a dai. If the case is normal, the Health Visitor attends the confine-

ment and personally supervises the work of the dai at the time. Should any abnormality be detected, all efforts are made to put the patient in touch with a Lady Doctor in the nearest large town, and arrangements are made for the labour to take place in the hospital. If the patient belongs to a well-to-do family, her people pay the expenses incurred, if poor, the Welfare Centre funds pay for the conveyance to hospital where the case is admitted into the general ward free.

Regular days are fixed for home-visiting in the neighbouring villages. Notice is sent to the Lambardars (headmen) of the village, and often there is a gathering of women to meet the Health Visitor, who gives talks on various subjects to them.

The new births which have taken place since the Health Visitor's last visit are visited. New Ante-Natal cases brought to the notice of the Health Visitor are advised, while the previosuly visited infants and expectant mothers are re-visited and the needful done for them. The history of each case is entered on an Infant, Toddler or Ante-Natal, Card as the case may be at every visit. A chaprassi accompanies the Health Visitor on her visits to outside villages.

The Infant Welfare Centre is most conveniently established at the Health Visitor's headquarters. The building is generally rented. Sometimes it may be the gift of a Zamindar, or may be lent free of rent. Two rooms at least are required for the purpose. One is used as waiting room and in the other mothers are interviewed individually and advised. Babies are weighed weekly and minor treatment is given to infants and toddlers when found necessary. If there is a third room, it is done up as a model lying-in room for the instruction of mothers. The equipment is simple: just the usual table and chair for the Health Visitor with writing materials; cards and registers to record the morning's work; an infant weighing machine on a stand; a wash-hand stand with basin and water, soap and towel; another table stocked with a few simple medicines and dressings such as any educated woman can intelligently make use of.

A whole time dai is engaged for the purpose of helping the Health Visitor in her work. She attends during the Centre hours and accompanies the Health Visitor on her rounds for home visiting.

Sewing classes are arranged for the mothers at the Centre, where they are taught to sew and knit small garments for infants.

After such Welfare work has progressed satisfactorily for some time, at least about a year, an endeavour is made to appoint a special day in the month, when expectant mothers come to the Centre, and by previous arrangement a lady doctor from the nearest headquarter or tehsil town attends and conducts an Ante-Natal Clinic. Cases needing special treatment are provided with the same. Such arrangement is usually arrived at by the courtesy of the doctors, who very kindly give their services free in the interests of welfare work. The benefits of such a Clinic can scarcely be sufficiently emphasised as the expectant mother comes under the direct observation of the doctor. At present there are only a very few

A Male dai of more than local reputation, 40 years in practice. The only instrument he uses is the knife seen in his hand

centres at which such a Clinic exists, but it is the aim of every centre to establish one.

Dais' Training

This is a most important branch of the Health Visitor's activities. The headman of each village in the Health Visitor's area of work is instructed through the District Medical Officer of Health to send in the dais practising in his village, to the Health Visitor's headquarters where classes for them are held twice a week.

The Health Visitor works under the direct supervision of the District Medical Officer of Health, whose help it has been found best to secure where the village headmen are concerned. After a first talk with the District Medical Officer of Health, these men usually become helpful, and aid the Health Visitor as far as they can. They are not remunerated for such services.

The organisation of a dais' class presents many difficulties. The dais are very averse to being trained, and as there is no registration of dais there is also no law whereby they can be forced to undergo training. They look with suspicion on the Health Visitor, thinking she is there to take away their practice. It takes the worker at least 6 months to establish friendly relations with them. Every effort is made to bring under training all the dais practising in the Health Visitor's area of work.

Dais are usually called in by the people for confinements and their malpractices are well known; hence lectures are given teaching them how to conduct normal cases, without unnecessary interference and how to detect abnormality. Outfits are given to each dai which are refilled when required. These consist of 2 bowls, 1 pair of scissors, 1 soap dish with a cake of carbolic soap, cord powder, sterilized ligatures and rags and 1 nail brush.

All dais under training are prepared for the Punjab Central Midwives Board Examination and they are required to attend a course of 100 classes, extending over a period of two years, and to conduct 10 labour cases under the personal supervision of their teacher. Certain large towns are fixed as centres where the examiner, a lady doctor authorised by the Punjab Central Midwives Board, holds midwifery examinations, at appointed times of the year.

The Punjab Central Midwives Board issues 3 different certificates for Midwifery, *viz.*,

1. The Diploma of Midwifery.
2. The Nurse Dais Certificate (oral).
3. The Indigenous Dais Certificate (oral).

All village dais are prepared for the last and on being declared successful are given that certificate.

It is the more intelligent ones in the class, that can be prepared for the examination in 2 years, others take longer, while others still, the oldest ones,

prefer not to appear for the examination, but continue to remain under supervision of the Health Visitor.

The training as given by the Health Visitor to the dais, according to the syllabus set down by the Punjab Central Midwives Board, is considered quite sufficient for dais and no secondary training in a Maternity Institution is required; nor are the dais sent for such a further training. To encourage and persuade dais to undergo training, small rewards are paid in cash to them, such as

Two annas for a class attendance;
Four annas for showing an ante-natal case;
Eight annas for reporting a labour case for supervision.

Dais who attend from a distance of over 3 miles are allowed annas four for a class attendance.

These rewards have proved a great inducement, and in places where attempts have been made to put a stop to this practice, the dais have fallen off in their class attendance, in the reporting of cases, etc.

When all the dais have been trained at one centre, in certain cases the headquarters are removed to some other town or village and a new area of work chosen, while the old centre is visited monthly for 2 or 3 days by the Health Visitor. During the period of her stay, the Health Visitor visits all the cases that have been conducted by the dais in the course of that month. She also holds classes daily as a Refresher Course and refills the dais' outfits. This is very necessary as it has been found that dais even after training go back to their past practices, if not kept under supervision.

The village people are generally indifferent with respect to the training of dais. They cling to their family dai and follow her instructions very faithfully. Provided the dai does not resent supervision of her work, most of the people do not appear to mind it.

There are some always who maintain that the dai has served them well during many years and does not require any training. When full confidence has once been established between the Health Visitor and the people, the people go so far as to report the dai to the Health Visitor if she does not use her outfit in a case.

In this connection, talks to mothers about the advantages of securing the services of trained dais have been found to be very helpful in securing the co-operation of the public.

So far 290 dais have received full training and received certificates from the Punjab Central Midwives Board.

A few figures as available for the year 1929 are given in Table V.

Some of the schemes for training dais deserve special mention. For instance the Amritsar District Board placed their worker at Fatehabad village for $2\frac{1}{2}$ years. During that time all the dais practising in Fatehabad and its surroundings upto

the number of eight were trained and certificated, after which the Health Visitor was removed to Rajasansi in January 1930. The supervision of the trained dais at Fatehabad is carried out from Rajasansi, in the manner described above.

At Sialkote there are two rural Centres one at Daska, the other at Ugoki. The villages from which the dais are drawn being at too great a distance to allow the Health Visitor to supervise the prescribed number of confinement cases for the Punjab Central Midwives Board examination, a scheme is being put forward by which the dais are to remain in residence at the Sialkote City Centre for a month at a time in order to put in the required number of cases, under the supervision of the City Health Visitor, each dai being paid Rs. 15/- p. m., as stipend.

The Ferozepore District Board have initiated a scheme by which 8-10 dais from the villages in the district are brought to the City Centre to undergo a residential training of 6 months. A Maternity Hospital has been opened next to the Centre with a qualified Lady Doctor in charge. The dais undergo a part of their training in this institution. Moreover the certificated dais of the City make over their cases in the city to the village dais, working under the supervision of the Health Visitor, which enables the latter dais to conduct the prescribed number of cases before appearing for the Punjab Central Midwives Board examination. The City dais are paid Re. 1/- per case thus surrendered and the village dais Rs. 15/- p. m. during the time of their residence. The dais are usually sent in by the Lambardars of villages they practise in.

The expenditure incurred at the Centres, given elsewhere, is borne variously. For example, Gurgaon, Alawalpur, Rohtak and Daska Health Centres are supported by their respective District Local Boards.

Coleyana deserves special mention, in that the entire expense is borne by the owner of the estate.

The remaining Centres work under a committee of management, composed of the various district officials and their wives. The District Medical Officer of Health is, as a rule, on the committee as the Secretary and Technical Adviser and it is under his direct supervision that the Health Visitor works.

The Central control of the work lies with the Director of Public Health. Under him are the Principal of the Health School (she is also the Inspectress of Health Centres), the Assistant Inspectress, the Superintendent and Assistant Superintendent of the Health School. The first three are gazetted appointments. The Inspectress of Health Centres inspects all centres and recommends to the Director of Public Health the deserving ones for Government grants-in-aid.

The finances are obtained from the following sources :—

1. Grant from the District Board ;
2. Grant-in-aid from the Provincial Government paid at the end of a successful year's working ;
3. Subscriptions from the Red Cross and from private individuals.

The actual expenditure on each Welfare Centre approximates to the details given in Appendix II.

The total expenditure incurred at the 14 rural Centres would be approximately Rs. 35,000/- allowing Rs. 2,500/- as the yearly expenses for each.

The area served works out to 14 Tehsil towns and nearly 70 villages. It has been found that Health Work such as described above cannot be efficiently carried out by one Health Visitor in a very extensive area. An area having 300 annual births is considered ample for one Health Visitor's activities. The approximate population of such an area would be 10,000.

The population of the Punjab being somewhere near 22 millions and granting that four-fifths of the people reside in villages it will be seen that rural welfare work is in its earliest infancy in the province.

CHAPTER VIII

The Dais' Improvement Scheme, Hyderabad (Sind)

(Miss R. Piggot)

Sind is generally spoken of as a backwater. In the rural areas nearly everything is in a backward condition. Maternal Mortality is high and so is the Infant Mortality but there are cheering signs of improvement. For instance in Hyderabad City the maternal mortality was very high, while when it was in our charge it could boast of being the lowest in the province. Thirty-five city dais have passed their test having been under instruction for 2 years and more, seven more of them are now being trained.

The women in the villages depend almost entirely on the indigenous dai. To her they look for help and advice in time of need. If the dai be ignorant and dirty, of what use can she be? Surely she is more of a danger than help. Many places have also ignorant women who are doing the work without any knowledge of it whatever. This makes it all the more necessary that the Bill for the Registration of Dais be passed. The dais resent this class of workers who undersell them and cause terrible havoc. There is a special class called by the name "Dayo". Formerly these had the work entirely in their hands.

The dai, no matter how ignorant, is looked upon as a family friend as her ancestors have for generations been attending the same houses. She is as a rule not above helping in any way and naturally the women lean to her more than to a strange nurse, who, however gifted and tactful, is after all an outsider. Village people are so conservative that it takes some time to gain their confidence, if it is ever gained. The dai will be with us for many years yet, so is it not the most sensible thing to have her improved? Realising this great need, the Dais' Improvement Scheme has been started.

The untrained dai, more often than not, inspires her patient with a horrible dread of the coming event and the poor patient has not much chance. Added to this the mal-practices of the attendant produce pathetic results. The trained dai, on the other hand, is able te create confidence and hope in her ability which help in making a good beginning towards a healthy labour. The patient thus looks forward without fear to the coming of her child.

I. The Need of the Scheme

1. The high rate of maternal and infantile mortality in the Province.
2. The colossal ignorance of the dais.
3. The lack of knowledge of the most elementary rules of health among the women in the districts and their entire dependence on the village dais.

II. The Aims and Objects

1. To reduce the mortality among women and children.
2. To improve the idigenous dais by imparting to them a sound theoretical and practical training in up-to-date midwifery.
3. To raise the status of the dais and provide them with facilities for education.
4. To provide skilled attention for the women in the districts.
5. To create among the women a healthy discontent with the present conditions.

III. Method of Work

1. Any place desiring the improvement of its dais will be provided with the services of a trained and experienced nurse, the local authorities providing accommodation and a servant.
2. The nurse holds classes for the dais and accompanies them to their cases, supervising their work. In this way, the dais get practical training and see that it is not necessary to have elaborate arrangements to secure a safe confinement. The nurse is not allowed to do any private practice as she would then be considered a rival.
3. Each dai receives from two to eight annas for every lecture attended and those who come from a long distance have their conveyances paid for. The classes are held daily whenever possible. Where it is not easy to reach the place the classes are held once or twice a week. It must be remembered that many places can only be reached by camel. No pressure is brought to bear on the dais for attending the classes. The attendance is voluntary.
4. The dais are provided with outfits containing all that is necessary for conducting a normal case of labour.
5. All models, charts, etc., required for lectures are supplied by the Honorary Secretary, the Dais' Improvement Scheme.
6. Magic lantern lectures are held for the women of the town who are instructed in the rules of hygiene, as it is generally their insistence on the continuance of the bad practices that makes the dais reluctant to give them up.
7. The nurse also visits the surrounding villages and gets into touch with their dais, holding classes for them where possible.
8. Literature on the subject of health is distributed both in Sindhi and in English.

IV. Courses

1. There are two courses:—
   a. One course of 75 lectures spread over a period of not less than 12 months.
   b. The other of 50 lectures lasting from 4 to 6 months.

2. Examinations are held regularly. Those who pass the (I) (a) examination are awarded the Victoria Memorial Scholarship Fund (Delhi) certificates. To those who pass the (I) (b), test certificates of the Dais' Improvement Scheme, approved by Delhi are given.

V. Finance

Municipalities and public Bodies, which can do so, are expected to contribute towards the expenses of the training. All payments to be made in advance. The Dais' Improvement Scheme will bear the cost of training dais in the smaller towns and villages which are unable to contribute anything. The income of the scheme is derived from grants from Government, the Victoria Memorial Scholarship Fund, Municipality, District Local Board and occasional contributions.

The work is usually started by our first visiting a place and giving lectures to the women. The dais are encouraged to attend and afterwards tell us of their difficulties. After training, some dais have so much improved that those of them who are literate are now being used to teach others. They are provided with simple remedies and are a help to all the women in the village. These workers are regularly visited by our supervisors from headquarters. Being literate, the dais are able to keep records.

The training of the dais is only half the work. Supervision of their work is important and unless this is done regularly no training is of any use as it is the easiest thing in the world for the dais to go back to their old ways. The dais very much object to be trained or supervised by men doctors. Our trained dais now do not object to being supervised by nurses provided the latter do not practise and become their rivals. Outside interference by village patils or school mistresses as regards supervision, I very much disapprove of.

We have two supervisors. They are all trained nurses, certified midwives and compounders. Their pay varies from Rs. 30/- to 150/-. Each has under her for supervision about 50 villages. All trained dais are supposed to be supervised. Naturally the places within easy reach get more attention.

Without a single exception, the trained dais are much appreciated in their villages and get calls to others. They are now receiving certificates from their patients which is cheering them. The untrained women are left in the background where trained are available.

Dais, trained under this scheme, now bring their patients from the districts and report their cases. In this way, a good deal of ante-natal work is being done. One dai, who passed her examination only last year, has taken much trouble in bringing her patients. They come by train. She is so interested in her work and it is a pleasure to be of any use to her. Another dai who has been working under supervision for some time at headquarters has now returned to her native place, a large town. She works under the Scheme and is teaching the dais there.

Another dai in a far off place has now made quite a name for herself. She is sent for from many villages.

One of our supervisors went for a tour into the desert doing 75 miles on camel and 75 back. She was struck with the cleanliness of the women in the desert and says there is very little *scpsis* there. We have heard of blind dais practising. Two we have had the pleasure of meeting. One was the only dai available for miles around and the other is the most popular one in a small town. As long as people put up with these hopeless conditions, they must suffer. It seems as if only compulsory education will have some effect on this state of things.

The co-operation and help of Government is of much value. Unless and until the men folk help in bettering the conditions of the villages, it will be uphill work. In a certain village the headman is really interested and the dais are well looked after by him. He sees that they do not fail to attend the classes. Such public benefactors, if encouraged by the Government, would be of immense value.

Last November, a conference of dais took place in Hyderabad. Fifty-nine of them were present and seven arrived late. Some were too nervous to venture but were sorry they had not come when they heard of the good time the others had had. The Bill for the Registration of dais was discussed. It was passed unanimously that it should come into force. The dais aired some of their grievances, the important one being the hardship they experience in the appointment of nurses and free dais in places where there is already a supply of trained dais. It was a good opportunity for the village women to meet their sisters of the larger towns and villages. The conference was made an occasion of rejoicing. All received sweets and those who had come from outside received a meal.

The dais very much object to leaving their homes and yet 5 have been trained at headquarters. There are rooms at headquarters for those who are able to stay. These receive stipends of 12 to 25 rupees a month.

Still much has to be done. There are 7 Talukas in Hyderabad District and the approximate number of villages is 928 with an area of 4417 square miles and population of 5,73,450. We have touched so far in the whole province only 193 villages in 33 Talukas besides several towns. We have trained in these villages 258 dais. The greatest hindrances to our work are the lack of roads, the apathy of men and of course the lack of funds. Where there are roads, they are impassable for many months in the year.

CHAPTER IX

The Lady Wilson Village Maternity Association, Bombay

Rural Welfare Work in the Central Provinces

The Initial Stage

In the preamble to the Lady Wilson Village Baby Scheme, as the Association was originally designated, it is stated: "In the villages, out of every hundred deaths among infants under one year, 40 to 45 per cent. are recorded under one month. These are generally classified under convulsions, "Satwai" or debility. The symptoms of the first two conform more or less to symptoms of tetanus. "Satwai" in popular belief is a kind of tutelary deity who presides over the destinies of the new born baby, and preserves or takes away children during the first week. This high percentage of deaths, so soon after birth appears to be due to dirty instruments used by the village midwife when cutting the cord. The untrained village dai cuts the cord with any instrument that is handy or that is given to her. It generally varies between a pen-knife, sickle, a piece of glass or even a stone, according to the status of her clientele. As the lying-in woman is considered unclean the dirtiest pen-knives are made use of ".[1]

How to solve the Problem

There are two methods of tackling this problem:

1. To put in trained dais at various centres.
2. To utilise and improve the existing organisation.

Theoretically to be able to put in a trained dai at every village would be an ideal proposition, but as a practical one it presents many difficulties.

The Scheme as defined when it was first launched was:

"As a small beginning it is proposed that every village should be supplied with the following articles (in an aluminium box):

1. A pair of surgical scissors,
2. Ligatures to tie the cord,
3. Carbolic soap.

The Next Stage

"The next step proposed after observing the results of this initial measure is to divide the existing dais in a village into two batches. One batch from each will be brought to some centre like Poona or Bombay and shown for a period of ten days to a fortnight how cleanliness and non-interference are observed in hospitals. Two batches are proposed so that the village may not be inconvenienced and left without the services of a dai. When one batch returns the other could be sent out. A record could be kept by the village officers of the number

of dais in each village and modified from time to time. A statement of their work for a year or a shorter period after their return could be kept and checked from the birth and death registers. One who shows the best results, that is the least proportion of deaths among mothers and the largest proportion of babies alive and healthy, would receive, a reward in the shape, say, of a *Sari* or any other present in kind or coin."

Distribution of Outfits in Villages

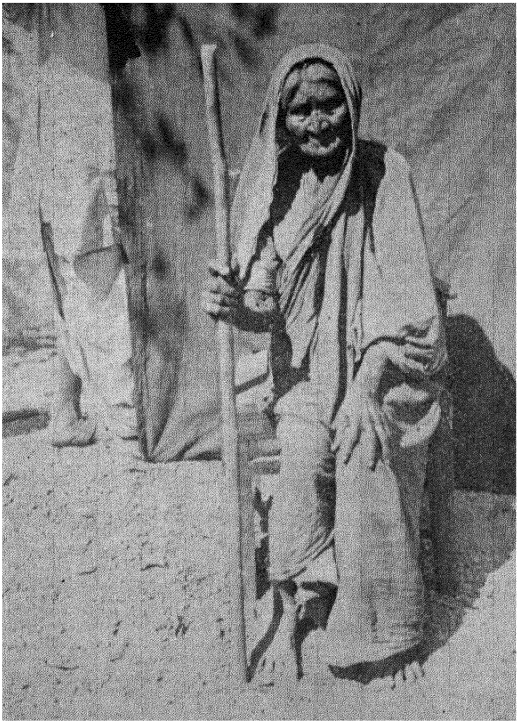
The Scheme was originated and worked out by Dr. Accacio da Gama, Assistant Director of Public Health, Bombay Presidency. Lady Wilson took interest in the scheme and agreed to give her name to it. Initial financial assistance was secured from the Red Cross Society and Infant Welfare Society, Bombay. The scheme came into existence early in 1926 and actual work was begun on the 9th March 1926. It was first tried in Poona District and the Poona District Local Board voted Rs. 2000/- for the purpose. Propaganda literature was also distributed in the villages. 450 outfits were purchased to be distributed free in a number of selected villages and to be controlled by sub-committees (specially formed for the purpose in each of the Talukas), while they were also to be sold to approved persons at Rs 6/- each. About 300 outfits were actually distributed to Taluka Sub-committees, for placing in selected villages. Within the first year (up to 31st March 1927), 113 dais from 64 villages were brought into Poona, and 108 of these underwent the full course, only 5 returning half trained owing to domestic difficulties. The full course consisted of witnessing 12 to 15 cases of confinement in a lying-in hospital.

Expenditure

It was clear at the outset that many dais seemed unwilling to come alone to Poona and so not infrequently the travelling allowance of a male relation accompanying the dai had to be paid. The expense of training per dai at Poona worked out to Rs. 30/-. As the dais were not willing to leave their homes during the Hindu Holidays, the sowing and reaping seasons, their training had to be arranged to suit their convenience. For supervision purposes, school mistresses in the villages were trained. In the first year eleven underwent this training.[3]

Method to get Dais

The method suggested for getting the dais for training is—"The dais are at first unwilling to come to a training centre and so a propaganda has to be carried on in the villages. The village people, especially the women, are collected at the time of vaccination. A lecture is given to them by the vaccinator and all the advantages of the scheme explained. The males are also collected and the defects explained to them. Thus public opinion is created. After a time, the Inspector of Vaccination goes to the village and is able to collect the dais".[4]



A typical old Village dai, 72 years old, still in great demand. Photo after taking primary training under Sholapur District Scheme

The Scheme in its Present Form

The next step was the extension of the scheme to the other districts of the presidency. The name was now changed to the "Lady Wilson Village Maternity Association" which was inaugurated in July 1927. A representative Committee was formed and the constitution of District and Taluka Committees decided on. The Executive Committee consisted of the Commissioner, Central Division, (where the Association had its Head Quarter) as Chairman, (Lady Wilson being the President of the Association), the Assistant Director of Public Health, as Honorary Secretary, the Huzur Deputy Collector, Poona, as Honorary Treasurer and 3 members elected annually. The District Committees are to consist of the Collector, the Prant Officers, the Civil Surgeon, the President of the District Local Board, and of the City Municipalities, and a fixed number of members elected from amongst the subscribers. The Taluka Committees are to consist of the Mamlatdar of the Taluka, President of the Municipality in the Taluka if any, the President of the Taluka Local Board, the Taluka Sub-Assistant Surgeon and a fixed number of members elected from amongst the annual subscribers.[8]

Objects

The objects of the Association as defined are:

a. To promote and give better training to village dais in the Bombay Presidency and thereby reduce the high percentage of infant mortality due most probably to the use of dirty instruments and the non-observance of the rudimentary principles of cleanliness in labour cases;
b. To educate public opinion with regard to such matters in general;
c. To establish, subsidise, promote, form and maintain local Associations in the Districts and Talukas of the Presidency, except Sind, for the better attainment of the objects of the Association.

Duties of Various Committees

The functions of the Central, District, and Taluka Committees were clearly defined. The Central Executive Committee functions principally as a supervising and co-ordinating body and also makes through its Executive Committee such arrangements, as funds permit, from time to time for the imparting of a secondary training to dais. The chief functions of District Committees are:

1. The making of proper arrangements for primary training at suitable centres;
2. The collection of funds; and
3. To help the Taluka Committees.

The duties of the Taluka Committees are the same as functions 1 and 2 of District Committees.

Training

Collectors of all the Districts were asked to form District and Taluka Committees and a survey of available facilities for maternity training in the Presi-

dency was undertaken. Training was now divided into two kinds, *viz.* 'Primary and Secondary.' The primary training is to be given in the Taluka Head Quarters by the Sub-Assistant Surgeon. "It is even possible that before the dais come to the Taluka Head Quarters, the dais could be given some instructions in the villages by the vaccinator and then only those who respond to such instructions be sent to the Medical Officer of the Taluka for further instructions and training.

"The secondary training is given to selected dais who had received the primary training and had otherwise shown their desire and fitness for undergoing the more advanced course". Certificates in a form approved by the Central Committee are given to dais who have undergone the training, whether primary or secondary. Those who pass the secondary training get also an outfit each.

"It is proposed to start a centre in Bombay where a dai will see 15 cases and conduct 5 and then would watch a few cases in the slums with the nurse. The cost per dai in Bombay would vary upto Rs. 50/-". [4]

Supervision

As at present supervision is not exercised at all or if exercised it is by the specially trained school mistresses mentioned before, it is proposed to appoint a supervising staff when funds are available.

Finance

The funds of the Central Committee are Government grants, donations and subscriptions. The funds of District and Taluka Committees are what they themselves are able to collect locally and grants from the Central Committee in proportion to their income and expenditure. The scheme has been tried in Thana, Ratnagiri, Sholapur, Bijapur, Khandesh, Dharwar, and Karwar Districts besides Poona District with varying amounts of success. Up to date, 522 dais have been trained under the Scheme in the various districts.

Rural Welfare Work in the Central Provinces

In the Central Provinces, rural welfare work was begun early in 1930 and Mrs. W. Tarr, Honorary Secretary, Red Cross Society, Nagpur, describes the activities thus:—

Thirty rural centres were sanctioned, 16 to be opened in 1930 and 14 in 1931. They are scheduled to run on Rs. 50/- per month. It is very hard to raise Rs. 25/- per month, even in the larger villages, the smaller ones can pay nothing at all. Usually the half cost of a centre is met by giving a house rent free, and by contributions of fuel and milk. Eight of these centres were opened in the earlier part of the year and are running with varying success. Here and there a Mission Station will oversee the centre, or a large land-holder will give time and interest to the work. In one case an energetic local doctor took over the management and in another an intelligent Tahsildar.

Workers in country districts are midwives with a little practical training in a city centre. It is clearly seen that this system of isolated centres could not be adopted as part of the provincial scheme. In February 1930 an intensive campaign of rural uplift was begun in one revenue circle and the Red Cross Welfare Committee was asked to provide welfare measures as part of the composite scheme. This campaign consists of combined effort on the part of the following departments: Agriculture, Co-operative Credit, Child Welfare, Education, Medical, Public Health, Veterinary, and Commerce and Industry. A village of 1,500 inhabitants was chosen as the centre of this experiment. The welfare measures are as follows:—

A good sized house was procured, conveniently situated, facing the market square. It consists of a main central room and one set of apartments on either side, suitable for two health workers to live in. There is a large court-yard in the rear. There are six villages within two miles of this centre and after the rains when communications are better one of the Health Workers will go out weekly to visit the creches.

The creche is the very simplest, cheapest form of welfare. It consists of a house or merely a shed or verandah, with a good sized court-yard, say 20 feet by 30 feet. Here children are left while their parents go out to work, or are busy with house-hold tasks. They are under the care of a local woman who is paid Rs. 5/- a month for minding them. There is no inducement to give them opium and if the woman in charge does her duty faithfully, they are washed and possibly fed.

It is a nucleus of child care, for here the travelling assistant medical officer will visit them and attend to sore eyes, skin disease, malaria and so on. The Vaccinator will be called in and the local *gowils* (milkmen) may supply milk free. Every week, the health worker from the main centre will come out to visit the creche, giving directions to the woman in charge. She will also hold a class for training dais. If the creche succeeds, it may grow into a centre and do real welfare work.

Welfare combines with Education by allowing the village school mistress to lodge with the health workers and where no school room is available, the centre can be used as a class room on five afternoons a week.

In a small community, practically every child could be kept under health observation and it would be possible to get to know and influence every mother in the village.

The Commissioners' Conference held in June commended this scheme and in tracts of fifty villages in each district, intensive measures for uplift were sanctioned. When fully developed, there will be 48 of these regional experiments and the outcome, after 3 years' working, should show remarkable results. The cost is round about Rs. 6,000/- for each. The sub-divisional officer and the Tahsildars will take an active interest and the whole scheme will be under the general

direction of the Deputy Commissioner in each district. Quarterly or half yearly meetings are recommended, when all departments will confer together, to pool experience and report progress. (From an article "Child Welfare Work in Rural Areas, an Experiment in the Central Provinces" in "Maternity and Child Welfare in India" September 1930).

References:

1. Lady Wilson's "Village Baby Scheme".
2. Report of the Honorary Secretary—1927-28.
3. Better Dais—By H. G. Franks.
4. Maternity and Child Welfare—Chapter 8. By Pillay and Subramonyam.

CHAPTER X

The Sholapur District Scheme

The Lady Wilson Village Maternity Association was first introduced into the Sholapur District in 1927 with one training centre at Pandharpur. Another centre was opened at Sholapur in November 1928. In August 1929, the Pandharpur Centre was closed down for want of dais after training 89 village dais in 2½ years. The Sholapur Centre trained in 1929 one village dai and 14 City dais. The difficulty in getting dais to come up for training turned the attention of the Sholapur committee to the New District Scheme proposed by Dr. Pillay, one of its members. A Special Committee was appointed to try the Scheme in Madha Taluka for three months at a cost not exceeding Rs. 1,000/–. The promoters took up the scheme more or less as a venture to study the village maternity problem first hand, discover more accurately the difficulties of the position and see whether some method can be devised by which the dais could be improved or at least rendered harmless and thus lessen the terrible toll of maternal and infant life in villages. The work was taken in hand without any pre-arranged programme or settled scheme. The result of the study of the maternity problem is given in Chapter V.

The first need to make the attempt a success was to take steps to ensure complete co-operation between the Governments concerned, the local bodies and the voluntary organisation working out the scheme. This was easy in Sholapur as the executive head of the district was a very sympathetic official. His sympathy and support were seen reflected in the attitude of the taluka officials towards the scheme. The Civil Surgeon of the district was most helpful. The District Local Board was under suspension at the time and its affairs were being carried on by the Collector and a senior Provincial Service Official who was an enthusiast. The Taluka Local Board followed the example of the District Local Board and supported the scheme in all legitimate ways.

Preliminary Stage

The staff consisted of an experienced Health Visitor whose services were kindly lent by the local Maternity and Child Welfare Association and a chaprassi. Ths District Local Board had a midwife in the Taluka and her services were available. At a preliminary survey conducted on the spot with the help of the local officers, seven villages in the taluka were selected for work and divided into two groups, one month for each group and the third month for initiating methods of supervision and watching the effects of training. The seven villages have nine *wadis* between them and a population of 13,192 inhabitants, out of which 6456 were females. The registered births in this area in 1928 and 1929 were 578 and

558 respectively *i. e.*, 303 and 301 in one group and 276 and 257 in another group. This worked up to about 23 confinements per group per month.

It was thus seen that there were enough confinements in each group of villages per month for practical demonstrations to the dais when training was undertaken. The scheme was now launched. The first effort was at propaganda. Leaflets in Marathi explaining the object of the scheme and giving the programme of the itinerary of the worker were distributed broadcast. The taluka and village officers, both Government and Local Board, were notified of the visit of the worker and instructed by their superiors to give her all possible help. The worker visited each one of the villages in the company of a senior taluka official and gave separate lectures or talks to both men and women. It should be noted that mixed meetings in villages are impossible. At the end of the women's meetings, the name of the practising dais were ascertained from the women present and were later confirmed by the village officials. It was found that collecting the men and women for these lectures was neither quick work nor easy. Previous intimation of the time of the arrival of the party in each village had therefore to be sent to its officials. This effected a considerable saving in time, though to get the women and even men together was still not always easy. Official influence, individual persuasion by the worker and bribes to children had to be resorted to in some villages to get the people together. To get the names of the dais and to make them agree to training were even more difficult. The District worker was confident of her persuasive powers and these initial difficulties in no way discouraged her.

In villages, registers of births and deaths are kept, the watandar Mahars having to notify to the village officers the births and deaths in their village. For the purpose of knowing who the dais in each village were and to facilitate later their supervision, it was decided to suggest to the authorities to introduce in the register a column showing the name of the dai or other woman who conducted each case of confinement, a suggestion which was readily agreed to by the Collector. This finished the first or preliminary stage of the scheme.

Training

The District Worker with her midwife made a convenient village in the group her headquarters. In the first group there were 3 villages and 5 *wadis* and it was found necessary to run two dais' classes, one for the dais of 2 villages and 3 wadis and the other for the others. The worker and the midwife took these classes alternately. To begin with, the dais were suspicious and loth to attend the classes. In course of time the Worker managed to get most of them to attend, though refractory dais who refused all overtures of friendship were also occasionally met with. In one village it was found necessary to run two classes—one at night for dais who had to work during day in the field and the other for the more leisured ones. To expect the dais to attend the classes

on their own at a given hour was found useless. Messengers had to be sent by the village officers to the houses of the dais to call them for the classes. As was mentioned, the dais were not keen on being trained and it was therefore found necessary to give them some monetary inducement to attend the classes. A nerick rate of annas 2 per dai per class was fixed and paid. For the outside dais, *i. e.*, dais coming from villages and *wadis* other than those where the classes were held annas 4 per head had to be paid. It might be mentioned that all dais did not accept payment.

The course consisted of about 20 lectures given daily and following more or less closely the syllabus set by the Victoria Memorial Scholarship Fund, Delhi, the text book followed being the Primer by Dr. M. I. Balfour. Ante-natal demonstrations were given regularly and demonstrations on actual confinements whenever possible. The first batch of students witnessed on the average 2 cases each and there were 52 of them in this batch.

In the headquarter village for the time being, the District Worker ran a miniature welfare centre. Ante-natal, post-natal and sanitary visits were paid regularly, the first two with the dais, if any, in charge of the case. Ante-natal visits were not neglected in the other villages and even *wadis*. At night each village and *wadi* got its share of magic lantern shows and lectures by the Worker on mother or infant craft, infectious diseases and so on. Whenever called both the worker and the midwife attended cases of confinements with all available dais free of charge. Experience of welfare work in cities has shown that workers have to stoop to providing attractions, at least in the beginning of work, to win the confidence of the women. The attraction found most effective was a dispensary. This attraction was adopted in villages as well with stock mixtures, etc., supplied from the Taluka Local Board dispensary. The dispensary was popular from the very first day and attracted fairly large crowds, even from distant villages, of mostly women and children.

Examinations

The training of dais is possible only in seasons which are slack from an agricultural point of view and certainly impossible during the sowing and reaping seasons, as the dais are all then busy in the fields. At the end of the course the dais were examined. Only those who had attended at least 75 per cent. of the lectures were allowed to take up the examination. A lady doctor is necessary as the village dais are unwilling to be examined by males. Fresh classes were arranged for those who failed in the examination and for those who did not attend the prescribed percentage of the lectures. They were then re-examined. Those who passed the examination received Certificates of Preliminary Training. The candidates were expected to get 50 per cent. of the marks for a pass. To save time, the midwife took the second set of classes

while the worker surveyed a fresh group of villages. This is the second or the training stage of the work.

Is the Training Effective?

It might be argued that the training of dais for such a short period as 3 weeks would serve no useful purpose. A reference must be made to the chapter on "Training of Workers." The point to remember in this connection is that the subject is not new to the dais and all of them have confined many women before they take up the training. The subjects they need instructions in are, as was mentioned, few. The worker moves freely with the dais during the period of their training, visits pregnant and confined women with them, teaches them how to detect abnormalities and watches how they conduct confinements whenever possible and corrects their mistakes, and instructs them how to look after mothers and their infants during the lying-in period. It is not institutional training the village dais need but personal training in surroundings and under conditions they have to work in and this is accomplished by the course of training described above. The success and effectiveness of this scheme of training would depend chiefly on the spirit the worker shows and on her personality and training. Speaking from actual experience of about a hundred dais trained by this method and comparing them with dais trained at institutions in the city, the author can safely assert that they are in no way inferior to the latter in professional work. All that is aimed at is to have *clean and harmless* midwifery service *in normal cases.*

To achieve the expected results, a thorough classification of the dais was necessary. From the practising dais alone could be expected such good results. The other classes of dais mentioned in Chapter 5 and all women (are they not all potential dais ?) were encouraged to attend classes and take the examination, but they were on no account given certificates as certificates would mean authority to practise midwifery. After the training, however, they are attached on to passed out dais for taking cases or brought on to Sholapur, if willing, for further training. When they have witnessed a certain number of cases, say 5, and conducted an equal number of cases, they are examined and then given certificates. The women of families in which the profession is hereditary take easily to this subject and form a most fruitful field for work. In the first group of villages we made the mistake of not classifying the women and this has to a certain extent vitiated our figures.

The Old and The New

While training dais, it will be seen that it is easy to make them assimilate new methods but not so to make them discard their old practices. It is a characteristic of our nation that we have a genius for assimilating everything that passes our way, but we are disinclined to give up even the obviously objectionable

practices we have been following for ages. The easy-going nature of the dais, or in other words, their tendency to follow the easier and less troublesome course, has also to be combated. For instance, if the scissors are found too slippery for cutting the cord with, a split bamboo which is easier to handle will be used. As boiling instruments would entail labour, unsterilized instruments will be used, and so on.

Secondary Training

After the preliminary training, the smarter and willing dais are selected and sent to the district headquarters for secondary training. The primary Training instils a certain amount of healthy curiosity in the dais in the subject and hence it is easier to induce them to take up secondary training after it. Secondary Training consists in attaching the dais to maternity institutions for a month or till they conduct ten cases of labour each under the supervision of a competent midwife. Institutional care of confinements and care of mothers and infants for the first ten days are thus instilled into them and also (it is hoped) a desire for cleanliness and the necessity and meaning of discipline. The dais are again examined and given Secondary Training Certificates, white sarees and standard outfits, one each. The idea behind this training is to make use of these dais later in exercising some sort of influence or even of supervision over the others in their villages. The dais undergoing secondary training receive as scholarship a consolidated amount of Rs. 20/- each.

Women other than Dais

The system of training detailed above touches only the dais and probably a small minority of the female population of the villages. How about training the others who may also be called on to attend confinements, either their own or those of their neighbours ? The way we made an attempt to tackle this question was by the worker collecting all available women in the villages and *wadis* and demonstrating to them the use of the standard outfit, and explaining the dangers of uncleanliness and of having untrained help at confinements. In villages even by this method only about 30 per cent. of the women can be influenced though in *wadis* about 50 per cent. can thus be touched. One to five outfits are left in the house of some influential dai or other woman in each village and *wadi* and these can be taken out by any woman whether trained or untrained. The number of outfits left in each village would depend on the number of confinements in it per month and the number of available dais. Separate outfits have to be left for "depressed classes," otherwise the question of pollution is raised.

CHAPTER XI

The Sholapur District Scheme—*(Continued)*

No system of training the indigenous dais would be complete unless provision is made for their adequate subsequent supervision. The training of dais involves breaking off ideas and practices born with them. The third and last stage of the work, *viz.*, effective supervision, is therefore a matter of great importance and a perusal of the previous pages would make one realise the enormous difficulties to be overcome. Any method of supervision should, however, be practical, effective and financially practicable. The only scientific method of solving the midwifery problem in rural areas would be to have a trained midwife in each village and a trained maternity supervisor in each taluka. This is impossible in India with its half a million villages, because there is not a sufficient number of trained midwives available for the purpose and the cost would be prohibitive, say about Rs. 20 millions a month. Moreover without a strict Registration Act it would be impossible to eliminate the dais who would continue getting practice. The problem then centres round the question whether the dais could be utilised for purposes of supervision as well. If this could be done, the scheme becomes practicable because there are any number of dais available in the country and they are cheap. This was the method that was adopted in Sholapur as an experimental measure.

The Village Supervisor

Supervision should begin from villages, as the village forms the unit of Indian life. By the Sholapur District Scheme each village is provided with a supervisor, the Village Supervisor, who is not necessarily the *smartest* of the trained dais but is the *most influential* among them by virtue of her caste and social status. The primary duties of a Village Supervisor consist in popularising the outfits and keeping an eye on the doings of the trained dais. It is under her charge the outfits are left in the villages with instructions that they should be available to any woman who requires them for legitimate use. She has also instructions to leave an outfit in the house of every pregnant woman nearing full term even when not asked for. Village Supervisors are honorary workers and theoretically at least are in charge of the *wadis* of their villages as well; but in practice it was found necessary to entrust the outfits to some influential woman or other living in the *wadis* themselves. If dais are available they are given charge of the outfits, otherwise the selected women get a theoretical training in the elements of simple and clean midwifery and the use of the outfit.

The District worker and a group of Village dais, who have undergone Secondary training, with their outfits

Monthly Returns

As a check on the work of the village supervisors and the use made of the outfits, monthly returns are expected from each one of them. Printed forms in Marathi giving columns for names of women who used the outfits and the dates of use are left with the Village Supervisors. They fill these in at the end of every month and hand them over to the Police Patil of their villages. This officer checks the entries and fills in the columns showing the number of live births and still-births and the number of confinements conducted both by trained dais and untrained women during the month. The forms are then sent to the Honorary Secretary of the Committee running the Scheme. To facilitate the sending in of returns, addressed stamped envelopes are left with the officers for the purpose. It it easy to see how by this method an effective check can be kept on the work of the trained dais, the Village Supervisors and the use made of the outfits.

The Area Supervisor

Over the village Supervisors was appointed an Area Supervisor, an experienced high caste and literate dai who had undergone both the primary and secondary trainings. She is paid Rs. 20 a month and has charge of the seven villages and nine *wadis*. It might be said as a general rule that an Area Supervisor is required for a group of villages which has on the aggregate about 300 to 500 births per year depending on the distance between the villages. The Area Supervisor has her headquarters in the most central village in the group. Though she has to visit the villages under her charge only once a month, she has to go out for help whenever called. The Area Supervisor should be the smartest available dai, preferably of high caste, as her duty consists not only in supervision but also in rendering help to the dais in difficult cases of labour and to get the services of a doctor when the case is beyond her skill. The Area Supervisor, like Village Supervisors, is allowed to charge fees for their attendance at reasonable rates. Monthly returns showing the number of cases she did with or without the other dais, the distance travelled, etc., are to be submitted every month by the Area Supervisor. She has also to see that the village officers sent in their returns regularly.

The Local Board Midwife

Though the District Worker has been withdrawn from the area, the Local Board Midwife is still in the taluka and it has been made one of her obligatory duties to travel in the area once a month and supervise the work that is going on there and send in a report after each tour. She has also to attend cases of labour whenever called by the Supervisors or dais. The village officers also have their duties and responsibilities clearly defind for them in the work of supervision.

Village Maternity Homes

The position of maternity homes or rooms in relation to rural welfare work might conveniently be considered here. As was mentioned, there is a hospital-dispensary at each taluka headquarters and in this one or two beds are reserved for females The beds ever remain unoccupied. This is not surprising when one remembers that most dispensaries have no trained midwives attached to them and even when there are they are worked mainly as dressers. There is no house visiting and in India maternity institutions will not be popular among the uneducated unless this is done and that by a sympathetic worker. It was the earnest desire of the promoters of the new Scheme to open a maternity home at least in one village as an experiment to see whether such institutions could be made popular in conservative, caste-ridden rural India. The concensus of opinion among the more enlightened villagers themselves was that it would be popular in course of time as the ground has been well prepared by the District Worker, provided the caste prejudices of the people are respected. By this was meant that separate rooms should be set apart, at least two, for the higher castes and the untouchables. The District Local Board expressed its willingness to meet a portion of the expenses which however should not be much seeing that house rent is cheap in villages and equipment for a village maternity room would not cost over Rs. 100. The Area Supervisor is there to run the home with the help of the village supervisor and dais can bring in their cases of confinement free of charge. It was considered a healthy principle to make the villagers themselves contribute towards at least a portion of the expenses of their maternity home and at the moment of writing they are collecting the amount required for the purpose. If the home materialises its progress will be watched with keen interest. A welfare centre is obviously impossible without at least a visiting trained worker. Tables VI, VII and VIII give details of the work done under the Scheme and the expenditure.

Awards to Village Officers

Helping the District worker or the work of supervision does not form one of legitimate duties of the Village Officers. It was therefore decided to offer some inducement to these officers to help the Scheme. This took the form of prizes; and printed letters of thanks signed by high District Officials to village officers and non-officials were found most helpful to the worker and the Scheme in general. Appendix IV gives the details regarding these.

The District Worker

Before closing the chapter, it is well to discuss the requirements in a District worker. For obvious reasons the worker should be a woman, preferably over 30 years of age, of good constitution and cheerful disposition, earnest, tactful and of an even temperament. She should be a high caste Hindu and certainly

not of the untouchable castes. The District worker should, if possible, be a medical woman with health visitor's training. The great difficulty is that ordinarily medical women are averse to do house visiting and this is an essential factor in making welfare or maternity work a success. An experienced health visitor would be equally well and in the opinion of the author even better than a medical woman. In selecting workers the point to bear in mind is that qualities count more than qualifications. Good workers like good articles are expensive and it will be foolish policy to sacrifice efficiency for economy. If a Health Visitor is selected as worker a medical woman (either paid or honorary) should be available for help and advice at least, one in each district.

Copies of the various registers and returns found useful and the duties of Supervisors and village officers are given in Appendices III & IV.

CHAPTER XII

Rural Welfare Work in Australia and New Zealand

(From materials supplied by Dr. Vera Scantlebury, M. D., Director of Infant Welfare, Victoria)

	Australia	New Zealand
Area (Square Miles)	2,974,581	102,000
Population (White) 30th June 1930 ...	6,439,000	1,423,094
„ Metropolitan 31st December 1929	3,167,655	550,375 (4 chief centres)
Birth Rate (1929)	20·31	19·01
Death „ (1929)	9·55	8·75
Infantile Death (1929)	51·11	34·10
(1928) Maternal Mortality Rate (per 1000 births)	5·98	4·93
(1928) Neo-natal Death Rate (under one week)	22·20	20·41

Though Australia and New Zealand are always mentioned together, they are 1200 miles apart from each other. The commonwealth of Australia as it is called in which is included Tasmania is divided into six large States, *viz.*, Queensland, New South Wales, Victoria, South Australia, Western Australia and Tasmania. The North Territory and Central Australia are not mentioned as States. In each state a different method of tackling Maternity and Child Welfare is followed though in some ways there is a similarity in carrying out the work. For instance, the Infant Welfare Centre work is carried on in Metropolitan and Rural areas at non-residential centres or depots by general trained nurses who have been specially trained as Infant Welfare Nurses and are known officially as such but may sometimes also be called by varying names, *e.g.* Health Centre Nurses, Baby Welfare Nurses, Plunket Nurses. The Mothercraft Nurses are previously untrained girls who do a special training in Mothercraft Nursing in a recognised Mothercraft Training School, such schools being instituted in New South Wales, and Victoria, and also New Zealand. These nurses also may be known as Norland Nurses, Primose Nurses, Foundling Hospital Nurses etc., or in New Zealand as Karitane Nurses, the name being that of their individual training schools. The Infant Welfare Centres are established in different ways in the various states and countries. In Australia in all the various states, Government gives maintenance grants and in New South Wales, Queensland, and Tasmania, the nurses are appointed chiefly by the Government. In Victoria, the Municipalities own the Centres and are

subsidised by maintenance grants by the Government on a pound for pound basis proportionate for each nurse employed. Voluntary organisations also actively assist. In New Zealand, voluntary effort is most active and is subsidised by the Government while a little Municipal aid is given. Other sources of income are from private donations, subscriptions, "trusts" and from patients and from voluntary effort.

Rural welfare work in Australia and New Zealand is included under two main headings: Midwifery work and Child welfare work, the former is carried on in public, Bush Nursing or private hospitals and the latter at non-residential clinics or depots and by home visits. There are various non-official organisations working for Maternal and Child Welfare. The more important are described as illustrations :—

A. The Bush Nursing Association.
B. The Country Women's Association.
C. The Royal New Zealand Society for the Health of Women and Children (Plunket system).
D. The Society for the Health of Women and Children of Victoria (Plunket system).
E. The Victoria Baby Health Centres Association.
F. Australian Inland Mission.

Full advantage is taken of the Ambulance Society, Municipal hospitals and welfare centres, private hospitals, and Government agencies, *viz.*, Public Health and Education departments.

All these organisations are not found carrying on welfare work in the same areas and even if they are, there is complete co-operation thus preventing overlapping of activities. What usually happens is that in places where there are no Maternity and Infant Welfare activities, one of the organisations is started or if already existing, it begins work on scheduled lines.

A. The Bush Nursing Association founded in 1910 is essentially a co-operative movement, each householder paying a subscription of 30 shillings a year or more. For this sum, he obtains nursing for himself, his wife and family upto the age of 18 years for the whole year. A special charge of 30 shillings is usually made to members, and more for others, for Maternity cases. The object of the Association, as mentioned in its constitution, is to provide, gratuitously or otherwise, trained district nurses and other requisites and attention for sick and injured persons in country towns and districts. The policy adopted is to help districts which are making a determined effort to help themselves. The chief work of the nurse centres round maternity and child welfare. An important part of the work of the nurse is in connection with the children attending State schools. Once a month, so far as her nursing duties will allow, the nurse visits the State schools in the districts and gives a short lesson on the value of personal cleanliness, hygiene, first aid and kindred subjects. Twice a year, she

sets a few simple questions to the children in the upper grades to test their knowledge of these subjects and the answers are forwarded to the Medical Officers of the Educational Department. Once a year, the nurse examines each child in the centre for defects and sends in a report to the School Medical Authorities, who in their turn, advise whether medical attention is necessary. If time allows, the nurse does also "follow up" work among the children.

The method laid down for the formation of district centres is as follows:— Residents of any district desiring to form a centre should call a meeting of those interested, pass a resolution establishing the centre, adopt rules (as laid down), elect a committee and office bearers and arrange finances. This committee should then apply to the Central Council for recognition informing it that they are prepared to guarantee the salary of the nurse. It has been found by experience that the co-operative principle of raising funds is the best way.

There were 62 district centres in effective working on June 30, 1929. Some of the centres have erected cottages for their nurses, three-room structures with one room set apart for patients. The Association is separate in each State and is not present in New Zealand.

B. The Country Women's Association, in addition to the general social and educational work, is anxious to ensure the health of and better conditions for the present generation and to guarantee healthy conditions for the coming generations, especially in country towns and districts. With this object in view, the Association strives in various directions to aid the work of other organisations by building and maintaining emergency hospitals, by organising welfare centres or Bush Nursing Homes, by encouraging the provision of better maternity accommodation, by providing rest rooms, rest homes or hostels for mothers, and by employing emergency house-keepers in time of sickness.

C. The Royal New Zealand Society for the Health of Women and Children was founded in 1907 by Sir Truby and Lady King.

It is a cardinal principle of this society, just like that of the Bush Nursing Association, that each of its branches and sub-branches raises its own funds. There are now in New Zealand 95 working and 15 relieving Plunket Nurses, 60 branches with numerous sub-branches and out-stations visited by the Bush Nurses and 6 hospitals called Karitane hospitals (named after the Karitane Peninsula where Sir Truby King began work). Most of these hospitals have Mothercraft Homes attached to them. Mothercraft Homes are cottages simply and attractively furnished surrounded by beautiful gardens in the grounds of the Karitane hospitals. The stay of mothers and infants in these homes ranges from 24 hours to 3 weeks in accordance with their needs, and is strikingly beneficial to them not only on account of the education in mother-craft they receive but because of the cheerful individual attention and help given to them by the nurses and by the rest and general routine during their stay.

D. The Society for the Health of Women and Children of Victoria

(Plunket system) has aims and objects identical with those described in the previous section and was founded in 1920.

E. The Victorian Baby Health Centres Association was formally instituted in 1918 to amalgamate previously existing Baby Clinics in Melbourne and Geelong.

Sick children are not treated at its centres but are referred to their own doctors or to a hospital. This Society has now 71 centres and sub-centres with 52 nurses and also a model training centre. A propaganda sister and 2 lecturing nurses are also on the staff.

F. The Australian Inland Mission has organised nursing and medical aid in some almost inaccessible districts and has now 12 well equipped stations in the interior of the country. Two nurses are sent out together for a period of service in a small hospital or hostel in a district which may be 200 miles from the nearest doctor and where all the ordinary difficulties of the Bush Nurse are multiplied. The establishment of a "Flying Doctor" is an interesting development of the work of the Mission.

G. The Better Farming Train of Victoria (see Appendix V) is run by the Railways Department in conjunction with the Education and Agricultural departments—an Assistant of the Public Health Department (Infant Welfare) is in charge of this section of the train. The nature of the Infant Welfare work on the train is educative. Education is given in the form of lectures in mother-craft to group audiences and as individual advice to many enquiring parents, who are denied such educative advice from other sources because of the disadvantages of isolation and distances in out-back areas, also doctors, matrons and nurses frequently attend the lectures. Demonstrations as well as lectures are given to school children and health films have been screened. The Infant Welfare Section is a car containing exhibits and posters which are on view to the public daily. Advice is given to mothers in ante-natal periods concerning their own health as it affects the infants, also advice relating to mother-craft concerning management of the feeding of the babies, prevention of infantile diarrhoea and other diseases, care of the teeth, etc., the babies being examined, weighed and measured on their visit to the train. As a reflex result of these visits to country districts, country infant welfare centres have been formed. The train has been in existance for 6 years. Tours of 7-14 days' duration are made at different intervals, about 12 tours being made during the year.

The extent of the work is shown figuratively as follows, though mere figures cannot possibly indicate the real extent of the benefit gained by the country people: 45 tours, 339 districts visited, 849 lectures in infant welfare section, 40552 attendances (approximate), 2,239 individual mothers advised, 595 prospective mothers advised, 6189 children attended special lectures to school children.

This help has been given chiefly to country people who live in districts

where there are no facilities for Health Education. The figures speak for themselves, and the fact that many of the women often travel 30-40 miles at very great inconvenience (attending to home duties, milking cows, etc., before leaving and on returning home) illustrates the need and anxiety of the mothers to obtain mother-craft help from an expert whom they realise is competent to advise them.

The student might here ask whether it is really not a disadvantage to have so many varied organisations working at the same time. Specialised maternity and infant welfare work is rather new to Australia and New Zealand and in the pioneer stage of the work, it is desirable and even necessary to have various organisations experimenting unhampered by restraining influences to explore the values of different methods. "But as opinion becomes more or less crystallised on fundamental issues, there is need for greater unity and increased co-operation between both individuals and organisations if the work as a whole is to expand to its fullest capacity. In reviewing the maternal and child welfare work in Australia the impression is gained that the time has arrived when effective development depends upon securing an agreed policy and direction with a view to economy of effort, time and money." (Dame J. M. Campbell).

References:—

1. Report of Maternity and Child Welfare in Australia by Dame J. M. Campbell D. B. E., M. D., M. S.
2. Report on the Welfare of Women and Children, Victoria by Drs. Main and Scantlebury.
3. Report of the Victorean Bush Nursing Association.
4. Some Aspects of Infant Welfare Work in Victoria by Dr. Vera Scantlebury, M. D.

CHAPTER XIII

A Form of Motorised Child Welfare Work for Rural Areas in the United States of America

The Chapter on rural welfare work in Australia and New Zealand will give some idea of the attempts that are being made to solve the rural welfare problem in more advanced countries. It is not proposed to go into the details of the work that is being carried on in the United States of America (See App. I), but the Child Welfare Special organised and run by the Children's Bureau of the Department of Labour is described in detail, as it is, just like the Better Farming Train in Victoria, ideal and practicable and probably the only methods at present of rapidly reaching the rural masses in our country of distances. This moveable child welfare station is meant to carry to the district a certain amount of instruction and to create a desire for more. A description of the truck used for the purpose is given in Appendix X of "Maternity and Child Welfare."

The necessity for the special is thus explained: "The lack of resistance shown by our country boys and the report of recognised authorities as to the relative prevalence of defects among rural as compared with urban children are too significant to be ignored. The very isolation which theoretically protects rural children from many ills renders difficult and expensive that skilled advice which every mother needs in the rearing of her family."

Besides the educative value of the special, it is a popular publicity feature and causes people in all walks of life to think about baby conservation. It arouses small and rural communities to their need for child welfare work. The mother who ordinarily shuns medical advice and midwives in her ignorance gets deeply interested when she finds that advice is brought to her and takes full advantage of the Special.

The staff required must consist of a woman physician, a public health nurse (health visitor), an advance agent, who must be a good organiser with the social sense well developed, and an expert chauffeur capable of repairing the truck and keeping it in perfect condition.

The staff should be selected with a view to their special fitness for this kind of work; they should be practical, adaptable and with a thorough understanding of rural people and conditions and with an ever present sense of humour to tide them over the rough places. Above all they must have an abiding faith in the worth of their work and be prepared to offer results accomplished as a measure of their ability.

The method adopted by the child welfare special is to accept the invitation of any State Board of Health which is interested in the work. In selecting the countries to be visited, the proportion of rural population, the conditions of the roads and the probability of securing local co-operation are the main considerations. The advance agent who travels two weeks in advance of the car visits the city and country officials, social agencies, editors and other representative citizens and explains the purpose of the visit of the car. She also attends to publicity and organises local committees to take charge of the work. With the aid of its members an itinerary is mapped out and local committees are organised in the communities to be visited.

The waiting of mothers and children to be examined is reduced to a minimum by requiring the committee to make appointments for those desiring a conference (allowing 3 children to the hour). The committees are asked to make a canvass of their districts before the Special arrives, in order that every one may understand the purpose of the conference. Each committee member has her field of work clearly defined. A number of women are asked to serve as hostesses during the conference, receiving mothers and babies and explaining the exhibit material.

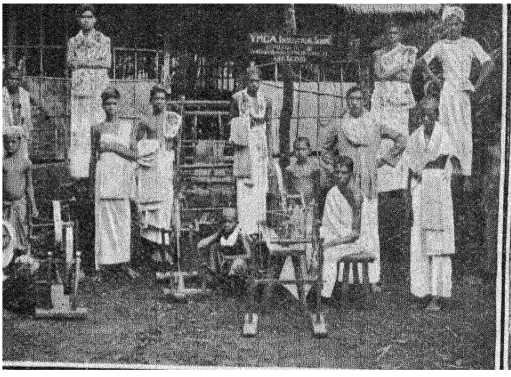
After the work of the advance agent is completed, the Special arrives, greeted always with most enthusiastic welcome. Its following begins on the outskirts of the town increasing steadily until by the time the big truck swings into the public square it is surrounded by practically the entire floating population. Thus escorted, its parking place is sought and work begins.

A stop of a week or more is planned for the country seat and 2 or 3 days for each of the smaller settlements. As a result of the work of the advance agent the staff finds everything in readiness on the arrival of the Special. The staff can then at once take the charts and exhibit material out of their boxes and set them up in the waiting room of which a member of the hostess committee is put in charge. At opportune times the doctor and nurse give brief talks to groups of waiting mothers using the exhibit material as a means of illustration. The films and slides are shown only at pre-arranged evening meetings.

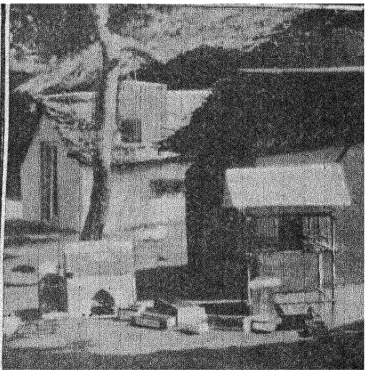
It must be clearly understood that the special is an educational and not a clinical demonstration and that no treatment or prescription is given; that sick children are not to be brought and that those showing the slightest symptoms of communicable disease are debarred from the conference, even a severe cold disqualifying the child. Examinations are limited to children of pre-school age. The doctor in charge of the Special gives each parent a written record of the child's condition, together with any recommendation she has to make.

The nurse receives the women and secures the history. One by one the children are stripped, weighed and measured by the nurse, wrapped in a sheet or blanket (according to the season) and brought to the examination table.

In addition to the detailed information secured on cards kept for statistical



Areakode Industrial School
for both Moplas and Hindus



Improved Bee-culture in
Travancore

purposes a record is given to the parents, checking defect found in each child with written suggestions for improved hygiene or when indicated with recommendations to seek skilled assistance. Each mother on leaving the truck is given practical, helpful literature. In localities having a country nurse, it is possible to effect close co-operation; the results of the examinations give the nurse a contact with families which otherwise she would not have.

The Special examines 100 to 150 children a week. It is believed that the ground can be coverd better by this method than in any other way. The doctor in charge of the Special must bear in mind that the examinations she gives are merely an incident and not the object of the Special, that her most important function is to stimulate and aid in the organisation of permanent follow-up work by the community.

As a result of the services of the Special, several communities are already employing public health nurses. The Special does not and cannot undertake any follow-up work and it is believed that the follow-up work done by the community itself has more lasting results and arouses far more local interest than anything attempted by an outside agency.

Conclusions

1. It is probable that an impetus to permanent child welfare work can be given more promptly, more thoroughly and effectually by means of a motorised activity than would be possible by more conventional methods. The Special brought to the country a definite, vigorous message concerning the welfare of the children of that country. The country was instantly and keenly interested. A general response was inevitable because the Special visited every country, large and small, and not a man, woman or child was allowed to escape the spell of this more or less spectacular appeal. It is difficult to imagine a country covered so promptly and completely by any other method.

2. The mechanical advantages of a moveable child welfare station consists of a better equipment of the Special than would be available in the average small town. The disadvantages of the method are that the truck is necessarily bulky and dependent on the nature of the roads.

3. The initial cost of the truck is 5000 dollars with an extra 500 dollars for certain interior conveniences. After all, the expense of the activity can be measured only by the value of the results accomplished and it is a question as to whether or not the same amount of money can be spent to better advantage in other ways. This method is suggested not as a moveable child welfare station for city work or for remote inaccessible districts but for the consideration of States wishing to reach quickly, thoroughly and effectually, their rural inhabitants, separated as they are by vast stretches of territory, yet segregated into small towns and countries whose name is legion.

In a year the special visited 5 strictly rural countries in 3 States, none having more than one town exceeding 2500 inhabitants.

Reference:

The Child Welfare Special, a Suggested Method of Reaching Rural Countries, published by the Children's Bureau of the Department of Labour, U. S. A.

CHAPTER XIV

Agencies For Rural Welfare Work In England

So far in this Book no mention was made of rural welfare work in England. This is due to the simple reason that England is the most urbanised and India the most ruralised country in the world and methods of rural welfare suitable in the one would be quite unsuitable in the other. A study of the organisations doing or controlling the work, however, would teach us some useful lessons in organising welfare work in this country.

Local Government Areas—England is divided for purposes of Local Government into counties and the counties into rural districts, urban districts and boroughs, according to their population. For instance, for any area to be a borough, it must have a population of not less than 50,000. A rural district can become an urban district or a borough when it becomes sufficiently populous. Rural and urban districts and boroughs are again subdivided into parishes. Geographical and administrative counties do not always coincide. Each area of Local Government has an elected council which is responsible for the carrying out of the duties laid upon it by Parliament and it is this council which forms the local authority for the area. The powers and duties of each council have been clearly defined by statute. The sources of income for the councils are that obtained locally from the rates and that obtained centrally through the taxes.

Public Health — The Public Health Service (and hence Maternity and Child Welfare) is well organised in England. " The Central Government is represented in this matter by the Ministry of health which has a highly organised medical department under a Chief Medical Officer, with a large staff of medical officers working under him who are specially experienced in the various branches of the public health administration for which the Ministry is responsible. One of these branches is concerned solely with Maternity and Child Welfare. It is the business of the Ministry to formulate the policy which shall be followed by the local authorities entrusted with the actual carrying out of the maternal and child welfare work; to examine, and if necessary, to criticise constructively the schemes which are submitted by the local authorities for approval; to subsidise all approved schemes to the extent of 50 per cent. of the cost and to retain close contact with the maintenance and development of the work through its specially qualified staff who visit local areas to review what is being done, to consult with officers and representatives of the local authorities and to offer that encouragement, advice and assistance which their wide experience enables them to give. It is recognised that the acceptance by local authority of a substantial subsidy for specific purposes carries with it the condition that the Ministry will

exercise general control of the way in which the money is expended; and the personal, comparatively informal, contact which is maintained in this way, together with the pooling in a central department of the united experience of the whole country, not only keeps the Ministry properly informed but is of considerable benefit to local authorities and their staff". [2]

The Local authorities in England, both rural and urban, are directly responsible for public health work—including maternal and child welfare work—carried on within the area which they represent. It is for them primarily to determine the needs of the district, as regards, for example, the setting up centres, the appointment of visiting nurses, the provision of maternity hospitals, etc., and with the approval and assistance of the Ministry to carry out the work and to extend and develop it as opportunity arises. As was mentioned, there are rural district councils and county councils. The rural district councils are the local sanitary authorities while the county councils have charge of child welfare, school and similar other work. The county councils employ their own service of health visitors. Some councils put on their health visitors school and tubercular work as well. " It will clearly make for economy if visitors in country areas are given as many duties as possible, so as to bring about the greatest concentration of work."[1] This is of course subject to modification according to local circumstances such as whether the area is sparsely populated and so on.

Non-official Agencies—On the unofficial side, there are County Nursing Associations and District Nursing Associations. The county nursing associations, while not themselves undertaking any nursing or midwifery work, have been the means of providing or obtaining funds for the training of midwives and nurses and of assisting district nursing associations. They have secured help from the education committee of the county councils and have also raised considerable sums of money privately for this purpose. Assistance is however only provided for those district nursing associations that affiliate to the county nursing association and pay the affiliation fee.

The object of district nursing associations is to provide nursing and also midwifery service for the sick and poor of villages and other sparsely populated areas. With this object in view certain well disposed persons in a village band themselves together and undertake to find the pay of a nurse. The existence of district nursing associations, therefore, depends entirely upon the financial position and inclination of the better-to-do inhabitants. These associations, wherever they existed, got the county councils to employ their nurses as health visitors and to subsidise them for this purpose. The county councils have no power to allot funds for village nursing though they could subsidise the nurse for her midwifery work. Some councils even allow to the midwife a bonus of 4 shillings per case upto 150 cases and 5 shillings per ante-natal case if she was in charge of it for 3 months. The radius of work for a nurse is usually about 2½ miles. It will be thus seen that county councils help welfare work in 3 ways,

viz., by employing a service of health visitors, by subsidising the district nursing associations for the midwifery work of their nurses and through its education committee helping with funds the county nursing associations in training midwives and nurses. Each county council has also its own Medical Officer of Health.

Supervision — There is an efficient system of supervision also provided by statute. Supervision is in the hands of county councils and county borough councils and they are the Local Supervising Authority. The Local Supervising Authority is required to appoint an Inspector of Midwives who has to report all irregularities to the Central Midwives' Board. The councils very often appoint their own Medical Officers of health as inspectors of midwives but these officers find very little time to spare for this work. Some councils therefore appoint whenever available the superintendents of county nursing associations for the work of supervision, some appoint special officers, when funds permit, while others appoint their health visitors as inspectors of midwives. Each has its own advantages and disadvantages. Superintendents of nursing associations work efficiently as inspectors of midwives but then it leads to a dual control by the Medical Officer of Health and the inspector which in many cases causes trouble. Appointing special officers is expensive and not within the ability of smaller county councils even though the Local Government Board pays 50 per cent. of the expenses incurred by them. Employing health visitors is most economic and works fairly well, if they are well trained and experienced. The best principle to follow as far as possible is to have a medical woman as inspector of midwives. The inspection of midwives requires many qualities and much experience in the inspector. She must be prepared and able to give advice and help in all matters connected with the midwife's work. She must instruct the ignorant and endeavour to keep all the midwives up-to-date in their work and methods. It is astonishing what good results can be achieved by a really good inspector. Midwives should be visited without previous appointment three or four times a year and also after receipt of notices of advising medical aid, of the supervention of puerperal fever or of ophthalima neonatorum". [1] A midwife who breaks the rules is usually warned by the inspector and if the breach is persisted in, the woman can be summoned before the central Midwives' Board which may caution her or remove her name from the roll.

The development that can now be expected is for the work of county and district nursing associations to pass into the hands of the County Councils when their powers of expenditure are more liberalised. This is nothing unusual in England for the permanent effort to pass from the hands of voluntary agencies into those of the State or of a Local Authority.

References:

1. The Child Welfare Movement by J. E. Lane-Claypon, M. D., B. Sc.
2. Report on Maternity and Child Welfare in Australia by Dame Janet M. Campbell.

WELFARE PROBLEMS IN RURAL INDIA

PART THREE

THE SOLUTION

CHAPTER XV

A Practical Scheme of Rural Reconstruction:

(F. L. Brayne, M. C., I. C. S., Deputy Commissioner, Jhelum)

Part 1—The Programme

The Royal Commission on Agriculture said:—

"IF THE INERTIA OF CENTURIES IS TO BE OVERCOME, IT IS "ESSENTIAL THAT ALL THE RESOURCES AT THE DISPOSAL OF THE "STATE SHOULD BE BROUGHT TO BEAR ON THE PROBLEM OF "RURAL UPLIFT. WHAT IS REQUIRED IS AN ORGANISED AND "SUSTAINED EFFORT BY ALL THOSE DEPARTMENTS WHOSE "ACTIVITIES TOUCH THE LIVES AND THE SURROUNDINGS OF "THE RURAL POPULATION."

And His Excellency, the Viceroy, Lord Irwin, speaking later on at Madras, assured those who assembled to welcome him that:—

"GOVERNMENT WOULD DO EVERYTHING TO BRING TO FRUITION THE LABOURS OF THE AGRICULTURAL COMMISSION."

With Government pledged in this unequivocal manner to the cause of rural uplift the future welfare of the villages is assured. It remains for us to take our courage in both hands and go forward. The difficulty is where to begin and what to tackle first. I have described the problem and the remedy in some detail in three small books,* which have been translated into many of the languages of India. Here I will only try and deal in brief with the remedy. This may be divided into four parts. We must:—

(1) Increase production both of the soil and of village industries;

(2) Reduce Waste;

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*The Remaking of Village India (in English and several vernaculars).
Socrates in an Indian village (in English and all the principal vernaculars).
} Oxford University Press, Bombay, Calcutta, Madras, Lahore.

The Boy Scout in the village (in English) Uttar-Chand Kapur, Lahore.

(3) Improve Health;
(4) Put the home right, that is to say, educate and train the women so that they can run their homes and bring up their children as they should.

The first two go together. It is no use trying to increase the wealth of people if they still go on wasting their wealth in litigation, expensive social ceremonies, gold and silver ornaments and so on. Until waste is stopped our efforts to increase wealth are just like pouring water into a sieve or a leaky bucket.

The increase of wealth is not an end in itself but only a means to an end. Where the people are well off, we need not bother about the first part of the remedy but concentrate immediately on the other three. Where the people are poor, however, it is no use trying to preach better things unless we can also help them to increase their food supply by better farming, cottage industries and so on. Hungry and poverty-stricken people can think of nothing but the next meal. Gurgaon was a very poor district and liable to periods of terrible scarcity and therefore we had to do everything in our power to teach the people there how to make a better and more certain living out of the soil. Cottage industries are also a great help, but beware of adding to the work of the already over-burdened womenfolk. By all means devise industries for the idle time of the men and remember that the more dependent on the rain a district is not only the poorer will be the people, but the more leisure will the men have and the busier will be the women. The more poverty, the more female drudgery.

I need not describe the many ways of improving the produce of the soil. The ones we worked out for Gurgaon are described in my books and many of them apply to a very much wider area than Gurgaon. Cottage industries are numerous, from poultry and silk-worms to the making of all manner of things in wood, metal, etc. The reduction of waste too needs little comment. Children and grown men must never wear ornaments and women must wear them more sparingly and for daily use wear only the simplest. Litigation must be discouraged and the cost of social ceremonies must be greatly reduced. This part of the programme requires no stressing to be appreciated.

As for the third part of the problem, the improvement of health, the first two are useless without it. Health is wealth and a poor man in good health is infinitely better off than a rich invalid. Happiness, not wealth, is our goal and without health happiness is rarely possible. Ill-health also means poverty as the loss of time spent in sickness is a direct loss of wealth. Nine-tenths, no, ninety-nine hundredths of all human disease is due to dirt. Even Malaria is largely caused by dirt, as it is dirty and careless habits that provide the breeding grounds for mosquitos and the people's resistance to disease is broken down by the dirty conditions they live in.

Again, dirty villages mean unmanured land and that means small crops. So

that the first big thing to be done in the village is a grand and permanent clean-up. How? Either the six-foot deep Gurgaon* pit or the three-foot China compost pit, one pit for every holding of land and a second pit, as soon as the first is full and while it is maturing.

Once the pits are dug the village can be cleaned and kept clean and once the people learn the value of manure and see the wonderful crops it gives, they will regard the cleaning of the village as a farming operation and not a bit of drudgery to be avoided at all cost. Once the pits are dug village latrines are possible, as described in my books, and with the use of latrines comes self-respect, and a sense of decency. Put a screen round the pit and two bits of wood across it and you have a ready-made rustic latrine; it keeps itself clean, as every day rubbish and cowdung are thrown in and cover up the night-soil so that there is no smell or unpleasantness about it. Clean up the surroundings of the drinking wells, provide sufficient windows to the houses, and the villages are well on their way to health and wealth. Along with the cleaning of the village of course comes protection from epidemic diseases, small-pox, plague, cholera and malaria. The first three are extremely easy. Vaccinations for small-pox, rat killing and inoculation for plague, and covering up the wells and fitting them with pumps or persian wheels to keep off cholera. The persistence of these three diseases in our villages is due solely to our own stupidity and carelessness. Malaria is more difficult and will yield only to organisation and effort—a glorious chance for the Boy Scout, and for all the rest of us as well. The people must be taught, by our own example as well as by our teaching, to keep quinine in their houses just as they keep spices for their cooking, to buy and use mosquito nets in preference to ear-rings and bangles, and to cover with oil or better still, where possible, to fill up the pools of stagnant water round the village.

Three parts of the problem are solved but they are only preliminaries to the fourth. The mother is responsible for the home and for the standard of living. So as a little girl she must be sent to school and trained for the noble part she is to play in life. She does not want high class training. She wants domestic training to fit her for her future duties as wife, mother and keeper of the home. She must know how to bring up children, how to make and mend clothes, how to cook, how to keep her family healthy and must learn the value and use of simple medicines and remedies. Women must be elevated to their proper place of honour as guardian angels of the people's homes. Not only must the women be trained and educated but the burden of all unnecessary drudgery must be lifted from their shoulders so that they may have more time to bring up their children properly and keep their homes bright and tidy and be the companions not the drudges of their husbands and their growing children. The flour-mill and the dung-cake must disappear. The one must be replaced by

*See "Pits, the Zemindar's Treasure-House" published by the Jhelum District Community Council, in English and Urdu (-/2/- a Copy, Nine for One Rupee).

the bullock driven flour-mill and for the other you must lose no time in searching out new kinds of domestic fuel.

Flowers too must brighten our homes and villages. When our women-folk are trained and cultured and our village homes are bright and happy, we shall hear far less of the drain of the village lads into the towns and there will be far less quarrelling and litigation and unrest. If my home is comfortable and happy, why should I leave it to join in a row and why should I waste my time running true or false cases against my neighbours? I shall be too busy minding my own business and working for the improvement of my home to want to get into trouble by meddling with other people's business.

At present when men are urged to discard jewellery and vaccinate their children they say the women are against it. The women will never oppose thrift and healthy ways when they have been educated. It is the instinct of women-kind to work for the betterment of their homes and children, so that if only we give them a chance to learn all that can be done to make their children healthy and their homes bright they will be our natural allies in the "Uplift" campaign.

The population of India is increasing at an alarming rate, far faster than the produce of the soil and of industry is increasing, and people often say that the only effect of 'welfare' work will be to accelerate this embarrassingly rapid increase of population. This of course is a complete fallacy. As long as infant life and the means of livelihood are uncertain and the standard of living is low, so long will nature retaliate with a thumping big birth-rate. Make life secure, make livelihood certain, raise the standard of living by female education and culture—not by a mere increase in the use of luxuries—and nature will at once respond, as she has always done, with a slowing down of the rate of increase of the population.

Every district has its own special problems, but the neglect of the education of the little girls, the loss of health and manure by the careless and insanitary habits of the village and the waste caused by extravagant social habits are common to probably all districts. In Gurgaon famine and poverty and a consequent low standard of living and slavery to custom were the special features. In Jhelum district the erosion of the land and the absence of occupation for the men are the big problems. Erosion means reduction of fodder for the cattle and loss of crops. Idleness means quarrelling and litigation and neglect of home and work.

The first big thing to be done then is the digging of pits and the cleaning of the village and the teaching of sanitary habits. The pits must be fitted up as latrines and all taught to use them. This will mean a big battle, but insist first on the women being provided for, as no one can possibly argue that the present custom is either healthy or decent. The cleaning of the village and the introduction of sanitary habits will make all else easy, as it is surprising how self-respect rises and how taking a pride in decency and cleanliness makes people

desire better and higher things. Cleanliness is the beginning of uplift; and without it there can be no improvement whatever. Dirt and squalor mean that people are content to remain as they are. Cleanliness of person, of home and of village mean a conscious desire to rise to better things. After cleanliness comes the education of the girls and their training in all the domestic arts.

Village uplift means work for us all. The best work is done by those who themselves live the new life in the village, but we cannot all do that. Those who cannot must help in whatever other ways they can. We want lecturers, magic lantern and slides, cinema films and projectors; we want writers of books and stories and poems and plays, painters of pictures, singers of songs. We want all the arts of the teacher and the propagandist to spread the good news in the villages. We want people to help at fairs and '*melas*', both to teach the people and to see to their comfort and convenience. We want mechanics and inventors to devise and try out all sorts of new kinds of implements that will help the villager with his farming and his industries and help his wife with her domestic work. We want ladies to help with baby clinics and women's institutes, to provide weekly lectures, to visit schools where girls are reading and to assist in all the many other ways of improving and brightening the lives of our village women. We want books written for boys and girls. We want literature, newspapers, periodicals and books, to instruct the villager and brighten his leisure time. We want people to train Boy-Scouts as the Boy Scout will always be our best friend and ally. Finally, and most important of all, we want wireless broadcasting to fill the long village evenings with news, instruction and healthy amusement. There is no end to the work we can all of us do if our hearts are set upon helping our fellow-people to gladden their lives. And the reward? The only reward we need seek is the satisfaction of work well done in the service of mankind—the reward of the good Scout who has fulfilled his duty of being useful and helping others. For four years we fought the Great War and now we are at peace with our late enemies. But there are two enemies against whom we have to wage a life-long, age-long, war—Apathy and Ignorance. These two enemies are the cause of all the misfourtunes that beset the villager. They bring dirt, they bring disease, they bring poverty and debt, they bring strife and litigation. To fight these foes we want a standing army of all those who are ready to work for the uplift of mankind. By their rules, their promises and their ideals, the Boy Scouts should be our scouts and pioneers, but every school should be a battalion training ground and every meeting a Council of War for the great campaign against Apathy and Ignorance.

Part 2—Making A Beginning

So much for the programme. How are we to set about converting it from paper aspirations to actual facts in the village? The bogey of money at once

Village Library and Reading Room in South Travancore (Y. M. C. A.)

looms up to daunt us. Money will be wanted no doubt but not in one tithe of the quantity that many people seem to imagine. In fact a very great deal of work can be done without any extra funds from Government or any local body and with only such money as can be easily collected from interested persons and well-wishers even in the poorest district.

A very complete and highly successful experiment in village reconstruction was carried out over the whole area of an upcountry district some years ago, but rumours of exorbitant expenditure got abroad and much harm was done thereby to the cause of rural uplift. As a matter of fact, money was spent—and very likely overspent—in Gurgaon but the final deficit was much exaggerated. All experiments cost money, some more and some less and all experiments involve the making of mistakes and mistakes must naturally be paid for, but without experiments and mistakes no progress can ever be made, Moreover the time factor was very important in Gurgaon. Within a strictly limited space of time the solution of many problems was wanted and in many cases before one problem could be tackled other problems had first to be solved, so that to reach definite conclusions about the whole problem the pace had to be forced and the forcing of the pace in such a sphere of work is both expensive and unsatisfactory. The proper speed to travel along the road of rural uplift is the speed with which the people themselves can keep pace and this speed depends on the standard of education and culture already existing and the skill which the organisers of the movement display in broadcasting their programme of reconstruction in the actual villages. The questions, therefore, with regard to Gurgaon are not so much how the work was done and what it cost, as whether the results were satisfactory and if so, by what methods and at what cost they can be produced elsewhere. New ground was broken in every direction in Gurgaon, much spadework was done which need never be done again in any district, and judging by the effect both in and outside of the district of its origin, the Gurgaon experiment was a very satisfactory and a very cheap bit of work.

But how then can this kind of work be started in a cheap way in a district? The first thing is to find out what to do, that is to say, to work out a policy and programme of rural reconstruction suited to the actual needs and circumstances of the district. This task must be carried out by representatives of the people themselves, by continual discussions both amongst themselves in their villages and with the various technical experts of the departments of Government that impinge on village life. There is no better way of doing this than by establishing a District Community Council with an entrance fee suited to the purses of the rural leaders and with an unlimited membership. Departmental and other officials are ex-officio members—many will gladly pay their fee and join as ordinary members—and the council meets at monthly or other suitable intervals and threshes out its programme, starting naturally with such obvious benefits as stopping the wearing of ornaments by children, the reduction of expenditure on

social ceremonies, the digging of pits for house refuse and some of the more easily understood methods of better farming. The great thing about the programme is that it must be simple and practical and must not be too far beyond the people's ideas to command respect. As the work progresses and popular support is gained, the programme will expand until it embraces every department of village activity and touches the whole life of every villager from the cradle to the grave.

This council is a natural panchayat. It attracts to itself every one who has any ideas or any desire for the betterment of his country,—there are no restrictions of caste, religion or politics and there is no reason for any one to stay outside. It will soon become the centre and sorting-house for all reconstructive work in the district and cannot help enlisting both the enthusiasm and the money of all who wish well of their country, while the insistence on an entrance fee will keep out those whose constructive energies are confined to the tips of their tongues.

The very widest publicity for the deliberations of the Council is essential. The various items of the programme must be discussed for months under every *pipal* tree before any attempt is made to put them in force. For this purpose a weekly village newspaper is required. With a bright editor, and the help of law-court notices, and the orders of the Local Board prescribing its use in every village school for the teaching of 'civics', this newspaper will pay its way in six months, particularly if the membership-fee of the Council includes the annual subscription for the newspaper.

As soon as possible of course, village wireless broadcasting must be established by the Council but that requires money and we are pledged to the strictest economy. Wireless will come of itself in due course so, we need not worry about it here.

We have now a Council working out a programme and a newspaper insuring its fullest discussion in every village. Naturally every Government Department adopts its share of the programme as its special work for the district, so that a beginning is at once made to put the programme into force. The biggest ally of the movement, however, is the village school. If we are ever going to improve the habits and outlook of the village we must tackle the school children as what we instil into them will in ten years be the custom of the village. Our Normal Schools must therefore teach the Council's programme to its pupil teachers and the Local Board must prescribe the Council programme for all its schools. Besides making our newspaper a compulsory subject for the 'civics' period, the local educational authorities will give practical assistance by insisting on the Council programme being carried out in every school. For instance, it will forbid any unvaccinated child or any child with ear-rings or other ornaments on to enter its schools. Every school will naturally construct and use the type of latrine found best suited for village needs. It will teach cleanliness and clean habits as

parts of its ordinary curriculum and it will in all ways assist the Council in its work and back up its policy and programme. Opposition from the parents will be negligible, for before passing the various items at its meetings the Council has ensured their wide discussion and approval in the villages. Moreover, the Council is the village, as its membership is unlimited and consists of all who are willing to pay the small fee required to give the Council a real existence.

We have thus a popular programme of rural reconstruction, which has been drawn up by the rural leaders and the Government departmental experts, and is well-known and generally approved in every village of the district. Moreover, we have given an inspiration and a direction to all the Departments of Government and to all the schools of the district. We have added a definite drive to their work and have co-ordinated all departments and officials and non-officials in one joint effort for the uplift of the District. Every one is now saying the same thing, whether he is a school-master, a revenue official, a doctor, or a headman. Can the village long resist? I doubt it.

So far we have spent no money. Now for a few frills as money becomes available from departmental and Local Board funds, Council subscriptions and the gifts of keen supporters whom our efforts have inspired to generosity. Magic lanterns * with special sets of slides made to support the various items of the district programme are required and, if possible, special cinema films, † pamphlets, posters and tracts are required. The local boards must have their "whistles wetted" to sing our 'dope' and dramatic societies must be encouraged to stage plays which will popularise our programme. Exhibitions, shows and competitions must be organised, all *melas* must be attended by our workers for propaganda purposes and so on. When more money is available lecturers, above all female lecturers, and Village Guides and other workers will be trained and employed but that is not necessary for a start.

I had almost forgotten the Boy Scouts. They are, of course, our sheet-anchor. They must absorb our whole programme and be living examples of its benefits and missionaries to their brethren and parents.

The most important part of the work, that to which all else is merely the necessary preliminary, is of course, women's education and welfare work and this will be taken up as soon as the Council by steady propaganda in its newspaper had prepared the ground in the villages. Co-education in the primary classes of the village school is now an admitted necessity, if village girls in general are to get any education at all within the next twenty-five years or so. Domestic classes must be formed to train teachers' wives and other relations so that they may help their

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* Complete sets with notes, based on my books, can be had from the Y. M. C. A., 5, Russell Street, Calcutta.

† A two reel film, "The Tale of Gurgaon", can be had from the Railway Board, Publicity Bureau, Delhi, and a Malaria Film from the Punjab Film Company, Lahore.

menfolk in the village schools and finally take over the infants' class as they do in other countries. All this is part of the routine work of the Education Department, so that here no question of money arises. The girls are just as much entitled to schooling as the boys and as their training is of infinitely more importance to the country than that of the boys there is no need to look for special funds for this urgent work. Similarly with female dispensaries and nurse dais and arrangements for training village dais. The women are entitled to more help than the men so that if money can be found for the men there must be as much or more available for the women. No civilised Government can argue about this so that the District Council has only to state its needs and it cannot be long before the new view point is accepted and the necessary adjustments made to enable the girls and women to enjoy the same advantages of modern civilised Government, as the men now do. The one big item of expense in the women's work which must some time or other be faced if the work is to continue past the stage when the public-spirited wives of officials and others can control it, is the appointment of a whole time and highly trained lady to supervise, co-ordinate and develop the whole of the activities being carried on for the benefit of the women whether by official or private effort. The men have plenty of officials for their work. Dare we grudge just one for the women?

By the formation of District Councils we insure a programme suited to the needs of each district and approved by its leaders. It is impossible to go wrong with such a programme. It is drawn up after full local discussion and with the help of the Government's own experts so that in banking on it and doing his utmost to carry it out, no official can make a mistake or lay himself open to the charge of being an ill-advised or hasty reformer and he will at all times have the enthusiastic support of all the best local leaders. This plan finds work too for all who want to help and offers a simple method for official and non-official, Government and people, to combine for the betterment of the Indian village.

As soon as a few District Councils have been formed the necessity of a Provincial Board will arise consisting of delegates from the District Councils with an active whole-time stipendiary Chairman and with liaison officers from the various departments to help him. This Board will be of infinite value to the District Councils. It will train workers of all kinds including lecturers, singers and dramatic actors and managers, prepare lantern slides, films and gramaphone records, organise shows and exhibitions, attend all the big *melas* and use them for 'uplift' purposes and in every way assist and encourage the District Councils. The Provincial Board will provide material to help the district village newspapers and when broadcasting starts it will, of course, have a transmitting station which will provide stuff suitable for districts to relay to their villages so as to help out their own programmes. When districts want to make a special effort the Provincial Board will be there to help with its

exhibition 'units', lecturers and other performers. Between the meetings the Chairman will be busy inspiring, assisting and co-ordinating work in the districts, working out remedies for difficulties reported from the districts, experimenting to discover new methods of dealing with people or problems and training workers for the districts. All this will be done in the closest touch with the various Departments of Government and naturally the closest co-ordination of all Departments in this great work will be secured. The Provincial Board will be the sorting-house for all district work so that each district may know what the others are doing and may quickly get the benefit of any new ideas, new methods or new discoveries that have proved valuable elsewhere.

This Central Board will have at first at any rate to be financed by Government but when the various Departments and Local Bodies see their village publicity work being done with an efficiency hitherto undreamt of they will gladly subscribe. When the traders see markets beginning to boom as new life and new wealth bring new needs to the village they will naturally add their support, and it is difficult to see how wealthy landlords, merchants, industrialists and all others who have the interests of the country at heart will not join in and help both with money and personal service once the public imagination has been caught by the movement.

CHAPTER XVI

HOPE FOR THE VILLAGER

RURAL RECONSTRUCTION IN SOUTH INDIA

(L. A. Hogg, Editorial Secretary, National Council, Y. M. C. A., Calcutta)

Youth to the Rescue in South India

The Deaf God

Near the southernmost point of India, some fifty miles from Cape Comorin, is a way-side temple to the Deaf God. At this shrine the passing peasant may, for a tiny coin, hear his prayer discharged with a whiff of gunpowder at the dull ears of deity. A mocking echo is the only reply. But hard by this temple of despair, and within earshot of its unceasing boom, is a house of hope for the villager, dedicated to a more virile faith and built upon the working philosophy that Heaven helps those who help themselves.

The Challenge

The challenge of despair has been taken up, as is fitting, by a youth movement, the Indian Y. M. C. A., and these young champions of the Indian village have chosen to join issue where the scales seem most heavily weighted against hope. For in South Travancore, with a poor soil and a light rainfall, famine is never far off. The land is over-populated and the people miserably poor, for where the imperial rupee is sub-divided into 456 *cash*, the wages for a day's labour are often only two annas. Any effort to improve the lot of the villager under these conditions must face the economic facts and begin with things as they are. This is what the Rural Department of the Indian Y. M. C. A. is trying to do at the various centres of its rural reconstruction work. In this house of hope, next door to the gloomy temple, the villager may learn from the hands of youth how to improve his produce and how to market it for a good price, how to rear better stock, how to turn idle hours to profit, how to enrich his life, and how to defeat despair.

MARTANDAM

The Golden Egg

The house of hope is located in the village of Martandam, on a piece of ground measuring only an acre-and-a-half, but supporting more ideas to the square yard than is common in the state of Travancore. The primary need of the Indian village is for ways of adding to the peasant's meagre earnings, and this end is here sought in homely ways. Twice a week for example you may see the villagers coming in from miles around bringing their eggs—as many as a thousand

a week—for sale at the house of hope. The influence of this centre may be traced within a five-mile radius and farther by watching the colour of the village poultry. The transformation began five years ago when a family of white Leghorns, which had braved the perils of the seas, were landed loudly protesting at an Indian port, consigned for Martandam. Their eggs were of a size undreamed of by local roosters, and they soon made a flutter in more senses than one in the Travancore hen coops. The eggs that are now being brought in by the villagers to the Y. M. C. A. centre are laid by these improved poultry and they are adding to the income of the agriculturist. The villager has been used to keeping hens and can see the value of the new breed. The price he gets for the larger eggs is two-and-a-half times the local price, for the society markets its eggs as far off as Madras, 600 miles away, where eggs of this quality can command a good price.

Age and Youth

This old man who is watching so eagerly while his eight eggs are tested is a member of the poultry society. He deposits the price of the two eggs as an instalment towards paying his share of the capital, and takes cash for the other six; but he is careful to see that the number of his eggs is credited to his account, for he will be entitled to a further payment on each egg when the half-yearly dividend of the society is distributed. One *coolie* brought in 3,500 eggs in 7½ months, and received, over and above the generous price on each delivery, a dividend of Rs. 13/-at the end of the period. Here is a boy of sixteen who calls on his way to school, with a bundle of books under his arm, carrying carefully in both hands a parcel of eggs. Before setting out from his village on the seven miles walk to school, he has collected these eggs from his neighbours, paying them an agreed price. Here at Martandam he sells the eggs again to the society at a slightly higher figure, and with the profits on his trading he is paying his way through school. The boys in the adjoining high school take a keen interest in all that goes on at the house of hope, and spread the fame of its doings through all the villages.

The Honey Bee

Bee-keeping is another means of adding to the family income, and one which requires a minimum of capital and yields a good return. One boy scout has four hives, one of which he made himself, and two of them are occupied by swarms that he caught with his own hands. Through the Y. M. C. A. co-operative society the villager can get an improved hive, and as he goes out to his work in the fields he may pause to watch —

> The singing masons building roofs of gold,
> The civil citizens kneading up the honey,
> The poor machanic porters crowding in
> Their heavy burdens at his narrow gate;

knowing that the honey they are making will add a comfortable extra to his earnings. Experiments are being made with Italian bees, an anxious cargo brought by the Secretary from Europe, for the Italian bee has a much larger yield of honey than the Indian variety.

Cashew Nuts

Yet another experiment in co-operative marketing is the sale of cashew nuts, fried and ready for eating. These are already raised by the village women for the local market or for sale to passing travellers by the road-side, but by giving a little more care to preparation and selection and by co-operative marketing, it has been possible to find a sale for these nuts as far off as Calcutta. The good price secured makes it worth the villagers' while to join the cashew nut society.

The Royal Bull

Besides raising a new breed of 'Y. M. C. A. fowls' and experimenting with Italian bees, something is being done at Martandam to improve the local breed of cattle. The most distinguished figure in the compound, admired by all comers and swelled with the pride of conscious pedigree, is undoubtedly the bull. His consort is a cow of the same breed, brought from Sind, and already there is a promising bull calf to carry on the royal line. But the old raja is no monogamist, and by crossing with local cows he has enriched the neighbourhood with a hundred calves of improved breed.

A Seed-bed of Ideas

These offshoots of the royal line will have a greatly increased yield of milk, but their feeding is a problem in a dry and thirsty land. So within the compound there are demonstration plots of quick-growing grasses, a quarter-acre of which will suffice to keep a cow. Millet is also grown and buckwheat, which is good for human food as well as for live-stock, poultry and bees. These and other experiments in cultivation make this acre-and-a-half a school of practical instruction for the villagers who throng to the Martandam centre. There is a homely plainness of speech about some of the instruction, for one of the most eloquent exhibits is a bore-hole latrine, a simple sanitary contrivance sold through the co-operative society, by which a village could soon rid itself of filth and of the pestilence that wasteth at noonday.

The Weaving School

The noise of looms at work draws attention to the corner where the weaving school is housed. In an agricultural country where for three to five months of the hot season all field work must cease there is urgent need for cottage industries to supplement the family income, and with a loom in the house there is work for all members of the household. The seven looms of the weaving school are already doing good business, for here are woven cloths of many kinds, including

all the *saris* for the girl guide uniforms of South India. Three dozen young men have passed through the school since it was started, and some of them are teaching their craft to others. A lad who has made good in the weaving school can be trusted with a loan by the co-operative society to buy himself a loom and repay by instalments from the sale of his weaving.

Co-operative Societies

One of the most effective means of promoting the gospel of self-help and mutual aid is through the co-operative credit societies which have been organized from Martandam in forty surrounding villages. Exhibitions have also been held at the Centre and in the villages of cottage industries, farm produce, live stock, etc., while weekly markets here and there are visited with health posters and other exhibits which attract the interest of many thousands of spectators.

A Model Library

But the crowning glory of Martandam is its library, albeit a glory that is revealed only to the discerning eye. Government did not at first see it, for the building was not *pucca*, and to award a grant to a library so housed was against all the rules. There was reason in the obduracy of the official view, for the little building was made of sun-dried bricks, floored with beaten mud and thatched with cocoanut palm, and while walls enclosed the inner room where the books were stored, the veranda which formed the reading-room was screened with nothing more than a lattice of bamboo. Yet there was another side to the picture. For what would be the use of showing in a demonstration centre like Martandam a library building which the villagers could not afford to copy? This building was built by boy scouts and night school boys themselves at a cost of only Rs. 45/- and could be copied, they say, for Rs. 5/- in the villages, where the members would contribute in kind most of the materials and would join together in building it with their own hands. So Government now support the venture with the full library grant. The shelves contain books in Malayalam, Tamil and English, which are used not only by local members, but are circulated also, in lots of ten volumes a month, to Y. M. C. As. in the surrounding villages.

Village Y. M. C. As.

Live Points

The village Y. M. C. As. of Travancore and Cochin, where the population is one-third Christian, are unique in India and perhaps in the world in that they are maintained entirely by honorary leadership. The Martandam centre has thus a live organization ready to hand through which its influence can radiate. These village associations have a strong 'Y. M. C. A. tradition' of religious work. From one such Association thirty-three young men go forth every week to teach Sunday schools in eleven surrounding villages; a training class is held for the

teachers themselves, and (a characteristic touch) the expenses of the schools are met by keeping thirty fowls and sending their eggs to Martandam! This association is so isolated that when, greatly daring, they invited the Diwan of the State to lay the foundation stone of their new building, a road had to be made to allow his motor car to reach the village. Yet five thousand people assemble for the anniversary meeting of this association, and the event is celebrated by a religious convention (with a flute band to lead the singing), and a varied programme lasting five days.

Road Making

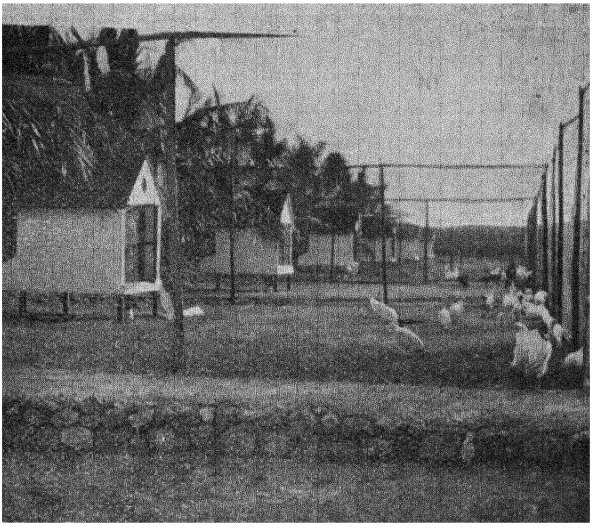
The life of the villages centres and germinates in these little associations of young men, and finds its outlet in all kinds of social service. One such village, awaking to the fact of its immemorial isolation, petitioned Government year after year for a road to link it with the highroads on either side. As Government would not respond, the village Y. M. C. A. came to the rescue. Some fifty landowners had first to be squared before a line could be plotted out for the road; but then, with a little money raised for the necessary blasting and a certain amount of coolie help, the young men set to work with their own hands to make four miles of road. The ceremonial opening of the Y. M. C. A. road drew the attention of Government to this enterprise in self-help, with the result that this Indian state is going to take over the amateur road and make it 'pucca.'

A Village Agenda

Near the other end of the road is another of these village associations. They hold their meetings on an open veranda, and have all the usual activities—literary society, lending library of books from the Martandam centre, open air preaching and Sunday schools, singing class, women's club, physical class and games for the boys, and so on. Eggs are sent each month to the Martandam centre and honey from the improved hives. A village exhibition was held by the Y. M. C. A. when crowds came to see the Martandam bull, goats and poultry, health charts, etc., and a display of games and folk dancing. When cholera broke out they distributed relief from house to house. But lusting like Alexander for new worlds to conquer, they lately held an all-day conference to discuss the needs of the village, when they decided among other things that they must have a village well, a village market, an extension of the 'Y. M. C. A. road' from the next village, a better reading-room, more bore-hole latrines, and committees for this, that and the next thing.

Adult Education

In this association, as in many others, the secretary is the village schoolmaster, with a salary of about Rs. 9/–a month; and it is from such a 'living wage' that another school-master has given Rs. 100/–in cash and kind towards the building which his Y. M. C. A. is erecting with its own hands. But



Ramanathapuram Poultry Farm (Y. M. C. A.)

sometimes the village school owes its existence to the Y. M. C. A., and when the children are gone home to bed the school-room fills again for the Y. M. C. A. night school with field labourers or 'climbers'—men whose job it is, morning and evening, to climb forty *palmyra* trees for their precious juice. Or the occasion may be a 'drama' written by the school-master and acted with great gusto by the village Y. M. C. A.—some of them, the lowest of the low. Old folk dances are being revived, and it is a picturesque sight, when the day's work is done, to see these swarthy Y. M. C. A. members, bare to the waist, gather under the stars by the flare of an oil lamp and join in their traditional 'stick dance' to the clash of the cymbals, singing the song of the cotton, and mimicking the movements of ginning, carding and spinning.

Summer Schools

The isolation of the villages gives special value to the summer schools and conferences organized by the Y. M. C. A. in Travancore and Cochin, when young men from scattered village associations come together for a few weeks of intensive education in religion and its practical applications, physical training, sanitation, co-operative methods and rural pursuits. About three hundred young men have been trained in these schools since 1926. For young men who have known no recreation and hardly know what games are, not the least valuable part of the programme is the organised games and the camp-fire stunts at the day's close. So from these summer schools there goes forth not only a new technique but also a new spirit for re-building the village life of these important Indian States.

AREACODE

Malabar

North of Travancore and Cochin lies the region of Malabar in the Madras Presidency, where under entirely different conditions the Y. M. C. A. has established another of its rural reconstruction centres at Areacode. As there are no Christians among the Hindus and Muhammadans of Malabar, the work at this centre cannot be multiplied as in Travancore through a network of village Y. M. C. As. The influence of the centre thus depends largely on the personality of the secretary—a dual personality, as it happens, for his wife is with him heart and soul in the work. The term 'rural reconstruction' has a special significance here, for ten years have not passed since the Moplas of Malabar rose in rebellion. They are a fiery race, descended from Arabs who centuries ago settled in these hilly tracts to exploit the valuable forest timber. Areacode was a storm centre of revolt, and in the building now used by the Y. M. C. A. the Moplas kept their Hindu prisoners before taking them down to the river for execution. The stern measures which Government had to use to supress the violence of rebellion left a legacy of bitterness and defeat, besides the economic loss and dislocation caused by deaths, imprisonments and transportations, fines and damage to property.

Flood Relief

In the relief work which followed, the Y. M. C. A. played an important part, which later took shape in the establishment of the rural reconstruction centre at Areacode. Work at this centre had hardly begun however when calamity again overtook Malabar in the terrible floods of 1924. The river rose fifty feet, isolating Areacode and flooding the lower country. As food supplies were running short in the village, the secretary with a volunteer crew ventured to launch a boat on the raging river. Drawn swiftly into the central current, the boat was swirled down the forty miles to the coast town in three hours, but it took the crew as long again to get their boat safely ashore with their appeal for help.

A Judgment of Solomon

Exploits like these have given the secretary a unique place in the community, and he is appealed to in all emergencies, especially as a conciliator. He was awakened one night at eleven o'clock by a deputation from a neighbouring village where a dispute had arisen as to the ownership of a mosque and there was danger of a fight. A midnight journey was made to the scene of fray, and the Christian secretary there and then drew up a constitution for the Muhammadan mosque, which was accepted by both parties and publicly read in the mosque on the following Friday. Or again it is a woman who comes fleeing to the Y. M. C. A., pursued by her irate husband with a knife. The dispute is about the household goods of a joint family, and the secretary's wife with even-handed justice apportions the goods and chattels—mudpots and ladles—awarding the bronze vessel to whoever will pay half the price.

The Village Panchayat

Such a 'judgment of Solomon' will serve in a crisis, but for ordinary disputes the need was felt for some orderly method of composing differences which would avoid the ruinous costs of litigation. So the secretary got Government to organise a Panchayat Court of the village elders, to which he was himself elected by the vote of villagers, and here disputes are settled about such matters as rents, cheating in trade and in money-lending, damage to crops by straying elephants, family quarrels of all kinds, etc. In this way as many as ten cases may be settled out of court in a single day, saving in legal expenses anything up to Rs. 700/-, and cases are sometimes referred to the Panchayat by local courts.

Learning Handicrafts

An industrial school is maintained at the Areacode centre where some forty boys are being trained—some of them orphans of the rebellion. There was ample scope for such training in a community where weaving was an unknown mystery, where there were no carpenters, and where no use was known for the valuable rattan cane that grows wild. With the help of a Government grant instruction

is being given in weaving, carpentry and basket-making, with elementary teaching in drawing and three R's. As there is a ready sale for all that the pupils can produce, it is hoped that before long the school will pay its way. Boys trained at the carpenter's bench can make their own looms, and so various cottage industries will be established in the villages. Bee-keeping and poultry-keeping are also demonstrated, the secretary runs a dispensary, and the wife of one of the teachers has qualified herself as a midwife to help the villagers in their homes.

A League of Villages

But perhaps the largest influence exercised by this centre is through co-operative banks. The secretary has organised these in thirty-three villages within a radius of ten miles, and they are supervised by a local co-operative union of which he is himself the honorary secretary. Where the local money-lender may exact as much as two annas a week for a loan of one rupee, so that a year's interest amounts to more than six rupees, and leaves the victim still owing his original rupee, the need for these banks is more than evident. There is a special 'anna bank' where women are encouraged to deposit any small change that may be left in hand after market day; but the total credit of the 9,000 members of all the banks amounts to the substantial sum of Rs. 1,33,000. Each of the thirty-three village societies is managed by its own panchayat, and sends every year two representatives to the annual conference of the whole union. Various petty industries are being financed by these societies. The staple crop of the villagers is ginger, and this they sell through their societies to the union, which ships it down the river in boat loads to the central co-operative bank in Calicut.

Building the Common Life

These operations have a highly educative value, and as the secretary visits the various centres he is able, by lantern lectures and other means, to promote adult education. Volley-ball for young and old bids fair to become the chief recreation of the people, and when the river is low they meet by moonlight on its sandy bed for inter-village sports. Across the river is a forest tract where the villagers lose as many as two-hundred cattle in a year through the ravages of tigers and other wild beasts. In one of the most inaccessible of these forest villages the secretary got a night-school started by a voluntary worker. Interest was awakened among the villagers, and after three years they built themselves a day school, which has become a centre of social activities. First a co-operative society, then a school, then a post-office—these are some of the stages by which the Y. M. C. A. worker is helping these backward villages of Malabar to build up the elements of civilization.

INDUKURPET

First Beginnings

It is a far cry from the Malabar Coast to the Coromandel Coast on the other

side of India, and it is there in the Nellore District, nine miles from Nellore on the road to the sea, that the Y. M. C. A. has another of its rural community centres, at Indukurpet. The work here has had a chequered history since its inception six years ago. Prejudice had first to be overcome, but through the good offices of a Hindu friend four acres of ground were at length secured—land that nobody else wanted because it was reputed to be haunted! Rough jungle had to be cleared by the secretaries themselves, the bricks had to be made and the first cottage built with their own hands. But by patience and goodwill the confidence of the people was gradually won. The settlement grew to something like a model village, neat, orderly and scrupulously clean. There was a good well and the sanitary arrangements were simple and effective, such as any villager with a mind to do so could easily copy. Twelve buildings of the simplest structure accommodated the two workers and their thirty-five pupils, with sheds for industrial training and for the work of the farm.

After the Cyclone

This was the situation when on November 1st. 1927 the settlement was swept away by the cyclone. Happily no lives were lost in the centre itself, but in the district many perished, both man and beast, more in fact than could be buried, with the result that cholera broke out and completed the desolation caused by the cyclone. For a time relief work absorbed the energies of the Y. M. C. A. centre, but only for a time. "Though the centre has vanished," wrote the secretary on the morrow of the disaster, "it lives in the hearts of the people." And before long it began to take more tangible shape. A quadrangle of thatched substantial sheds made its appearance, built to resist future cyclones, with one *pucca* building at the corner for guests, set in the midst of fields and gardens. Village lads began to come once again to the centre for training in agriculture and cottage industries. The sound of the loom could be heard once more, mat-making and carpentry were taught, bee-keeping and poultry-keeping were introduced. Villagers now come from the district to buy the produce of the centre—vegetables, clothes, carpets, tables and chairs—attracted by the quality of the goods and the fixed prices. Agriculture and gardening are taught as the staple industries, and to supplement this vocational education, a central day-school has been opened, said to be the best rural school in the district, giving outcaste boys a literary education up to the eighth standard. Lectures on religion, sanitation, health and agriculture, bring in the better classes; *bhajanas* and lantern lectures have a universal appeal, while many come to the centre to have their disputes settled by arbitration, or to be treated for snake-bite at the dispensary. Indukurpet is also recognised as the training centre for scout-masters for the district, and has its own special scout troop. The centre is a place of service to the surrounding villages. The boys from the centre are the anti-cholera squad of the area, the fire-fighters in the near-by villages, and they go

out to help the poor farmers at harvest time. They are learning rural service by action. Besides the work at the centre, there are two rural schools and a night-school in adjoining villages, and co-operative societies for depressed classes and others.

A Grain Bank

An interesting feature of the co-operative work that radiates from this centre is the first National Grain Bank of Indukurpet. This is an ordinary co-operative credit bank, except that its currency is *rice*. If the villager wishes to deal with this bank, he must own one or more shares of the capital stock. One share equals one bushel: he therefore hands over a bushel of rice to the bank and receives a stock-certificate to the face-value of one bushel. Later on in the year, when the family food supply runs low, he borrows not money, but rice, and after the harvest he repays his loan, giving five bushels for every four borrowed during the year. Six bushels for four is the ordinary rate of interest, but if the five bushels charged by the Grain Bank seems a high rate it should be remembered that the villager borrows the rice when its cash value is high, and repays when it is low. The share-holders are the poorest of the poor, mostly landless agricultural labourers, who receive their wages at the harvest time in rice. These people have little understanding of the mystery of money, but dealing in bushels of rice is something within their comprehension. After all, depositing rice is very like sowing it! As confidence in the bank increases the stock-holders will undoubtedly make use of the bank for collective marketing at the most favourable time of the year, and so by co-operative effort will improve their economic position.

RAMANATHAPURAM

A Place of Pilgrimage

The South Indian plateau is broken by several hill ranges, on one of which, the Nilgiris or Blue Mountains, the Government of Madras has built its summer capital. Within sight of these hills, and under conditions of soil and climate that are typical of much in South India, the Y. M. C. A. has planted another of its rural reconstruction centres at Ramanathapuram. A board at the gate of the compound bears the democratic motto: "Look for the best in every one and your discoveries will surprise you," but if you enquire within you will find in the visitors' book such distinguished names as H. E. the Viceroy and H. E. the Governor of Madras. For this is perhaps the best known of these rural reconstruction centres, and being within two miles of Coimbatore it is of easy access and has become a place of pilgrimage for people wishing to study rural problems. The secretaries have been successful in enlisting the support of local landowners, who have welcomed for themselves and their tenants the suggestion and guidance of the Y. M. C. A. experts—one of whom has lately returned from Europe, where he has been studying co-operative methods in Ireland, Denmark and other countries.

Lines of Work

The work here repeats many of the features already described in our account of the other centres. Within the large compound may be seen model hen-houses and pig-sties, where improved breeds may be examined, bee-hives and all the operations of bee culture, a motor plough, a shelter with enclosed stage used for a night school and for dramatic performances; and behind the bungalow there are experimental plots of various fruits, vegetables and grain. The influence of this example may be traced in the kitchen-gardens of the villages for miles around. Fifty villagers are raising English tomatoes in their back yards from seedlings raised in the centre, and these are on sale regularly in the market of Madras, 300 miles away. In the local market of Coimbatore also the centre is organizing the sale of village produce—eggs, honey, cauliflowers, cabbages, etc. A special feature of the work here has been the teaching of cottage industries. Experiments have been made with a dozen or so, and the industries now taught are those that have proved the most promising: poultry-farming, bee-keeping, kitchen-gardening, preserving fruit and vegetables, dyeing, calico-printing and stencilling.

Some Results

A record of some of the results achieved at this centre may be of more interest than mere description. By means of thirty-eight co-operative societies which have been organised and formed into unions, over a hundred families have been freed from the clutches of the money-lender. Through the efforts of voluntary teachers in the night-schools, 250 people who could not read or sign their names have learned to read a simple Tamil newspaper and to write letters in their own language. Through the medium of drama acted by themselves the men and women of four villages have learned useful lessons, not only in the classic stories of their land, but in practical matters like temperance and co-operation. They have also learned new games, and the annual inter-village sports are a great occasion in the life of the district, while another event of the village year is a health-week organised by themselves. Poultry keeping has become a cottage industry in fifteen villages, and in others bee-keeping, dyeing and calico-printing.

Spreading the Idea

But the outstanding achievement of Ramanathapuram and its most far-reaching influence has been its annual summer school of rural reconstruction. The thirty-eight students who attended the last summer school, held throughout the month of May, represented the Punjab, Bengal, Central Provinces, Bihar and Orissa, and other parts of Madras Presidency. In the six years since the inception of the school two hundred men and twenty women have been trained, and these are now engaged in works of rural uplift in all parts of India and in Ceylon, some in co-operative organisations, some in schools, some in mission or Govern-

ment service. In no other way could the value of the work done by the Y. M. C. A. in these germinal centres of rural reconstruction be more effectively and rapidly multiplied.

VANIEKE

In a Sikh Watch Tower

The experimental work so far described has been in South India, but at the end of 1930 the Y. M. C. A. fulfilled its ambition by opening a rural reconstruction centre in the Punjab. The new venture has only started, but to this record of work done in the south it may be not unfitting to add a note on work begun in the north. The new centre is located in the village of Vanieke, about midway between Lahore and Amritsar, in a picturesque old Sikh watch-tower once used as a prison, dating from the time of Ranjit Singh. The tower stands on a plot of land about an acre in extent, which is at present a barren waste but can be turned to good use.

Help From the Villagers

The experiment is being started with rigid economy, for the funds available are very limited. A beginning has been made with furniture lent by the Lahore Y. M. C. A., and the village people are giving their support in practical ways. The owner of a piece of land in front of the centre has allowed it to be used as a playing field, and the boys of the village have cleaned and levelled it and laid it out for volley-ball. A Zemindar has presented two poles for the net—a rather tattered one—and so well has the game caught on that the villagers are giving four annas each to buy a new net, while a neighbouring village is asking to be taught the game. A local man of importance has promised a twelve-foot beam to repair the roof, while a poor Indian Christian from an adjoining village, having no money to give, came one day with his minute donkey and offered a half-day's work for hauling dirt.

Friends in Council

To learn something of the purpose of the Centre the villagers have been invited in groups—one night the local village lambardars and petty officials, another night the teachers from the schools of the area. A most interesting gathering met on the night when the old soldiers of the neighbourhood were called together, men who have seen service on all fronts where Indian troops fought. One havildar (sergeant) had been captured with General Townshend at Kut, and another veteran, a Christian sweeper, seemed by his own story to have been with a British regiment in all campaigns since the Crimea, and in more battles than Caesar! Plans were discussed at these meetings for opening a night school and library for teaching the women weaving, dyeing, etc., for starting Boy-Scouts, for introducing poultry raising as a cottage industry, etc.

Making Ready to Begin

These and many other ideas were talked over, but the villagers were made to understand that they must lend a hand themselves. When they had really got something to show the world, they were told, *then* would be the time to call in the officials and other important people for a grand opening; and first the village would have to be cleaned up! In spite of this plain speaking the support of the villagers seems to be assured, and the Y. M. C. A. is encouraged to believe that the methods tried out in South India will take root and bear fruit in the North.

Avaunt Despair

At one of those dramatic performances, a biblical play, that are so dear to the heart of rural audiences in Travancore, the village school-master took the part of the Devil, with flaming torch, magnificent in tusks and sable wings. He was reciting with gusto the tale of his victories, beginning with the fall of our first parents and down through the dingy chronicle of man's defeat, when he was pulled up and the catalogue of his triumphs was cut short. Crestfallen he confessed that he had at last found his match—in the Y. M. C. A.; and with a snort of baffled rage he flung his smouldering torch, extinguished, at the feet of the district secretary! It was a gesture of hyperbole, but a fine tribute! And after all, in Bunyan's allegory was it not just such an one who slew the Giant Despair?

CHAPTER XVII

Organisation of Rural Welfare Work in India

We have now seen what the problems in connection with rural welfare work in India are and how the Punjab and other places are attempting to solve them. It now remains to be seen what uniform policy can be adopted for the whole of India so as to render maternal and child welfare work fully efficient and scientific, and that it might take its proper place in organic relationship with all other branches of established public health work.

The protection of maternity and infancy in an organized form is relatively new to India and as far as rural India is concerned no work on an extensive scale has yet been attempted. The question will therefore arise whether the time has come for defining a uniform policy of work for the whole country. It has been mentioned that in the pioneer stage of the work, it is desirable and even necessary to allow various organisations to work out unhampered different methods to ascertain the value of each. Judging by this it would appear that the time is not yet ripe for laying down a uniform line of work for the country. The obstacles peculiar to welfare work in India, the financial stringency of the Government and the Local Bodies and the paucity of expert knowledge and workers make it however necessary to define an agreed and uniform policy at least as regards organisation to save wastage of effort, time and money.

The most important essential and as a matter of fact the foundation on which scientific welfare work should be built up is the proper and efficient training of doctors, nurses and midwives. The subject is so very important that a separate chapter is alloted to it.

The Essentials of Rural Welfare Work

Coming to rural welfare work proper, we have seen that it centres round, primarily, four factors, namely, (a) the training of dais, (b) establishing district welfare centres, (c) home visiting, (d) effective propaganda and a concerted attempt at general uplift. To these should be added the enacting of the necessary legislative measures as without them the work can never be stabilised. This is the province of the Government but voluntary organisations ought to educate public opinion and pave the way for the favourable reception of the legislative enactments when passed.

It is convenient to discuss the organisation of rural welfare work under two headings :—

1. What Government and Local Bodies can do and
2. The place of voluntary organisations in rural welfare work.

What Government and Local Bodies can do in Organising Rural Welfare Work

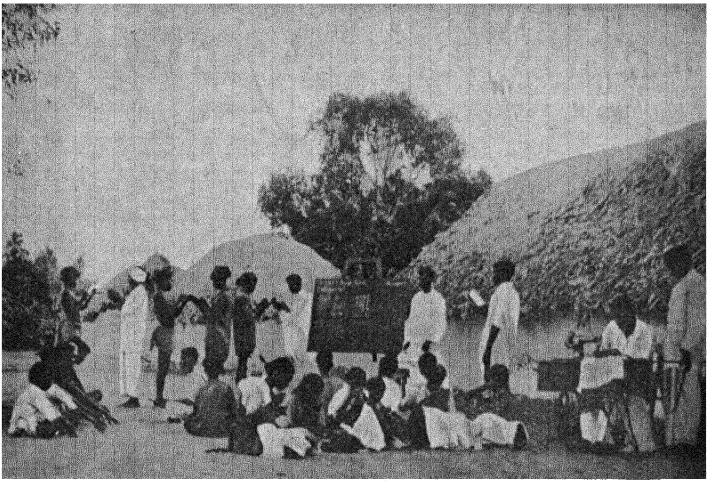
This subject would divide itself into how to improve or reorganise the existing establishments and materials so as to make them more effective as far as welfare work is concerned without much additional expenditure and new measures which are expensive though essential. The suggestions are:—

1. Post-graduate courses in Maternity and Child Welfare for doctors and midwives now in the service of the government and of the local bodies should be arranged for at convenient centres, the course lasting for a fortnight at least. Recruitment to these services should in future be confined from among those who have taken training or at least a post-graduate course in the subject.

2. It should be made compulsory for every taluka or tehsil public dispensary to have attached to it a qualified midwife whose duties should be to assist the medical officer in examining and treating females, to attend maternity cases in the dispensary and outside, to train dais, to do house visiting and to run a welfare centre at the dispensary. The financial liability for this would fall on the local bodies and it would ensure that there is at least one trained midwife to attend to the special needs of the thousands of women in each taluka.

3. It was mentioned before that in each taluka, there are one or two vaccinators. Their work is heavy during epidemics, at other times slack. No valid objection can be raised against the suggestion that the post of vaccinators should be given to qualified midwives. Vaccination is concerned primarily with children and hence with women and is bound to be more popular in rural India if the vaccinators are females. It is not suggested that the midwife vaccinator will find time in all talukas or at all times to do other work than vaccinating, but it becomes possible to utilise her services *when possible* to train dais, advise women and so on. The view held by experienced rural workers is that multiplication of departmental staff for village work should be avoided. Clearly it is also economical to have as few staff as possible consistent with efficiency. We have seen that in England, the health visitors in sparsely populated countries are given tuberculosis and school work as well. One of the defined duties of Bush Nurses in Australia is to attend to school children whenever possible. It may not be possible to lay down as a general rule what extra work should be alloted to each midwife vaccinator. Local circumstances alone would decide the point. By this way there would be one or two more midwives available in each taluka without any additional expenditure.

4. It was also mentioned that in each district there is an inspector of vaccination and sanitation whose duty is to tour about the district inspecting the work of vaccinators and advising and helping local bodies to combat epidemics. The suggestion put forth here is that this post should be given to a lady doctor or an experienced health visitor. In England many counties give to their health visitors the work of the inspectors of midwives as well. That the inspector of



A class for rural workers at Indukurpeth (Y. M. C. A.)

vaccination can find time, when there is no epidemic, to supervise during his touring, the work of trained dais and midwives as well, is easy to see. These suggestions may be considered as temporary measures in the beginning of organised welfare work.

5. If the suggestions given above are put into effect the position of rural welfare work would be a welfare centre in each taluka headquarters, two or three midwives in each taluka, out of whom one or two are travelling midwives, and an inspector of midwives and dais. Even this would be quite inadequate as each taluka has over a hundred villages and an extensive area. The next step would be to divide the villages into convenient groups, the number in each group depending on their population and their distance from each other, and to appoint in each group a midwife or a specially trained dai. The question would arise as how to finance this ambitious scheme. Corresponding to parish councils in England we have, or are supposed to have, village panchayats. "In spite of great effort to establish these village authorities it has not proved possible to progress very rapidly. Outside Bengal and United Provinces, the movement is still in its infancy" (Simon Commission Report Vol. I). The difficulties in connection with introducing village panchayats are described by the U. P. Government thus: "The selection of villages in which panchayats can be established with a hope of success demands caution. In the first place villages which are riven by faction must be avoided. Elsewhere men of the necessary intelligence, integrity and force of character are often absent or if present, belong to a single caste or family with the result that a well balanced panchayat cannot be formed. Many villages are entirely apathetic. Again experience has shown that panchayats rarely flourish when overshadowed by the influence of a powerful landholder to whom the tenants have been in the habit of taking their disputes. Lastly considerable difficulty has been experienced in the selection of suitable *sarpanches* (presidents) on whose personality the success of the panchayat almost entirely depends. In remote tracts it has not been easy to discover men of the right type for these posts who had sufficient education and intelligence to understand the simple rules and maintain the simple registers. The increasing influence of village factions and caste and communal friction has affected the working of panchayats in some places". (Simon Commission Report Vol. I).

In spite of this rather pessimistic view it is possible to introduce panchayats in at least the larger villages though a certain amount of coersion would be required. The income of panchayats is from house-tax which is now not collected in villages where there are no panchayats. It is said in chapter three that the limit of taxation has been reached in the case of the Indian Villager but if the house-tax is equitable, and apparently it is, the income from it should not be allowed to lapse except under quite unavoidable circumstances, especially as it is being collected in some villages. The co-operative principle followed by the Bush Nursing Association for financing the maternity and nursing services

of rural areas in Australia cannot be adopted in this country as the villager, being ignorant, would not make any voluntary contributions towards it. The idea should be to make the villagers themselves finance to a great extent the expense of these services indirectly through their panchayats. The supervision of work should rest with district local boards, as the villages in an area might not belong to the same taluka.

6. The ultimate goal to be aimed at would be to have a medical officer of health for each district and a self contained sanitary and welfare staff as described in Chapter VI.

7. Attention is called to the chapter describing the motorised form of rural welfare work in the U.S.A. Similar moving child welfare specials should be introduced by the wealthier district local boards, two or three contributing towards the expenses of one special. Besides the educative and propaganda features of the special, it could be used for the specialised examination of women and children, as it is possible to equip it better than district and taluka welfare centres. The absence of motor roads is a difficulty but at least one village in each group can be reached by the special.

8. More or less the same remarks apply to the introduction of trains modelled on the Better Farming Train of Victoria. Many of the railways in India are now State-owned and some of them have special propaganda carriages. Introducing child welfare section in these should present no very serious obstacle.

9. Rural welfare work should form an aspect of a concerted attempt at general uplift. The chapters on this subject by Mr. Brayne and Mr. Hogg are specially interesting. (See also Appendix I.) Co-operation by departments like Education, Agriculture, Medical and Public Health is required for this. To take some specific instances: The Education department can help by

1. selecting the right type of persons as village school masters. At present they exert no influence on the life of the villagers, unlike that in other countries,
2. training village school masters as scout masters and starting troops of boy scouts and girl guides in every village school,
3. making the study of elementary sanitation and domestic hygiene compulsory in schools,
4. opening schools of rural economy (see Appendices VIII & X) with the help of other interested departments, and insisting on all village officials to take a training at this school,
5. by encouraging female education,
6. by introducing compulsory education in the rural areas.

10. A better system of registration of births and deaths should be introduced. This would not be possible as long as the semi-literate village officials are in charge of the work. The question of handing over this work to school masters is worth the serious consideration of the authorities.

The scheme as detailed in the previous pages would mean a certain amount of expenditure and the question as to what share of it should be taken up by government, the local bodies and panchayats would depend on various factors and should be left to financial experts to adjust. The expenditure would be less if trained dais are utilised as far as possible, the work to be alloted to them depending on the capability of the individual dais.

References:

1. Simon Commission Report, Vol. I.
2. The Remaking of Village India by F. L. Brayne, M. C., I. C. S.
3. The Child Welfare Movement by Dr. J. E. Lane Claypon, M. D., B. Sc.

CHAPTER XVIII

Organisation of Rural Welfare Work in India—*(Continued)*

The Place of Voluntary Organisations in Rural Welfare Work.

So far we discussed or rather indicated the lines on which rural welfare work should be organised and developed in the districts. It needs no elaborate argument to make one realise that some sort of central organisation is required if a uniform policy and standard of work are to be adopted in the various districts of the same province and the various provinces in the country. It is now proposed to indicate what sort of Central Organisation there should be for the purpose and whether this should be Central or Provincial. For obvious reasons subjects like training of workers and prescribing one standard of statistics for all welfare and health centres should be under the Central Government, but other matters in connection with the work had best be left with the Provincial Governments as is done at present in regard to public health. The ways in which Government can help welfare work in general have been described in detail in Chapters 16 and 17 of the book "Maternity and Child Welfare." The more important of those would be mentioned here:

1. A thorough reorganisation of the Public Health Department which as pointed out by Dr. Subramhonyam in Chapter VI is now concerned primarily with the prevention of epidemics alone as far as rural areas are concerned. Maternal and child welfare work does not form a part of its specified or implied duties in urban or in rural areas.

2. The appointment of a full time Director of Child Welfare under the Health Department. The duties of this officer should include the general organisation and supervision of all maternal and infant welfare and health centres and training centres. Many workers in India were consulted as to whether the Director of Child Welfare should be an official or a non-official. The concensus of opinion seemed to be that she or he should be an official or at least have official status. The United Provinces and the Punjab have special officers, Madras is having one and it would be better for uniformity and for administrative efficiency to have a government Director of Child Welfare. The question whether the Director should be a female or a male is merely an academical one, the best medical woman or man available should be appointed to the post.

3. To assist the director generally and for special propaganda work, an experienced health worker should be appointed.

4. An Act for the Proper Registration of Nurses, Midwives and Dais.

5. An Act for the compulsory Notification of Births within 3 days and the Registrars to furnish Baby Welfare Centres with lists of births preferably every day.

6. Opening Health Schools and model Mother-craft homes, Infant Clinics, Milk Dispensaries, etc.

7. To take steps to ensure the active co-operation of the whole medical profession, official and non-official.

8. Sympathetic advice and encouragement and financial support to voluntary organisations.

9. To make it obligatory on the local bodies to undertake efficient Maternity and Child Welfare work in the areas under their control.

Government thus helps welfare work by providing expert advice and supervision, opening model institutions, by passing the necessary enactments, by instituting panchayats in at least the larger villages and by stimulating and subsidising local bodies and voluntary organisations. The local bodies help by opening taluka and district centres, by appointing the required staff, by local supervision and by encouraging the formation of voluntary organisations and by financial assistance. The sphere of voluntary organisations in the scheme of work will now be considered.

The Place of Voluntary Organisations in Rural Welfare Work

In the pioneer stages of child welfare and similar other movements voluntary organisations have played an important part. Usually the work is begun by a body of philanthropically disposed persons who feel the necessity to make some effort to meet existing demands. The history of child welfare movement in India reveals more or less the same story and the position however humble now occupied by the work is due mainly to the efforts of voluntary organisations. There is a common belief that voluntary efforts are more effective than those of Government and local bodies. This is based on the assumption that the latter are too official, too unsympathetic and devoid of the personal touch. Though there is a certain amount of truth in this, it cannot but be admitted that voluntary workers are, as a rule, less efficient, less regular and less reliable. There are notable exceptions to this rule. Whatever it is, no permanency or advancement of the work after a certain stage can be achieved till the work is taken over or at least controlled and supervised by Government or local authorities and run by paid workers.

Welfare voluntary organisations, in other countries if efficiently run, sooner or later are financed at least partly by Government subsidies and from that time onwards their activities are supervised by the Government. Later still the work becomes transferred into the hands of Government or local bodies. In England all voluntary organisations are subsidised upto 50 per cent. of the incurred expenditure, directly or indirectly, by Government and are naturally supervised by it. In India on the other hand only very few organisations receive Government grants and even over these there is no control

whatever by Government. This is the primary reason for the backwardness of welfare work in this country.

Although many a city and even district town can now boast of some kind of welfare activities and welfare organisations, rural areas have very few catering for them. This is due to causes many of which have been explained in the earlier chapters of the book. Then any rural organisation to be efficient would have to consist mainly of Government and Local Board officers, as they alone know rural conditions and have influence over rural masses. In urban organisations, on the other hand, the presence of officials is no essential factor though helpful. This would mean that the stimulus to the formation of organisations for rural work should come from the officials and in areas where they take real interest in the subject organisations and activities are seen to be existing. Ordinarily, the officials are overworked with their own legitimate duties and find little time or inclination for such work. The organisation of rural work has therefore often depended on the necessary impetus given by higher and central authorities or wives of Viceroys and Governors.

Coming to organisations already existing, all should be encouraged at least in the beginning. To make them effective, however, a survey of these organisations is essential. Work should be alloted to each according to its capabilities taking into consideration the work of other organisations existing in the same area. The survey and allotting of work are the duty of some central authority like the public health department.

In England we have seen that as far as rural welfare work is concerned there are the county nursing associations and the district nursing associations; the former mainly concerned with the training of workers and effecting a certain amount of supervision over the activities of the latter. The district nursing associations carry on the actual welfare work either on their own or supplementing the work of local authorities in places where they are doing work. Rural organisations for India should have more or less the same functions and duties. The Lady Wilson Village Maternity Association, Bombay, is apparently modelled on these and would form an ideal organisation for rural welfare work if controlled and worked by persons of broad and sympathetic outlook who have studied rural problems and are conversant with practical welfare work. The organisations should have central committees, district committees and area committees. All these committees should compose of Government and Local Board officials and non-officials, the latter in proportion to communities and vested interests. One or two women should find a seat on all the committees. Every province should have its own organisation and each provincial organisation should at least have one full time experienced female health worker for propaganda work and for touring and supervising the activities of district and area committees. In this connection, the student is referred to Appendix I.

Some of the Christian missions have worked their way into the interior of

rural India and encouragement should be given to them either in running or supervising welfare activities. Superceding the present Provincial Sanitary Board, or in addition to it, a Provincial Welfare Bureau corresponding to State boards in America should be constituted at the capital town to advise the Director of Child Welfare. The Bureau should consist of representatives of the medical, education and agricultural departments and all voluntary organisations at the headquarters. The functions of this bureau should be chiefly advisory as regards originating new activities and to co-ordinate those of existing organisations and to prevent overlapping of work. Periodical conferences of welfare workers throughout the province should be arranged by the Bureau. The formation of corresponding district bureaus corresponding to County boards in America would be a great advantage, the bureaus forming advisory bodies to the local authorities and the administrative head of the district.

Details of the various organisations required for rural welfare work are not described here for want of space, but the promoters can easily start them based on the general principles enunciated in this and the previous chapters with modifications suitable to local conditions. The point that has to be stressed is that as long as Government and the local bodies are apathetic to welfare work and the existing voluntary organisations are drifting like rudderless boats in an unknown sea, the position of welfare work in India will ever remain unsatisfactory and a blot to the fair name of the nation.

References.

1. Report on the Welfare of Women and Children, Victoria, by Drs. Main and Scantlebury.
2. The Child Welfare Movement by Dr. J. E. Lane Claypon.
3. Maternity and Child Welfare by Pillay and Subramonyam.

CHAPTER XIX

The Training of Workers

In the earlier chapters of the book, we have been discussing rather rapid and short cut methods of solving the maternity problem of Indian villages. In this chapter it is proposed to examine the education and training of doctors, nurses, and midwives as it exists at present and see whether it conforms to the standards recognised in more advanced and experienced countries. A little thinking would convince any one that the safety and subsequent good health of the mother and infant would depend on the knowledge and skill of the professional attendants, whether doctor or midwife and it is therefore essential that the education of these attendants should be such as to equip them adequately for all duties which they might legitimately be called upon to undertake. The work of infant welfare centres is making more and more evident the lack of knowledge of both doctors and nurses in the care of normal baby and in matters of infant hygiene and feeding. This is due to the fact that in India, as till recently in other countries, interest is focussed on the healing of the sick both in the medical curriculum and in the training of nurses and midwives and little attention is given to the conditions that conduce to the maintenance of normal health and the prevention of disease. It is a far cry from the well equipped nurses of Australia, England and America to the village dais of India, but yet the dais cannot be ousted from the profession for generations to come and the chief object in training them is to see that they do the least amount of harm. The methods described for their training are therefore in no way inconsistent with the principles enunciated in this chapter.

Training of Medical Students

In the curriculum of medical students. midwifery has long occupied an inferior position and naturally the students have not been disposed to spend more than a minimum of time on a subject which is obviously not regarded as of special interest by their teachers or examiners. True, the students get theoretical instructions in the subject, but clinical instruction is actually limited to witnessing and conducting twelve cases of labour. The student is sent for to the labour room only when labour has actually begun and has to leave the place immediately after labour is completed. The clinical study of pregnancy or puerperium is not compulsory and therefore he does not avail himself of opportunities, even if any, to study them. All the training that the medical student receives in the care and feeding of infants is one or two lectures. He might never even see a new born infant in the wards. It appears as if the new-born baby is considered as an unimportant by-product scarcely worth the serious

attention of a busy obstetrician. The teaching is haphazard and is in the hands of busy practitioners or comparatively inexperienced teachers in many places. Uniformity in training exists only in name. These remarks are specially applicable to the present training of midwives. It is worth remembering in this connection that "the possession of a medical qualification or a midwifery certificate does not necessarily imply a capacity to teach and when the lecture or coaching is merely an incident in the work of a busy practitioner or matron, it cannot be expected to be of high quality." These defects are not peculiar to India alone, as the British Medical Association would have one believe, but the other countries have now come to realise these limitations and are boldly facing the problem.

The urgent need is therefore a thorough reconsideration of the problem of training doctors and pupil midwives with a view to securing conditions common to the whole country with a uniformly high standard of theoretical and practical teaching. It is the duty of the Government to face the problem and to take up the question. One gets almost sick of the stereotyped cry of its financial stringency. To reorganise medical education would not mean much extra expenditure. What is wanted is for Government to realise and accept its responsibilities to the maternity and infant welfare problem in the country and give up its present attitude of looking upon it as an unimportant experiment that might be carried on by voluntary organisations if and as they please. Carlyle has said, "wherever the health of the citizens is concerned, all Governments that are not chimerical make haste to interfere." The move to create a Central Medical Council for India is a step in the right direction and as soon as it is formed the Government should see that it takes up the question of reorganising the training of doctors and midwives. Training, as was mentioned, should be a central question to be controlled and supervised under its direction by Provincial Midwives Boards or Nursing Associations.

The suggestions that might be put forward to improve the midwifery training of medical students are:—

1. Systematic lectures by competent lecturers,
2. Regular demonstrations in the obstetric museum,
3. At least three weeks' whole time residence in the hospital,
4. Attendance at the ante-natal department and septic wards to study the physiology and pathology of pregnancy and puerperium,
5. Students to be made responsible during the puerperium for the labour cases they conduct, as then it would be possible for them to study the care and hygiene of new-born and premature infants,
6. Attendance at infant clinics, milk dispensaries, and mother-craft schools,
7. Thorough practical training in the diagnosis and treatment of venereal diseases.

8. Refresher and post-graduate courses.

To put these suggestions into practise it is necessary to institute ante-natal and infant clinics, mother-craft schools and milk dispensaries in connection with training maternity institutions. The idea should be to attach as far as possible to every existing maternity institution a Maternity and Child Welfare Clinic. At present, many of them have not even separate ante-natal departments.

Training of Midwives

In India there are nurses, midwives, also called Dais in some Provinces, and health visitors. The syllabuses of training midwives and health visitors are given in Appendix IV of the book "Maternity and Child Welfare". The course for midwives lasts for a year and during this period they have to work in a training hospital which is not necessarily a residential institution. The midwives get 30 lectures and have to witness 10 and conduct 20 cases of labour each. The period of training for nurses is $2\frac{1}{2}$ years with six months extra for midwifery. Candidates for health visitor's course should be registered midwives or nurses and the period of training is 10 months. By far the largest number of women taking training is for the midwife's course. A look at the syllabus shows that important subjects like ante-natal care, infant care and mother-craft do not find a place in it. The training institutions are not licensed with care, the teaching, as was mentioned, is inadequate and the candidates are not selected properly or uniformly. The Health Visitor's course is rather elaborate but practical training in the more important subjects is elementary. To show the contrast, the syllabuses set for the training of midwives and of infant welfare nurses in Australia are given in Appendix VI. The following suggestions would help in improving the training of this most important class of health workers:—

(A) Government should lay down by law a standard and uniform curriculum for training midwives and others.

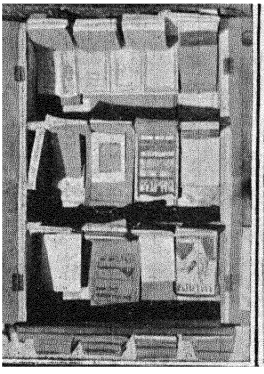
(B) All midwives should have theoretical as well as practical training in

(a) ante-natal care and mother-craft in addition to the usual midwifery course. To put this into effect,

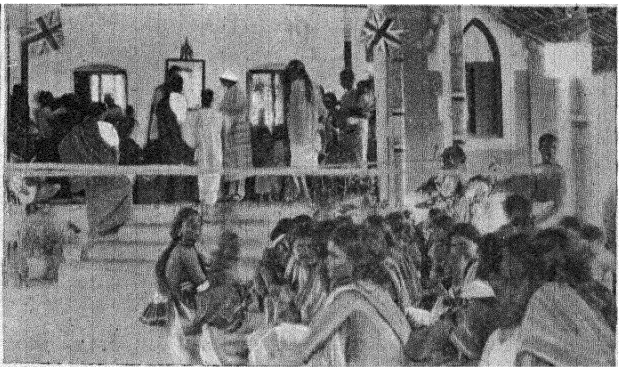
(i) the course of midwives should be extended to 15 months and for nurses for midwifery training to 9 months. They can practise midwifery after a year's or 6 months' training but should not be allowed to take up service till after completing the full course;

(ii) ante-natal departments should be insisted on in all training institutions;

(iii) mother-craft schools should be available at least one in each Presidency capital under Government management, (In districts voluntary organisations should be encouraged



Travelling Library
Exhibit,
Ramanathapuram



Village Women at Child Welfare Exhibition,
Ramanathapuram

to run these institutions in connection with maternity homes and welfare centres with financial support from local bodies);

(iv) welfare centres should be standardised and given licenses as training institutions if they come up to a prescribed standard;

(b) ante-natal (20 cases) and post-natal home visiting under the supervision of a health visitor or of the Public Health Department;

(c) infant diets and dieting;

(d) manifestations of venereal diseases and preparing material for diagnostic purposes;

(e) invalid cooking,

(f) record keeping and routine office work.

(C) Careful investigation of the facilities available in training institutions and licensing those found suitable. It is admitted that Maternity Institutions are limited in number and "though therefore it is desirable to utilise existing maternity institutions as extensively as possible for training purposes, it would be ultimately better to train a smaller number of midwives satisfactorily than to allow certification after training which falls far below the minimum requirements". The chief points for investigation are experience and training of matrons or sisters in charge as the efficiency of practical training would depend chiefly on them and the ratio of trained staff to patients and probationers. The rules and regulations regarding training institutions in Australia are given in Appendix VI and these should be adopted with required modifications in India.

(D) Expert supervision of the training by a touring official central authority.

(E) The course of health visitors need only be for six months and for three months they should be attached to recognised infant welfare centres for practical work. Health visitors should be fully trained nurses having a midwifery certificate and in England a Sanitary Inspector's certificate is also expected in them. In selecting Health Visitors special attention should be paid to their personality as it is on this the success of welfare work depends.

(F) A new class called District Workers should be instituted. The necessity for district workers to be well equipped would be evident from the fact that in districts in India no other medical aid is usually available. They should be at least registered midwives and be given a fortnight's training in district work by house visits in villages under the supervision of the Taluka Medical Officers. In other countries,

the district training is given at District welfare centres but as these are not in existence in India, this alternative method of training is suggested.

(G) The training of indigenous dais should be classified and standardised as Primary and Secondary. Primary training was described in the previous chapters. The Secondary training should be at a recognised maternity institution from 4 to 6 months according to the intelligence and aptitude for work of the dais and the practical teaching should follow the course set for midwives. As most of the dais are illiterate, record keeping and routine office work should not be insisted on in their case.

(H) Before leaving this subject it might be suggested that maternity and infant welfare associations would do well, when facilities are available, to train young and intelligent girls as nurses for healthy babies in private families something like the mother-craft nurses of Australia. The training should last 2 or 3 months, be practical and include the hygiene of the home and infancy and the care, clothing and feeding of babies. Such nurses are very necessary in India and there is bound to be a great demand for them if properly trained candidates are available.

Many of these matters are within the immediate province of Universities and Provincial Midwives' Boards and Nursing Associations and though these bodies are doing what they can, no uniformity or further efficiency can be achieved without the guidance of a properly constituted Central Medical Council for India and without Government stimulus. There is now very little control over the practice of midwifery by midwives and nurses and none whatever over that of the medical profession and it is therefore all the more important that their training should be of very high quality. It is on the effective training of the midwives and doctors that any efficient superstructure of maternal and child welfare work can be built up. This is the primary help the Government has to render to the movement immediately.

Reference:

Report on Maternal and Child Welfare in Australia by Dame J. M. Campbell, D. B. E.,

CHAPTER XX

Rural Propaganda

Various methods of propaganda suitable to this country are described in chapters X and XI of the book " Maternity and Child Welfare " and in this chapter it is proposed to mention only those methods which are suitable to rural India. Mr. Brayne than whom is not a better rural propagandist writes on this subject: "Our method is intensive propaganda, aided by laughter and often by song. Once you have gained the confidence of the villager, you can poke fun at him; and once you can use the great weapon of ridicule, the battle is won. The secrets of our success were to deal with the whole village life, to take the whole district as the field of operations and to deluge the area with every form of propaganda and publicity that we could devise or adopt or afford. Uplift is a mass movement, a combined assault, and no area, no part of life, and no method of attack can be neglected."

Mr. Brayne's advice as regards taking the village life as a whole and not separate aspects of it for propaganda purposes is very interesting. Prominence in the propaganda might be given to separate subjects but the assault should be on village life as a whole. An intensive propaganda over a certain continued period is bound to leave better results in villages than sporadic attempts however spectacular they might be. Mr. Brayne continues, "There are several essentials in the campaign. Every position must be assaulted from as many directions as possible—for instance the filth of the village can be dealt with from an agricultural and a health point of view—but religion must be severely left alone....As every one knows, propaganda will move mountains, there is no habit or custom that cannot be undermined with propaganda, and no new method that cannot be popularised with propaganda, as long as the campaign is sufficiently intensive and continuous and sufficiently alive. Wireless broadcasting we never had and loud speakers only once; but once we can have this last discovery of science it will be worth all the rest put together. In fact village uplift in India will only really begin when village broadcasting starts".

To mention the more effective methods of propaganda:—

1. Loud speakers—"For Rs. 10,000 we could use Delhi Fort and lecture every village for hundred miles round that is ready to put down the Rs. 250/- or less required for a loud speaking receiver. The school masters can be taught in a fortnight to handle these receivers". (Brayne).

2. Lectures to villagers, both men and women.

3. Magic lantern shows. This is very economical and effective.

4. The strolling minstrels and glee-singers, "an indigenous institution

roped in and bribed to sing our 'dope'. They cost very little and hundreds of villagers will sit enthralled for hours while the singers tell them in song how to wash the baby and so on" (Brayne). This method Mr. Brayne found very effective in Gurgaon.

5. Cartoons and posters.

6. Health and Baby Welfare competitions.

7. Health and Baby Welfare plays and dialogues.

8. Practical demonstrations in village sanitation and domestic hygiene by Boy Scouts or village guides.

9. Health lectures to school children by the district midwife.

10. Propaganda by visiting nurses.

11. Propaganda by touring officers.

12. Propaganda through and by women's organisations. Women are in a position to appreciate better the disabilities, suffering and even hardships of mothers and infants than men. If their interest can be aroused one may look to them to produce the splendid driving force to push the movement onwards. Every encouragement should be given to organise women's societies in talukas and cities.

13. By moving child welfare specials and better farming trains.

14. By publishing a District Gazette in the vernacular of the district.

15. Baby and Health week campaigns. These do not differ very widely from those organised for cities. (See chapter XI, "Maternity and Child Welfare"). Certain points are to be borne in mind while organising Baby and Health Shows for villages:

(a) Letter posters and tables of statistics make no impression.

(b) Only those subjects that would be understood by the villagers should be selected.

(c) As far as possible "contrasts" should be exhibited side by side.

(d) No materials and often not even a carpenter are available in villages. These will have to be commandeered from the nearest sub-overseer's or local board's stores.

(e) The show should be arranged during a fair and most villages have one every year.

(f) Invitations to the neighbouring villagers should be sent through the Mamlatdar or Tahasildar.

(g) Separate hours should be set apart for women.

(h) The senior available Government Officer should open the show.

(i) A Baby competition should be arranged simultaneously. It would need a good lot of tact to make the parents understand that the babies are required for medical examination and not for any sinister purposes.

(j) All shows should end with a cleaning-up campaign of the village.

Which method of propaganda is suitable for each area will be decided by local circumstances. The example set by Mr. and Mrs. Brayne in Gurgaon should be kept as the ideal by all village propagandists. "Uplift is a live issue and no one is allowed to forget it. We preach in season and out of season; not a village or villager but knows all about our campaign and is compelled to have an opinion about it, to take sides one way or the other. We set the district talking and thinking and that was all we wanted".

For successful propaganda the active co-operation of Government, Local Bodies and voluntary agencies is required.

References:

1. The Gurgaon Experiment by F. L. Brayne.
2. The Remaking of Village India by F. L. Brayne.
3. Report on Maternal and Child Welfare in Australia by Dame J. M. Campbell.
4. Report on the Welfare of Women and Children in Victoria by Drs. Main and Scantlebury.
5. Maternity and Child Welfare by Pillay and Subramonyam.

CHAPTER XXI

Heredity versus Environment

From the beginning of civilisation all reforms that have been attempted have been for the improvement of environmental conditions. The factor of heredity was entirely ignored though its principles have been recognised empirically from time immemorial by the shepherd of the flocks and the tillers of the soil. Various are the causes for this. To mention the more important: Reformers are guided solely by their sympathy with suffering and disease that they see immediately around them and do not bestow any thought on future generations as the hereditary factor in determining the life of individuals, communities or races is practically unknown to them. Even if it is, they are tempted to concentrate their attention on the points where the most obvious and most immediate results seem likely to be obtained and such results are seen only in environmental reforms. "Legislative reforms must always be in the hands of politicians; politicians are invariably driven to pay great attention to vote catching and as posterity has no votes, the interests of future generations are certain to be more or less neglected by all democratic legislatures" (Leonard Darwin).

Even Medical men ignore, generally speaking, the hereditary factor in all their dealings with disease, though more than 2000 years ago, Aristotle taught, "Men are called healthy in virtue of the in-born capacity for easy resistance to those injurious influences which ordinarily arise and unhealthy in virtue of a lack of that capacity." There are two extreme schools of thought—one attributing all happenings in human life to heredity alone and the other to environment alone completely ignoring the other factor. The concensus of opinion at present is that "it is the resultant of these two independent forces that count in human affairs," in other words, both environmental and heredity reforms are equally essential for the improvement of the human race.

The physician, because of his ignoring heredity, has so far been able only to defeat the microbe but not to effect any appreciable increase in the natural defences of the human body. To illustrate this point, take diseases like arthritis, epilepsy and insanity which depend on the very constitution of man itself and nothing has yet been discovered in the way of curing these, though it is possible now to alleviate the suffering and increase the comfort of the persons affected. The ultimate aim of medical science on the other hand should be to make man himself ward off disease by increasing the vitality of the individual and this would be by increasing the vitality of the race.

Welfare workers similarly have been attempting so far to alleviate the suffering around them and try to keep alive all who are born, indiscriminately.

Ante-natal, natal and post-natal supervision of and aid to mothers are undertaken and the infant life is "looked after" till the age of 5 or 6. By these methods, it will be those naturally least able to survive who will be helped to survive. Philanthropy as is being undertaken at present without any racial safeguards helps mostly those naturally least able to help themselves, viz., the careless, the foolish, the feeble, the inefficient, and the insane, to survive and multiply and it is these persons who should not be allowed to leave tainted descendents behind them.

"The fundamental fact which lies at the foundation of preventive medicine is the healthy individual. Environment, infection, the accidents of life and disease undoutbtedly exert direct or indirect effect upon him, but it is his own body, with its growth and development, its resistant soil, its natural powers of defence, which form the basis of health and of scientific prevention. To start a man fairly on life's journey he requires a sound foundation of physique. We have to think in terms of race and thus it comes about that the idea of parentage and ancestry cannot be ignored. If we are to grow a sound and healthy race of men, we must begin where all breeding begins, *at the source.* If we permit ourselves to favour and provide for the unguided propagation of a population of poor physique or of persons marked from birth with the stigmata of alcohol, venereal disease or mental deficiency, we shall sooner or later discover that we are building on false foundations and without taking sufficiently into reckoning the laws of heredity of transmission and of ante-natal infection." (Sir George Newman).

To take two instances: With all the specialised, one might say, almost perfect maternal welfare work that has been going on for years in England, the maternal mortality has not decreased. A well-known eugenist accounts for it as follows: "Here in England, I believe, a good deal of maternal mortality is due to the fact that improved obstetrics covering now two generations are leaving each generation a higher proportion of women in the community whose pelvic formation is not suited to child bearing. Such groups were formerly eliminated by child birth owing to lack of proper obstetrical aid". Thus improved obstetrics are causing increasing maternal mortality. In Australia, infant welfare work is almost ideal and yet the neo-natal death rate is not only not decreasing but in some states is even higher than what it was 10 or 20 years ago. This is due to neglect of the hereditary factor. It is an axiom that "philanthropic activities without adequate racial safe-guards would slowly and steadily drag down a whole nation to the level of its lowest types."

Broadly speaking, the aims of eugenics are two:—

1. To prevent the unfit from leaving any descendents.
2. To encourage the multiplication of the more fit and useful citizens.

No objection can be raised to these objects if we remember that the increase in population that has been occurring in all countries has been *differential*, "the

rate being lowest amongst that portion of the population which is mentally most highly endowed (average size of family among college graduates is 2·7) and highest among the defective (average size about 7)" (Sinnot and Dunn). To achieve the former object, the remedies suggested are:

(a) the segregation of sexes,
(b) sterilisation, voluntary or compulsory,
(c) family limitation and
(d) introducing proper racial safeguards in the present methods of welfare and allied work.

To achieve the second object certain economic reforms are needed but these are not within the province of welfare workers. The point that should engage the attention of welfare and social workers immediately is the question of family limitation. The two methods advocated for this purpose are continence and conception control (termed also as birth control). The prudishness that once made this subject taboo is slowly disappearing. Continence may be adopted by those who can practise it without physical or moral or mental decline and while advising it to young couples, one has to bear in mind that sexual appetite, after hunger, is the most dominating influence in the life of human beings and is insistent. Prof. Freud asserts that the majority of nervous morbid states are produced by certain pernicious influences of the sex life. Even though one may not go so far as Prof. Freud, the physician cannot but be convinced, if he cares to enquire, that a large proportion of these cases has a sexual import. Any one who has had large experience of welfare work will admit its limitations and also the imperative necessity of prohibiting parenthood in certain cases.

The following points are irrefutable:

1. Certain ailments are aggravated by pregnancy and often end fatally after it.
2. Diseases like insanity, feeble-mindedness and idiocy are hereditary and the only way to eradicate them is by preventing those now affected from parenthood. It is claimed by eugenists that if these persons are prevented now from parenthood, the diseases can be eradicated in 50 years. In England in the last 21 years while the normal population has increased only 14 per cent, the feeble-minded have increased by 100 per cent.
3. Too frequent pregnancies often drive many a feeble woman to an early grave.
4. While it is admitted that it is a primary duty of normal married women to take their share in the maintenance and continuation of the race by bearing what children the country reasonably needs, they should not be forced to risk their own lives by bearing babies like breeding machines.
5. Parenthood should be discouraged where poverty is likely to prevent

the children from being brought up in decent environment or given reasonable facilities for mental advancement. It is certainly impossible to prevent children from suffering morally, mentally and physically when their number is too great for the mother's health or father's earning capacity. The hopelessness of improving the lot of toddlers in India in spite of careful work is beginning to dawn on welfare workers and this is due to their neglecting the economic factor.

6. The high maternal and infant mortality rates have a direct bearing on too frequent pregnancies.
7. Feeble-mindedness is seen more in the slums where for racial and economic reasons, conception control is very badly needed and it is here that welfare work is actively carried on. The report of the Mental Deficiency Committee in England (1927) clearly states that feeble-mindedness is largely segregated among a few thousand family stocks and the question of its eradication therefore assumes a simpler form.
8. At present unwanted pregnancies are very often terminated by intentional abortions—a sin against health, law and nature.
9. The educated classes already have access to this knowledge while the working classes and the very poor have no means of procuring this advice.
10. The universality of marriages in India makes birth limitation the more imperative.
11. The prevalence of polygamy complicates the problem.

12. If it is conceded that it is justifiable to give advice on conception control in certain cases, what more competent body is available than maternity and welfare centres, the tried workers of which have the confidence of the people ? The giving of this advice should be made one of the legitimate objects of these institutions. The information should be available to married women living with their husbands,

(i) to secure adequate intervals between births,
(ii) for recognised medical reasons,
(iii) to prevent the probable transmission of serious hereditary defects,
(iv) for economic reasons,
(v) when they are below 18 years of age.

Contraceptive instructions if imparted with discretion will,

A. enable every wife,
   (i) to attain full development in mind and body before she becomes a mother,
   (ii) to get pregnant only when she is healthy and strong,

(iii) to have sufficient interval between child-births to recoup her health,
(iv) to keep her husband's love and thus promote happiness and harmony in the home,
(v) to avoid noxious drugs and practices to terminate undesired pregnancy by abortion,

B. prevent or lessen,
(i) prostitution and promiscuity,
(ii) birth of diseased and feeble children,
(iii) child labour,

C. reduce,
(i) hereditary diseases,
(ii) infant mortality rate,
(iii) rate of death among toddlers,
(iv) maternal mortality rate,
(v) over population and housing congestion,
(vi) destitution and the resulting need for organised charity.

The latest available scientific opinion is that

1. contraceptives if prescribed by a physician who knows the subject
   (a) are reasonably effective,
   (b) are harmless,
   (c) and do not cause permanent sterility, and
2. contraceptives as advertised and sold by chemists who had no special training in the subject are
   (a) unreliable, and
   (b) sometimes harmful.

Many of our workers and thinkers are convinced that conception control would prove an effective remedy against most of the evils India is suffering from, yet for various reasons, they are unwilling to advocate it openly or help in providing facilities for its being readily available to those who badly need it. The more experienced welfare workers are beginning to realise that while they are able "to extend the elastic cords of environment" by the methods they have been following, "the anchor of heredity still remains a drag on the race" and unless an attempt to shift it is made their work would bear only partially successful results. It is interesting to note that the Ministry of Health, England, has just accepted the principle that Birth Control advice could be given at Welfare Centres for adequate medical reasons and has accordingly issued a memorandum on the subject (see Appendix IX). Nine Public Health Authorities are already taking action while seventy are considering it.

The chapter can best be closed with the following quotation from Dean Inge: "We cannot throw on the Deity the responsibility for bringing unwanted children into the world, and leaving them to the state to clothe, feed and

An imbecile Mother, aged 16, and her first born (taken at the Sholapur Maternity Home)

support by outdoor relief. The morality of birth control depends on the motive. The good citizen wants to do his best for his children and for his country. If he has reason to think that his children are not likely to be healthy in mind or body, or if it is plain that there is no longer room for larger families in the class of the nation to which he belongs, it is his duty to act in accordance with that knowledge." Statistics bearing on this subject are given in Appendix II.

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1. Vital Statistics by Sir Arthur Newsholme.
2. The Population Problem in India by P. K. Wattal, M. A.
3. An Outline of the Practice of Preventive Medicine by George Newman.
4. Need for Eugenic Reform by Major Leonard Darwin.
5. Principles of Genetics by Sinnott and Dunn.
6. The Birth Control Movement in England by Edith How-Martyn
7. Various issues of the Eugenic Review, The New Generation and the Birth Control Review.
8. Sex Problems in India by Prof. N. S. Phadke.

CHAPTER XXII

Sex Education

In recent years, the attention of the medical profession and of social workers has been increasingly directed to the question whether education in sex matters should be imparted to children and that is the only justification for including this chapter in the book. The subject will be discussed in all its aspects leaving it to the student to form his or her own opinion as to the necessity of sex education to children. People who take any interest in the subject hold divergent and even opposing views. Some think it a crime on innocence to teach the child the mysteries of sex, while others are equally emphatic that children should receive this instruction at as early an age as possible. The trend of opinion in the scientific world to-day, however, is that proper instruction in sex is very necessary to children.

What is Sex Education?

Various are the solutions offered for this problem. Some maintain that "all earnest character training is already in itself sexual education" and would go no further. Others would like actual instruction in sex to be preceded by a general systematic training of character and will-power. A thorough all-round education in the deepest sense of the term is considered by some as necessary before a full appreciation of the sex problem is possible. In India, the problem is complicated by the peculiar social customs and practices mentioned in a previous chapter, the illiteracy of the parents, and the unhealthy conditions and unrefined atmosphere of the homes which allow of no privacy.

The Necessity for Sex Education

The sex instinct is the most important instinct after the instinct of self-preservation and its intensity varies in different children. Children ordinarily pick up knowledge of this subject from servants, bad companions and by observations of the animal world. "It is nothing short of appalling to reflect that the chance instructors of our children are dirty-minded school mates, grooms, garden boys and other servants and then to reflect on the tone in which the instruction is given. The poison thus imbibed in childhood can never quite leave the system whatever remedies are applied. The exception to this rule is the naturally dull children who take no interest in this or any other subject." It is the first presentation of this subject that leaves the most lasting impression on the child and this first presentation should be in the proper dignity of the

subject and in its close relation to the welfare of others. In this matter, therefore, it is better to be a year earlier than a day too late.

The Two Aspects of Sex Instruction

Sex instruction should be discussed under two headings :

(A) Character or moral training and

(B) Sex education proper.

Scientists accord the place of importance to one or other of these according to their view of thinking. It will be clear from the following pages that both are equally essential for a right attitude towards sex.

(A) CHARACTER OR MORAL TRAINING

(1) *Training at home,*—The moral training at home should include the following :—

(i) *Regularity,*—"The moral training of a child should be begun from its cradle." Regularity curbs inclination and acts as a check on impulse.

(ii) *Obedience* or the habit of yielding to rules. A willingness to abide by rules is the first indispensable condition of moral growth. Even a child of a year and a half can be trained to obey its parents.

(iii) *Conscience,*—Conscience does not usually begin to show itself until the child is about 3 years old and at that time, it begins to use the personal pronoun "I". This is one of the chief turning points in human development, another being the beginning of adolescence. Between 3 and 6 years of age, the child learns to distinguish clearly between self and others. It is highly important to control the elements which enter into the concept 'self'.

(iv) *Personal cleanliness and reverence for the body.*

(v) *Temperance,*—at this age, especially temperance in eating.

(vi) *Self-control,*—at this age, control of temper.

(vii) *Respect of truth,*—There is an old saying that "all liars are self-abusers."

(viii) *Kindness to animals.*

(ix) *Consideration for others,*—This has a great bearing on immorality.

(x) *A sense of chivalry and consideration for weaker beings,*—This has an important bearing on the child's future attitude towards prostitution.

(xi) *A proper sense of shame* which has been described as a bulwark which protects all good customs.

(xii) *Initiation to healthful play.*

(xiii) *Weeding out all bad habits when seen.* Just as weeding a garden has a beneficial effect on the good plants, this weeding out of bad habits strengthens the good habits.

(xiv) *The example of parents,*—Habits are acquired by imitation and repetition.

(xv) *The atmosphere of the home.*

(2) *Training at School.*

"The School should be to the pupil not an intellectual drill ground, but a second home, a place dear at the time, and to be gratefully remembered ever after; a place in which his whole nature and especially what is best in him, may expand and grow. The educational aim should not be merely to pave the pupil's way to future success, not merely to make of his mind a perfect instrument of thought, a kind of intellectual loom capable of turning out the most complicated intellectual patterns. The aim should be, above all, to build up manhood, to develop character". The teacher should be a person with high ideals, the correct poise and judgment, a normal attitude to life and sympathy with the young not only in their studies but also in their games. It is an accepted truth that the younger the students, the more "educated" the teachers should be.

The schools afford the best opportunities for character training. The teaching of history, for instance, lends itself for developing self-sacrifice, patriotism and devotion to principles, science to truthfulness, and music to social unity, gymnastics to self control, prompt obedience to the word of command and so on. The discipline of the school itself should have a beneficial effect on character. The aggregation of a large number of scholars in the same building and their intercourse with one another afford frequent opportunities for impressing lessons of kindness, mutual helpfulness, etc. The very atmosphere of the class room should be such as to encourage moral refinement.

In the secondary schools and colleges, the higher energies of youth should not be exclusively devoted to the accumulation of knowledge but sufficient leisure is necessary to leave strength for acquiring self-discipline. Of what value is all our intellectual training, if it produces only moral weaklings?

(B) SEX EDUCATION PROPER

(1) Age at which Instruction should be given

The age is fixed by experts at between 8 and 11 years. By about the 6th or 7th year, the brain has achieved its adult size and weight and this period was in some post-simian age of our race the period of maturity. This might explain why the age of 8 is selected for imparting sex instruction. At this age, passions are not ordinarily awakened. Each case however should be considered on its own merits. It would be just as unwise to force upon the timid, modest, and sensitive child a full knowledge of the mystery of life as it would be to withhold

such knowledge from the bold, inquisitive, would-be-wise one. Another principle that might be followed is " whenever the child asks a question, answer it truthfully."

(2). By whom should the Instruction be given

It is customary to suggest that parents, teachers, doctors or priests should give sex instruction. "All expert testimony points to the life-long permanence of the early home influence and to the fact that young children are very trustful of their parents whose words carry great weight with them. When one thinks of the character of the particular teaching under consideration, how it appeals to the whole being of the child and is meant to uplift his ideas of religion and of nature as well as to enlighten his conscience and nerve his will and further how surely it depends for its success on the loving enlistment of his deepest and purest affections, I confess that there is to me something almost of a profanity in the idea that a doctor or a school master can stand in this matter in *loco parentis*".

The subject should be presented to the child from its higher aspects with the fullest authority that belongs only to parents. When the child who was wont to take his difficulties and doubts to his parents is sent off with "palpable evasions, fables and non-sense" or directed to others, for information even on one subject, his trust in his parents and confidence in their power to guide him through life are shaken to their foundation. He will then select other persons for information and for his confidence.

(3). What Subjects should be included in Sex Instruction

(1) Maternity, (2) Paternity, (3) Significance of marriage, (4) Fertilisation and development, (5) Physiology and functions of sex organs, (6) Changes in adolescence, (7) Health rules, (8) Dangers of misuse, (9) Venereal diseases, (10) Prostitution, (11) Preparation for marriage, (12) Principles of heredity, (13) Hygiene of married life, (14) Preparation for parenthood, (15) Family life, (16) Mother-craft.

To children till 10 years instruction in the first five subjects and during adolescence in the remaining should be given.

(4). Methods of Teaching

There are two methods usually advocated, viz., the indirect or scientfic method and the direct or personal method. In France it appears sex education is sometimes given on dead bodies. The idea behind this is that in the presence of death, no animal passion will be aroused.

The Indirect Method,—The laws of reproduction are illustrated from examples of plant life, then the lower animal life and so on and worked upto the facts of sex among human beings.

The Direct Method,—" Reference is made to the animal world just so far as the child's knowledge extends but the main emphasis is laid on his feeling for his

mother and the instinct which exists in nearly all children due to the maternal relation in the hope that use may be made of the natural reserve which forbids a light and careless handling of this topic among school boys." Maternity is easily explained and for paternity, the father's love for mother should form the basis of explanation, and then vague details without suggestions should be given. Simple charts, lantern slides and films might be profitably used. The point to impress on the child is that parenthood is a sacred duty not to be attempted till after marriage.

Training of Adolescents and Adults

The training should be more or less on the same lines as those given above. In the case of adolescents the warning given by Havelock Ellis should be borne in mind: " It must be clearly understood that these talks are of medical, hygienic or physiological character; they are not to be used for retailing moral platitudes. To make them that would be a fatal mistake. The young are often very hostile to merely conventional moral maxims and suspect their hollowness, not always without reason. The end to be aimed at here is enlightenment. Certainly knowledge can never be immoral, but nothing is gained by jumbling up morality and knowledge together." In the case of the adolescent, the warning about misuse should take the form of an appeal to the boy's consciousness of germinating manhood, every effort being made to inspire him with the feeling of the dignity of human life and the laws of life. It should be explained that temptation is the means of training the character to be strong and it is within one's power to resist it if he knows its significance and is not frightened or fascinated by it. Simple hygienic rules that would help him to resist temptation might also be given at the same time.

Conclusions,—The requirements are—

(A). Proper character, or moral, training by
(1) Parents, (2) Teachers, (3) Wholesome atmosphere at the home and school.

(B). Suitable guidance.

(C). Knowledge of the elementary laws of health.

We who are aware of the conditions prevalent in ordinary Indian homes and primary schools know that these requirements are not forthcoming and the Indian child therefore starts life with a terrible handicap. Doctors, nurses and welfare workers will have to take up the duty of instructing the parents in matters of sex and leave it to them to educate their children. This is the interest of this chapter in the book.

References:—

1. Training of the young in the laws of Sex by Rev. The Hon. E. Lyttleton.
2. Moral instruction of children by Max Adler.
3. Adolescence by G. Stanley Hall.
4. Life's day by W. S. Bainbridge.
5. Marriage and the Sex Problem by F. W. Foerster.

APPENDIX I

Organisation for Public Welfare and Child Care

In Rural Areas of the U. S. A.

The rural maternity and child welfare problem in the U. S. A. presents many striking resemblances to that in India. In most of the States, the majority of the population lives in rural areas, these being composed of townships and villages consisting of a few hundred inhabitants. Proper means of communication are often wanting. Physicians are not always available for medical help and about two-thirds of the mothers have to meet the experience of child-birth without the safeguard of competent professional care. Of these women, some deliver themselves, others have only their husbands to help, while the majority have only the aid of neighbouring women who are mostly quite untrained. These "midwives" are in many cases Negro women though white and even male midwives are also seen. Naturally therefore there is no pre-natal, post-natal and infant care with the result that maternal and infant mortality rates are high. The greatest infant loss occurs in the early months of life.

The county is the unit of public health orgnisation in all States though the arrangements available in each State varies. In Wisconsin, for instance, there are township, village and city health officials but none representing the county ; next above the local unit stands the deputy State health officer who is a full time employee of the State Board of health and has under his jurisdiction one of the five sanitary districts into which the State is divided. Each township or village Board either acts itself as the local Board of health or appoints such a Board ; this Board then appoints the health officer, who may be a physician or in most cases mere farmers. The local Board also fixes the compensation of the health officer which is usually about 10 dollars a year. As a rule, almost the sole duty of these local rural officers is concieved to be the posting and removal of quarantine notices and disinfection for the severe contagious diseases.

To remedy this unsatisfactory state of affairs, State Commissions were appointed to study child welfare needs and recommend revision of existing laws. The majority of these emphasised the desirability of some form of county board that would tie up the local work with the activities of the State Board. Many States therefore passed enactments providing county boards and some also for the appointment of county superintendents of public welfare. Where county boards were already existing, their powers were extended to cover child welfare as well. The chief aims for the providing of county welfare boards are to prevent duplication of effort, to connect the State public welfare department

with local units and to arouse interest and to lead to a common understanding of community resources and responsibilities and a fine spirit of co-operation in service for the common good.

In general, the forms of county organisations, as they exist to-day in different parts of the country, may be divided into three groups. In one group, the county work is public, is in direct co-operation with the State board and includes various programmes of child care and protection, relief of dependent families, probation and parole, enforcement of social legislation and other forms of assistance and of reconstructive and preventive work. The second type of county organisation is concerned mainly with the care of dependent children. The third type is that under private auspices and directed to the development of either a broad programme or work with a specific group.

The first type is the most important and is therefore described in detail. The county boards of public welfare mentioned before are the local units of work. The question of the scope of work of these boards—whether they should be limited to child welfare or should include all types of social welfare—is largely a matter of local expediency. The policy adopted depends mainly on the amount of work that will devolve upon the board and its executive officer and the adequacy of the assistance that can be provided. State and local resources for agency and institutional care are also important factors in considering what types of work it is practicable to undertake. It is clear that where the work of child care and protection, public health, family relief or other specific groups of activities, is extensive enough to warrant dealing with each separately it would not be practicable to develop the same type of centralisation as would be suitable in counties where all the work can be co-ordinated through the medium of one worker or of a superintendent with the necessary assistants. In these cases, separate county child welfare boards become necessary.

In Pennsylvania, the departments of Health, Labour and Industry, Public Instruction and Public welfare have entered into co-operation for the promotion of general community welfare work and for the co-ordination of their own activities within the State. To this end, a COMMONWEALTH COMMITTEE has been organised, composed of 6 members, 2 members of the commission of public welfare and 1 representative each appointed by the Commissioners of health, labour and industry, public instruction and public welfare. This committee serves as a clearing house for public welfare plans and programmes of State departments and for the co-ordination of such plans for presentation to the county organisations for their development.

The COMMONWEALTH COMMITTEE on invitation from any responsible group of citizens within a county undertakes the organisation of a county welfare board (*vide supra*). The Chairman of the board is selected by the Committee and approved by the State Commissioners mentioned above. The county board is composed of 11 members, including ex-officio the County medical officer and

the county superintendent of schools. Existing organisations appoint representatives to the board. The Committee may also nominate members on the board.

The board thus constituted organises throughout the county "social machinery to promote welfare activities, both private and public, along lines of health, education, labour and industry, and general welfare." These various sub-divisions of public health are represented in each community by a director who is immediately responsible to the board. The duties of the board are outlined as follows :—

(1) To promote the establishment of a county social service exchange,

(2) To promote all social welfare activities of private institutions and agencies which conform to approved standards but it shall not dictate to them plans or policies,

(3) To discover omissions in the social welfare programme of the county and to make provision for that lack,

(4) To call to the attention of the Commonwealth Committee any failure on the part of the several State departments to live up to their obligations for service to the county,

(5) To endeavour to promote the special welfare programmes submitted to it from time to time through the Commonwealth Committee so far as time, money and personnel permit,

(6) To compile and make available a directory of social welfare agencies within the county,

(7) To encourage regular conferences of all welfare workers in the county, teachers, public health nurses, probation officers, social case workers, etc., for the purpose of stimulating co-ordinated effort in connection with the common problems.

The character of the work accomplished will depend on what the board and the superintendent make of it. The law may enumerate the duties but it cannot fix the quality of the service given. It is here that the supervising authority of the State Board, which is present in every State, is of the greatest importance in securing the appointment of executive officers qualified for the work and in furnishing advice and assistance to the county boards. Moreover in rural communities where there has been no activity of the kind, the impetus to organisation of county social work must come from an outside source. To arouse local interest in establishing the county work, the State board often undertakes a campaign of education in regard to existing conditions in the counties and the purposes of the proposed county work. Meetings are held in order to bring the situation before the citizens of the county.

The problem of securing for this public social work executives and assistants who have had the advantage of training that equips them for their duties offers, perhaps, the greatest difficulty in connection with county organisation. It is essential that the workers in this for the most part new and unchartered field shall be persons of understanding and of judgment broadened through study and practical experience. The Universities and the education department are

co-operating in this by instituting courses and classes for the special workers needed. The social worker in a rural community must be all types of worker in one, equipped not only to diagnose and prescribe treatment, but to provide the means of treatment and gradually to work out resources.

The linking up of each local community with the central State board has been shown to be of great importance in county social work. The *ideal is to leave the local communities free to develop their own resources while the State body is to act as adviser and to help to solve problems and co-ordinate activities.* The functions of the State board are—

(1) Providing the means of interchange of information and experiences between county and State workers,

(2) To aid in the wise utilisation of the States' resources for institutional care,

(3) To put the county worker in touch with available agencies,

(4) To interpret the social legislation of the State and to assist in its application,

(5) To guide in special types of work,

(6) And above all, to encourage and inspire in working towards a broader programme of prevention and reconstruction.

The county child welfare board is, as was mentioned, quite distinct from the County board and is appointed by the State board at the specific request of the County board. The child welfare board consists of from 5 to 7 members depending on the size of the county. The membership is partly appointative and partly ex-officio. The county superintendent of schools and a member of the board of county Commissioners selected by that board serve by virtue of their official positon. In addition to these ex-officio members, 3 (or 5) persons are appointed annually by the State board and of these at least 2 must be women. In making these appointments, the local public officials and others interested in the work are consulted. The county treasury is the source of funds for the child welfare board. The travelling expenses of the members while touring on duty and the expenses of one member to attend the annual State Conference are paid. The State at present ordinarily pays no part of the expenses of the work of the board. The duties of the board are those assigned to it by the State board which consists of 3 full time paid members (one of whom must be a woman) appointed by the Governor for a period of 6 years.

(From the Children's Bureau, Department of Labour, U. S. A. publication, "County Organisation for Child Care and Protection").

APPENDIX II

Tables illustrating the Text

TABLE I

Widows per 1000 of the population (from the Indian Year Book)

Age	India, 1921	England & Wales, 1911
All ages	175·0	73·2
0 — 5	·7	Nil.
5 — 10	4·5	,,
10 — 15	16·8	,,
15 — 20	41·4	,,
20 — 25	71·5	1·5
25 — 35	146·9	13·1
35 — 45	325·2	50·5
45 — 65	619·4	193·3
65 & over.	834·0	565·0

TABLE II

Proportion of females to 1000 males in Great Britain & India, (from the Census Report, India, 1921)

Country	1911	1921
Great Britain ...	1066	1093
All India ...	954	951

TABLE III

The table of Expectation of Life, (from Population Problems in India by P. K. Wattal, M. A.)

Age	Males				Females.			
	India		England		India		England	
	1901	1911	1901	1911	1901	1911	1901	1911
0	23·63	22·57	44·07	46·04	23·96	23·31	47·70	50·02
10	34·73	33·36	49·65	52·35	33·86	33·74	51·98	55·02
20	28·59	27·46	41·04	43·67	28·64	27·96	43·45	46·36
30	22·90	22·45	33·06	35·29	23·82	22·99	35·43	37·84
40	17·91	18·01	25·65	27·27	19·12	18·49	27·81	29·65
50	13·59	13·97	18·89	19·85	14·50	14·28	20·63	21·83
60	9·53	10·00	12·90	13·38	10·02	10·11	14·08	14·81
70	5·80	6·19	8.02	8·25	5·98	6·22	8·74	9·13
80	3·07	3·06	4·40	4·64	3·12	3·06	4·84	5·10
90	1·23	1·15	2·32	2·37	1·64	1·10	2·68	2·55

TABLE IV

Birth, Death, and Infant Mortality Rates for various countries

No.	Country	Birth-rate per mille	Death-rate per mille	Infant Mortality rate per mille
1.	Russia, (Soviet).	46·97	25·86	213 (1921)
2.	India.	34·77	26·76	189
3.	Ceylon.	38·6 (1913)	28·4	180·2 (1911)
4.	Chili.	38·7 (1912)	30·46	260·9 (1918)
5.	Hungary.	23	16·5	160
6.	Germany.	19·5	11·7	105·2 (1925)
7.	Japan.	34·7	19·2	166
8.	Scotland.	20·9	13·0	83
9.	England and Wales.	17·8	11·6	70
10.	Sweden.	16·88	11·76	58·3 (1922)
11.	Irish Free State.	20·60	14·05	74 (1922)
12.	France.	23·3	17·32	95 (1905)
13.	Australia.	22·0	9·4	52·96
14.	New Zealand.	21·1	8·7	40·2
15.	Unites States of America.	20·1	12·1	73
16.	Canada (Ex Quebec).	24·8	11·4	102
17.	Union of South Africa.	26·0 (1927)	9·7	71
18.	Austria.	19·44	14·72	124·3

TABLE V

Table giving details of rural welfare work in the Punjab

Name of town	Population	Work opened in	Additional villages served	Dais under training	Cases conducted by Dais under training	Cases by Dais untrained	Cases supervised	Cases where medical aid called in	Total No. of births
Kharar	4091	May 1928	11	15	335	184	50	1	519
Coleyana	2688	May 1929	5	4	42	64	9	-	106
Jalalabad	4216	Aug. 1929	8	13	(Not known)		3	-	215
Gurgaon, D. B. ...	5000	1924	1	24	361	2	94	3	363
Palwal	1000	1926	-	3	(Not known)		5	-	359
Alwalpur, D. B. ...	1298	1925	10	44	-Do-		40	1	(Not known)
Ghota & Durana Lagana ...	1412	May 1929	1		141	Nil	37	1	141
Rohtak, D. B. Scheme ...	8000	June 1928	4	27	327	34	7	-	361
Daska, D. B.		Do.	5	38	271	29	36	2	300
Fatehabad	3357	Aug. 1927	1	8	149	61	84	2	210
Montgomery	10000	June 1929	9	22	106	-	9	—	106
Ugoki	-	1929		17	Sub centre worked from Sialkote city weekly.				
Ferozepore Village ... Dais School		1928		10					
Hazro & Saman ...		June 1929		11			4		

TABLE VI

The Sholapur District Scheme—The Results of training

Details	First month after training	Second month after training	Third month after training	Fourth month after training	Total
1. Total confinements ...	48	56	59	61	224
2. No. done by trained Dais.	12	20	16	16	64
3. Do. by untrained women.	36	36	43	45	160
4. No. of cases in which outfits used.	13	16	20	16	65

TABLE VII

The work done by the staff of the Sholapur District Scheme in three months

No. of dais and other women trained	No. of confinement cases attended	Lectures & Magic lantern shows	People Attended	Distance travelled	Out-patients treated
137 attended. 119 examined 100 passed. 85 given primary certificates. 6 „ Secondary Do.	22	56 lectures & 23 magic lantern shows.	8905	1234 miles.	962

TABLE VIII

The expenses incurred in connection with the Sholapur District Scheme

Details	Amount	Remarks
Pay of the staff ...	660 0 0	
Equipment* ...	109 0 0	*Includes price of Dummy & mannikin.
Printing & propaganda* ...	97 11 6	
Amount paid to dais for classes.	62 6 0	*Includes cost of Baby Week
Postage, office expenses etc.	71 7 6	
Miscellaneous ...	71 9 6	
Total ...	1,072 2 6	

TABLE IX

Rates of increase of population in India by religions

Religions	Rate of increase percent (1901–11)	Total number of females in 1911	Number of females aged 60 and over in 1911
Hindu ...	5·04	106647934	6114400
Mohomedan	6·7	31538319	1567640
Animist ...	19·9	5129303	229504

(From the Population Problems in India by Wattal)

TABLE X

Infant mortality rate according to number of pregnancies

	Pregnancies per 1000 years of married life	Infant mortality rate	Percentage of still-births, abortions and mis-carriages to live births	Live births per 1000 years of married life	Children alive per 1000 years of married life	Live births per 1000 pregnancies	Children alive per 1000 pregnancies
Primiparae	...	...	37·9	...	...	726·4	726·4
5 Pregnancies & under	441·1	226·3	12·5	391·5	278·7	888·4	633·7
6 Do. and over	533·6	272·2	20·9	477·5	262·2	894·8	504·4

(From the records of the Sholapur Maternity & Infant Welfare Association)

TABLE XI

Infant mortality and order of Births, U. S. A. Statistics

	Deaths per 1000
1st and 2nd born	...138·3
3rd and 4th born	...143·2
5th and 6th born	...177·0
7th and 8th born	...181·5
9th and later born	...201·1

(From Vital Statistics by Sir Arthur Newsholme)

TABLE XII

Infant mortality and size of family, U. S. A. Statistics

No. in family—	*Child mortality rate*
4 Children and less, ...	118
6 Children and more, ...	267
7 Children and more, ...	280
8 Children and more, ...	291
9 Children and more, ...	303

(From Vital Statistics by Sir Arthur Newsholme).

TABLE XIII

Infant mortality rate according to father's earnings, U. S. A. Statistics

Infant mortality rate—	*Earning in Dollars*
170, ...	... under 400
130, ...	... 450 to 549
120, ...	... 550 to 649
110, ...	... 650 to 849
90, ...	... 850 to 1049
70, ...	...1050 to 1249
60, ...	...1250 and over.

(From Vital Statistics by Sir Arthur Newsholme).

TABLE XIV

Infant Mortality Rate according to occupation of father

Occupation	Crude Birth Rate	Infant Mortality Rate
Upper and middle class ...	98	38
Intermediate class	104	55
Skilled workers	141	77
Intermediate	162	89
Unskilled workers	178	97

(From Seventy Birth Control Clinics by C. H. Robinson)

TABLE XV

Infant Mortality rate by age of mother

Age of mother	Infant mortality rate
Under 18 years	160·3
18 to 19 years	128·9
20 to 24 years	109·5
25 to 29 years	101·4
30 to 34 years	104·7
35 to 39 years	126·5
40 to 44 years	131·3
45 years and over	250·0

(From The Relation of Birth Control to Infant Mortality and Pregnancy Waste by Norman E. Himes)

TABLE XVI

Infant Mortality rate by interval since preceding birth

Interval since preceding birth	Infant Mortality rate
First	94·8
Second and later births	106·6
Interval 1 year	146·7
Interval 2 years	98·6
Interval 3 years	86·5
Interval 4 years	84·9

(From The Relation of Birth Control to Infant Mortality and Pregnancy Waste by Norman E. Himes)

Financial Tables

TABLE I

Sholapur District Local Board Budget for 1929|30

INCOME—	Rs.	£. S.	Dollars (U. S. A.)
Local Fund cess	1,78,000	12771–10	64,080
Tolls, Cattle pounds, etc., ...	46,000	3300–10	16,560
Govt. grant ...	86,000	6170–10	30,960
Total ...	3,10,000	22242–10	111,600

EXPENDITURE—	Rs.	£. S.	Dollars
Share to Taluka Local Board	12,000	861—0	4,320
Education	84,000	6,027—0	30,240
Medical Relief	22,000	1,578–10	7,920
Civil works	1,44,000	10,332—0	51,840
Establishment	34,000	2,439–10	12,240
Other expenditure ...	14,000	1,004–10	5,040
Total ...	3,10,000	22,242–10	1,11,600

TABLE II

Sholapur Taluka Local Board

INCOME—	Rs.	£. S.D.	Dollars
Local Fund Cess	1,800	129–0–0	648
Quarry fees and other sources	1,300	93–5–6	468
Cattle pound share ...	700	50–4–6	252
Total ...	3,800	272–13–0	1,368

EXPENDITURE—	Rs.	£. S.	Dollars
Water supply, roads, Dharmshalla, etc.	3,000	215–5	1,080
Office, contingency, etc. ...	800	57–8	288
Total ...	3,800	272–13	1,368

TABLE III

Madha Village Panchayat

INCOME—	Rs.	£. S.	Dollars
House tax	1,000	71–15	360
Bazar tax	1,200	86—2	432
Others...	100	7—4	36
Total ...	2,300	165—0	828

EXPENDITURE—	Rs.	£. S.	Dollars
Conservancy	600	43—1	216
Lighting	300	21–10	108
Water supply	100	7—4	36
Establishment...	1,000	71–15	360
Others	300	21–10	108
Total ...	2,300	165—0	828

TABLE IV

Expenditure on welfare centres in the Punjab

(A). *Non-recurring expenditure* :—

	Rs.	a.	p.
Payment to Government of Health Visitor's stipend	240	0	0
Furniture	150	0	0
Ry. fare to Health Visitor, on joining appointment	20	0	0
Index cards and registers	68	0	0
Midwifery outfit for Health Visitors	25	0	0
Equipment of centre	50	0	0
Infant weighing scales	65	0	0
Posters	21	0	0
Dais' teaching models	65	0	0
Dais' outfits, 12 dais at Rs. 5 each	60	0	0
Total Rs. ...	764	0	0

(B). *Annual Recurring expenditure* :—

Salary of H. V. (Rs. 75-7/8-150) average—Rs. 105	1,260	0	0
Rent of quarters	300	0	0
Annual repairs, etc.	50	0	0
Chaprassi's wages	180	0	0
Conveyance	80	0	0
Sweeper—Rs. 8 p. m.	96	0	0
Bhisti—Rs. 8 p. m.	96	0	0
Drugs	120	0	0
Contingencies, (coal, soap, dais' outfit refills, etc.) ...	180	0	0
Dais' Rewards	360	0	0
Total Rs. ...	2,722	0	0

(C). *Budget for Rural Dais' School in the Punjab* :—

Stipend of each dai—Rs. 15 p. m., for 6 months ...	90	0	0
Outfit Do. —Rs. 5 each p. m.	5	0	0
Travelling Allowance, approximately	10	0	0
Payment to local dais for handing over 10 cases to each village dai as explained in the text ...	10	0	0

N. B.—Rent of building etc.. etc.....Variable.

APPENDIX III

Registers, Returns, etc., used in connection with the Sholapur District Scheme

(I). *The Village Survey Register*:—

1. Name of Village,—
2. No. and Names of Wadis,—
3. Population,— ... ... { Male,— / Female,— / Total,—
4. No. of schools,—
5. No. of Boys in Schools,—
6. No. of Girls in Schools,—
7. Total live births per annum during the previous 3 years,—
8. Total still births Do. Do.
9. Infant Mortality Rate for the previous three years,—
10. Maternity Mortality Rate for the previous three years,—
11. Total deaths per annum for the previous three years,—
12. Any epidemics during the last three years,—
13. Nature of water supply,—
14. No. of step wells,—
15. Extent of guinea worm infection,—
16. Names of lepers in the village,—
17. Names of blind Do.
18. Names of insane Do.
19. Names of Dais known to be practising,—

(II). *Daily Diary of District Worker*:—

Camp,_____. Date,_____

1. Village or villages visited,—
2. No. of lectures and lantern shows given,—
3. No. of males and females attended,—
4. How many Dais' classes held and No. attended,—
5. No. of Ante-natal demonstrations given to Dais,—
6. No. of confinement cases attended,—
7. Do. with Dais,—
8. Nature of work done by Midwife,—
9. Amount of fees received, if any,—

10. Distance travelled,—
11. Any epidemics prevalent ?—
12. Nature of obstacles met with, if any,—
13. Are local officers helpful ?—
14. Remarks,—

(III). *Dais' Registration Book* :—

1. Full name,—
2. Place of residence,—
3. Caste,—
4. Age,—
5. Hereditary or otherwise,—
6. Whether any one else in the family was or is practising,—
7. Years of practice,—
8. No. of cases conducted before undertaking training,—
9. Year and period of training,—
10. Percentage of lectures attended,—
11. No. of cases witnessed,—
12. No. of cases conducted under supervision,—
13. Date of examination,—
14. Percentage of marks received,—
15. Whether passed or failed,—
16. Remarks as to intelligence, cleanliness and character,—
17. Remarks at subsequent supervision,—

(IV). *Monthly returns to be sent by District Worker* :—

1. Names of villages and Wadis visited,—
2. Distance travelled,—
3. No. of Dais and other women trained or under training,—
4. No. of lectures and lantern shows given,—
5. No. of males and females attended,—
6. No. of confinement cases attended,—
7. Income,—
8. Expenditure,—
9. Secondary activities,—
10. Remarks,—

(V). *"Out-fit returns" to be sent by District Worker* :—

1. Name of Village or Wadi,—
2. Population,—
3. No. of births in the year,—
4. No. of trained and untrained Dais,—

5. No. of out-fits left,—
6. Full name of Dai or other woman with whom the out-fits are left,—
7. Full name and designation of Village Officer who has undertaken responsibility to send in the monthly returns,—

(VI). *Transfer sheets*:—

No.	No.
Camp,_____ Date,_____	Camp,_____ Date,_____
Full Name,—	Full Name,—
Name of Village,—	Name of Village,—
Diagnosis,—	Diagnosis,—
Duration of disease,—	Duration of disease,—
Transferred to,—	Transferred to,—

District Worker.

(VII). *Monthly returns to be sent by Village Supervisors through Village Officers*:—

Name of Village,_____ Month,_____ Year,_____

Date	Names of Dais who took the out-fit	Remarks

Signature of Village Supervisor.

No. of live births during the month—
-Do- still births -Do-,
No of cases conducted by trained Dais,—
-Do- -Do- untrained women,—

Date,_____

Signature of Village Officer.

(VIII). *Dais' Certificate*:—

_____Association.

_____District Branch.

Certificate of Preliminary Training

No._____ Date,_____

This is to certify that Dai _____ of _____ was given theoretical and practical training in midwifery at _____ in the month of _____ and passed the examination held on _____.

Collector and President.

Rules,—

(1) Before attending cases of confinement, the Dai shall remove her bangles and rings, be clean in person, wear clean clothes and use clean appliances.

(2) The Dai shall change her clothes and disinfect her hands after attending every case of confinement and before attending another.

(3) The Dai shall use the standard out-fit left in each village by the Association in every case of confinement she attends.

(4) If a Dai sees any signs of danger to the child or mother before or during labour, she will immediately send for the Area Supervisor or Midwife whoever is nearer. The Village Officers will help her to send such messages.

(5) If any person appointed by the Association reports that the Dai has broken these rules, her certificate is liable to be cancelled and other steps found necessary will be taken.

(IX). *Certificate of Secondary Training* :—

_____Association.

_____District Branch.

No._____ Date,_____

This is to certify that Dai_____of_____after passing the Preliminary Examination held at_____on_____completed secondary training at_____during the months of _____.

Collector and President.

Rules,—(Same as in Preliminary Certificate).

APPENDIX IV

Duties prescribed for Workers and Helpers in connection with the Sholapur District Scheme

(I) *Duties of District Worker.*

(1) To do educative propaganda among the people by talks, lectures and whenever possible, by magic lantern shows.
(2) To get in touch with the practising dais and give them primary training.
(3) To attend cases of labour with or without the Dais whenever called.
(4) To direct all cases that need treatment to the nearest dispensary or hospital.
(5) To help the local authorities during out-breaks of epidemics.
(6) To bring to the notice of the local authorities all cases of gross sanitary defects.
(7) To give instructions in birth control to married women living with husbands for medical or economic reasons with the approval of the Honorary Secretary.
(8) To submit the required returns and keep the registers regularly and carefully.
(9) To note carefully all special difficulties that might arise and report them to the Honorary Secretary.

(II) *Duties of Village Supervisors.*

(1) To attend cases of confinement when called.
(2) To attend cases of confinement with untrained Dais whenever possible.
(3) To keep in touch with ante-natal cases and to visit post-natal cases, at least once during the first 10 days.
(4) To see that outfits are utilised at all confinements.
(5) To fill in or arrange to fill in monthly returns and hand them over to the village officers concerned.
(6) To help the Area Supervisor in her work.
(7) To arrange to send for the Area Supervisor or Midwife with the help of the Village Officers in all abnormal cases of labour and whenever required.
(8) To report all irregularities to the Area Supervisor.

(9) The Village Supervisors can accept fees but it is expected that the poor will be attended free. The Village Officers will help to decide which cases are poor.

(III) *Duties of Area Supervisor.*

(1) To visit each village and wadi under her charge at least once a month. During her visit she will see all ante-natal and post-natal cases.

(2) To supervise the work of village supervisors.

(3) To attend immediately whenever called by village supervisors or dais, for help in abnormal cases of labour.

(4) To send for the Midwife for help, whenever required.

(5) To see that the village supervisors and the village Officers send in the monthly returns regularly.

(6) To send in a return in the following form on the 1st of every month:—

Month_____ Year _____

(a) Distance travelled,—

(b) Names of Villages and Wadis visited,—

(c) Confinement cases attended by herself,—

(d) Do Do with dais,—

(e) Are women beginning to call in trained Dais for confinements?—

(f) Are outfits used more often now for confinements?—

(g) Any complaints against Village Supervisors or village officers?—

(h) Any other remarks,—

Date_____ Signature_____

(7) The Area Supervisor can accept fees but it is expected that the poor will be attended free. The Village Officers will help to decide which cases are poor.

(IV) *Duties of Village Officers.*

(1) To help in surveying villages and wadis, to collect Dais for training and otherwise help in initiating and running Dais' Classes.

(2) To report to the Village Supervisor all cases of confinements in their village immediately.

(3) To send the monthly returns to the Hon: Secretary regularly every month.

(4) To arrange for conveyances and to send messages to Area Supervisor or Midwife, whenever required immediately on receipt of information from the Village Supervisors or Area Supervisor.

(5) To help the District Worker and the Midwife in every possible way.

(6) To help the Village Supervisors and Area Supervisors to recover their legitimate fees from villages. In cases of dispute between Supervisor and villagers as to which cases are poor and what amount of fees should be recovered from any particular family, the Village Officers' decision would be final.

(7) To report all irregularities as regards the work of Village Supervisors and Area Supervisor that come to their notice to the Honorary Secretary.

N. B.—Unless when stamped envelopes are provided, letters to the Honorary Secretary may be sent bearing, *i. e.*, without stamps.

(V) *Duties of Midwife.*

(1) To visit each village and wadi under the charge of the Area Supervisor once a month.

(2) To supervise the work of village and Area Supervisors.

(3) To attend immediately all cases of labour whenever called.

(4) To enquire and report on all cases of complaint against Village and Area Supervisors.

(5) To send in returns in the following form on the first of every month :—

Month_____ Year _____

(a) Names of villages and wadis visited,—

(b) Confinement cases attended by herself in the villages and wadis under the charge of the Area Supervisor,—

(c) Do. Do. with Dais,—

(d) Remarks about the work of village Supervisors,—

(e) Remarks about the work of the Area Supervisor,—

(f) Are Village Officers helpful ?—

(g) Whether the village officers have sent the returns of the previous month ?—

(h) Remarks,—

Date_____ Signature_____

(VI) *Letters of thanks.*

_____ Association.

_____ District Branch.

The President and members of the Managing Committee hereby place on record their sense of appreciation of the very valuable help rendered by_____ of_____ _____ to its worker in making the village work a success.

Date _____ President.

(VII) *Terms for award of prizes to helpful village officers.*

(1) One or two village officers as found desirable (Patil or Kulkarni) will be selected for the award of the prizes.

(2) In selecting officers for awarding prizes, the nature and amount of help rendered by them to the Dist. Worker, in initiating the work and sending in regular monthly returns of the work done by the Dais in the printed forms supplied will be taken into consideration.

(3) The prizes will be handed over to the selected officer or officers at the annual Jamabandi by the Collector or the Prant Officer whoever presides at the function.

(4) The decision of the Honorary Secretary on the recommendation of the District Worker in the matter shall be final.

APPENDIX V

The "Better Farming Train", Victoria

The "Better Farming Train" commenced running in October 1924, and is now well known and highly appreciated by farmers throughout the length and breadth of the State. The train, comprising seventeen vehicles, is 750 feet long. It is really an agricultural college on wheels and it has now traversed practically the whole of the State (in some cases it has made a second visit), stopping at suitable centres for a day to enable lectures and demonstrations to be given.

Up to date (1-10-30), the train has made 32 tours, in which it has visited 322 centres, and the demonstrations at these places have been attended by approximately 2,20,000 people, mostly farmers and their wives and families. The maximum attendance at any one place was 5,000.

The make-up of the train is as follows:—

(1) Staff car with sleeping accommodation for portion of the company, kitchen and shower.

(2) Sleeping Car for Lady Demonstrators, with sitting room and provided with hot shower bath and cooking stove.

(3 & 4) Cattle trucks containing well-bred bulls and cows of profitable strains.

(5) Truck fitted with 12 pens, and provided with a "let down" platform on each side, carrying both long and short woolled types of sheep representing Australian and British breeds.

(6) Flat truck fitted with pens and canopy and carrying pure bred selected pigs.

(7) Flat truck fitted with canopy, equipped with models of stock feeding utensils, model gates, silos, concrete posts and other farm utilities.

(8) Steel louvre truck with fireproof partition, carrying electric light generating plant in one end, and fodder for stock in the other.

(9) Truck containing tiers of wire cages on one side provided with an automatic watering system and carrying spacimens of the different breeds of poultry of both profitable and unsuitable types. On the other side are models of poultry keeper's utensils.

(10) Car containing models of structures and utensils pertinent to the preservation of public health and efficient farm hygiene; also veterinary exhibits illustrating the common diseases of stock.

(11) Car containing fruit exhibits packed in the correct methods for the home and export markets. Models of graders and packing sheds, etc., also a collection of destructive parasites. Portion of this car is devoted to honey. An

attractive exhibit of honey derived from different flora is shown, and utensils used in the bee-keeping industry.

(12) Car containing samples of stock foods and their values. Milk and its products, and the bacteriology of milk are dealt with in this car. Portion of the car is devoted to potatoes and the various features which should be associated with successful potato culture.

(13) Car containing wool exhibits comprising fleeces of various breeds of sheep to show length, character and style necessary for the correct type of wool from each breed. Portion of this car is devoted to wheat cultivation. Section of actual fallow is shown and the mulch and seed bed of a good fallow can be seen. The use of gypsum on stiff clay soils is illustrated.

(14) Car containing boxes of actual sods of growing grasses cut from the field in various parts of the State and arranged to enable comparisons to be made of pastures which have been too dressed with artificial fertilisers with others which have not. Further exhibits relative to the cultivation of wheat, maize, oats and lucerne are shown in this car.

(15) Car fitted with forms to seat 80 persons, and used for lectures and demonstrations on child welfare, home nursing and mother-craft.

(16) Car equipped with a cooking range, and show cases for the display of needlework, paper work, etc., and used for demonstrations in needlecraft and cookery.

(17) Brake van fitted with bunks for the accommodation of train crew and attendants.

The train is painted an orange yellow, and is a striking object on the landscape as it goes through the country. Its arrival at the demonstration centres, for which the local people have been prepared by press notices, posters and preliminary addresses by the organisers, always awakens great interest.

The make-up of the train is altered somewhat in accordance with the farming activities carried on in the districts through which the train runs. In the wool growing districts, for example, a fine collection of sheep and a wool expert are taken, and special provision is made to meet the needs of the wheat growing and fruit districts.

Staff Accompanying Train

The train is accompanied by a highly trained expert staff from the Department of Agriculture, led by the Superintendent of Agriculture, and includes the Citriculturist, Senior Dairy Inspector, the Potato Expert, the Tobacco Expert, the Herd Registrar, Dairy Supervisors and Live Stock Specialist, the Chief Poultry Expert, a Bee Expert, and a number of other Field Officers and Assistants in various branches of the farming industry.

The two lecture cars on the train are mainly devoted to the interests of womenfolk. From the Education Department, Lady Experts in cookery and

needlework accompany the train, and the Public Health Department sends the District Health Officer in Charge of the Public Health Car and a trained nurse to give instructions in the care of children and mothercraft, while the Railways Department is represented by an Organising Officer, who also attends to the publicity and general organisation before the tours are undertaken.

Itinerary of Train

The itinerary is framed, generally speaking, with a view to holding demonstrations at a distance of about 20 miles apart, and it frequently happens that farmers have been so impressed with the value of the information to be gained from the lectures and exhibits that they journey on following days to the other stopping places, so as to take full advantage of the opportunity afforded of acquiring the information of which the train is a repository.

Stock on Train

The live stock on the train is for the most part loaned by private breeders and the dairy cattle carried are magnificent specimens of the Friesian, Ayrshire, Jersey and Red Poll Breeds; a bull and cow of each. Even the layman cannot look upon the majestic bulls and the cows, sleek and satin-coated with blood and breeding in every line of both, without a thrill of pleasure. The stock demonstration is a feature of the tours. The splendid animals are paraded and lectures delivered on the wise selection of dairy stock, the necessity for careful breeding and the application of proper herd testing practices. The Farmers are greatly interested in these lectures and at their conclusion the keen questions indicate their desire to learn all that the opportunity permits.

The poultry truck has an interest to many besides the farmer. The birds carried are fine specimens of the leading breeds, and some poor types are also carried for purposes of comparison. The lantern lecture delivered nightly by the expert in this section is always crowded by eager listeners.

Wheat Cultivation

The cereal car excites the keenest interest in the wheat growing areas. Here is demonstrated in a vivid manner the great gain to the farmer by the adoption of proved methods of fallowing, the proper rotation of crop, the selection of seed, the application of gypsum to stiff clay soil and the methods by which diseases may be guarded against or minimised. On the Better Farming Train, growing plots of grasses taken from the same field are displayed. Some have been treated with fertilisers and others have not, and the marked difference in the quality and quantity of the grasses of the respective plots brings home to the minds of the farmers the value of top-dressing.

Value of the Train to the State

It is difficult to estimate the immense benefit that will accrue to the farming community and the State by reason of the practical lessons and advice which

thousands of farmers have availed themselves of during the tours of the Better Farming Train.

The formation of Boys' and Girls' Farm Clubs is strongly advocated in the rural districts as a means of inculcating an interest and love of rural life in the minds of the children. Special lectures are given to boys and girls by officers on the train and literature appertaining to the formation and regulation of the clubs is distributed to those interested.

One of the outstanding features of the train has been the popularity of the lectures and demonstrations in the women's section, and the cars in which the demonstrations on Cookery, Needlecraft and Child Welfare are given are not sufficiently large to accommodate the crowds of ladies who flock to the train at every centre. This Department has been a special boon to Farmers' wives and daughters in the far-flung portions of the State and during the intervals between the tours of the main train, this section is attached to freight trains and visits country centres as a separate unit.

In addition to the material advantages which will accrue from the information gained from the train, one of the objects is to stimulate the aesthetic and social life in the country and to encourage the making of the home beautiful. In one of the cars is carried a number of shrubs and trees suitable for ornamental and shelter purposes, and lectures are given by officers of the Horticultural Branch of the Department of Agriculture on gardens and advice is tendered as to the most suitable shrubs and trees for the locality in which demonstrations are held.

(From the Pamphlet issued by the BETTERMENT AND PUBLICITY BOARD, MELBOURNE.)

APPENDIX VI

Syllabus of Training of Midwives, Nurses and Infant Welfare Nurses etc. in Victoria

(I) *Rules and Regulations for training schools* (extracted from the Midwives' Acts of Victoria.)

(1) (a) The matron shall be a registered general nurse and registered midwife with adequate hospital training.

(b) The staff shall include two resident nurses, each of whom is registered as a general nurse and also as a midwife.

(c) There shall be provided at the hospital permanently reserved and approved accommodation for at least 10 maternity cases and the daily average of occupied beds shall be at least 5.

(d) There shall be received at least 100 maternity cases every year.

(2) The Board (Nurses' Board) shall cause a list of hospitals approved as training schools for midwives to be published in the Government Gazette.

(3) If any hospital which has been approved as a training school for midwives does not fulfil to the satisfaction of the Board all the requirements of the Regulations, the Board may at any time cancel its approval and trainees then in course of training shall serve such additional period of training as the Board may require.

(II) *Rules and Regulation for part training schools.*

(a) No person other than a registered nurse holds any appointment there at.

(b) The matron in charge of the nursing has had not less than 3 year's training in an approved hospital.

(c) The daily average number of occupied beds is not less than 10.

(d) Arrangements are made for trainees to receive a course of instruction in invalid cookery by a qualified cookery teacher registered or approved by the Department of Education.

(III) *Rules and Regulations for Infant Welfare Training Schools.*

(a) The matron in charge of the nursing shall be registered under the Act, and shall have had not less than 3 years' training in a hospital recognised by the Board and shall hold an approved certificate in infant welfare training.

(b) That provision is made for
- (i) Residential accommodation for trainees,
- (ii) Accommodation for not less than two nursing mothers and their babies,
- (iii) A combined sitting and dining room for mothers,
- (iv) A special properly equipped room for premature babies,
- (v) Not less than 4 cots for artificially fed babies (not including premature babies).
- (vi) Examination cases, breast stimulation, test feedings, weighing and measuring babies,
- (vii) Bathing and dressing,
- (viii) A properly equipped food dispensary,
- (ix) Lecture and demonstration room,
- (x) An emergency isolation ward,
- (xi) Sun verandahs, and
- (xii) For practical instruction in office work and keeping of records.

(c) During the course of training it shall maintain relative proportions of nursing staff and cots and numbers of babies received therein to the satisfaction of the Board.

(d) That provision is made for—(i) systematic lectures by approved instructors, and (ii) practical instructions in the wards from the Matron or other approved registered nurse.

(2) There should not be more than 3 courses each year, each course being of not less than 4 months ; and shall include at least 2 months' training at a hospital and at least 21 days at an approved District Infant Welfare Centre.

(3) No instruction as part of a training course at any District Infant Welfare Centre shall be approved unless,

(a) The buildings, equipment, applicances, and daily average attendances are approved by the Board, and

(b) The nurse in charge of the instruction is registered and has had not less than 3 years' training.

(4) The Board prior to the 1st July 1928 may register as an Infant Welfare Nurse any registered Nurse who has been engaged in Infant Welfare work for a period of not less than 6 months and has carried out her duties to the satisfaction of the Board.

N. B.—(1) *A District Welfare Centre* means a non-residential institution where mothers may visit for the purpose of receiving instruction in mother craft.

(2) *Hospital* includes a mother craft Home.

(3) *Mother Craft Home* means an institution which receives mothers and babies for the purpose of educating the mothers in the

hygienic care of themselves and their babies and which provides a curriculum in accordance with the schedule.

(IV) *Course of training in Infant Welfare Nursing*—This shall include,—

(1) Experience in routine office work, record keeping, pattern cutting for distribution, correspondence, etc.

(2) Experience in posture work, at least 3 lecturers and demonstrations.

(3) Experience in public speaking—at least 3 lectures and demonstrations.

(4) Ante-natal care (at least 10 lectures).

(a) *From Medical Officers*—

Subjects,—Vital statistics, effect of ante-natal care on mother and baby, maternal hygiene, course of normal pregnancy, complications of pregnancy, position of infant welfare worker concerning ante-natal problem, medical etiquette, etc.

(b) *From Matron*—

Rules for maintenance of health ragarding clothing, exercise, rest, bathing, care and preparation of breasts, care of teeth, urine testing, mental out-look, etc.

(c) *Practical*—

6 attendances at the ante-natal clinics; 3 demonstrations in the Mother Craft Home; keeping records of at least 2 ante-natal cases.

(5) Post-natal care of mother and infant (at least 30 lectures).

Subjects—

(a) Infant welfare nursing—Principles and purposes of infant welfare nursing, vital statistics, management of centre, medical etiquette, relationship with other activities.

(b) Study of the normal baby—General examination, general nutrition—height, weight, age, colour, turgidity etc., normal progress.

(c) Management of normal baby-regulation of bodily functions; training of nerve centres, heat-centres (bathing, clothing, ventilation etc), evacuation centres, sleep, habits etc., normal diet—breast feeding, measuring, 9-12 months' diet, 1-2 year's diet.

(d) Study of all diets under following headings,—
Intake—Nature of food, vitamine content, balance and percentage composition, caloric values, method of taking (amount, interval, posture etc.)

Digestibility,

Assimilability—Height, weight, age, progress, colour, firmness, turgidity etc.,

Excretions—

Study of unnatural feeding,—artificial feeding (complete complementary and supplementary), correct measurement and modification of milk mixtures, care of food and feeding vessels.

Study of the management of premature, delicate and malnutrition babies,—

Recognition of the abnormal,—conditions needing urgent medical advice (hæmorrhage, acute vomiting, convulsion, collapse or unconciousness, difficult breathing, fever, loss of power in limbs, difficulty in swallowing).

Study of the digestive tract,—

Anatomy and physiology, abnormal stools (constipation, diarrhoea, etc.).

Study from preventive medicine aspect of the disease,—

Rickets and scurvy, infectious diseases, venereal diseases, tubercular diseases, respiratory diseases, eye, ear, nose and throat diseases.

(6) *Practical—*

(a) Diet classes,

(b) Consecutive observation and care of a nursing mother or mothers for at least 14 days; also of delicate or premature babies for 14 days; also of artifically fed babies for at least 28 days and consecutive experience in food dispensary for at least 14 days.

(c) Demonstrations in artificial feeding, normal feeding of children (9-12 months), bathing and dressing, a normal baby, baby's bed and clothing, care of teeth, first aid.

(d) In district welfare work—home visiting (20 visits), keeping records, etc. She must have under supervision in the home a case each of breast stimulation, artificial feeding and premature or delicate baby.

(V) *Syllabus of study for midwives.*

Systematic lectures shall include the following courses,—

Midwifery,—To be delivered by a legally qualified medical practitioner approved by the Board:

Anatomy of the pelvis and female organs of generation.

Physiology of conception and development, signs and symptoms of pregnancy.

Hygiene and management of pregnancy.

Diseases and complications of pregnancy.

Extra-uterine pregnancy.

Abortions—symptoms, diagnosis, treatment.

Mechanism of labour—vertex, face and breach presentations.

Phenomena of labour.

Management of normal and abnormal labour.

The normal puerperium and its management.

Complications of the puerperium.

Complicated labour—eclampsia, rupture of the uterus.

Haemorrhages—varieties and treatment.

Asepsis—antiseptics and their uses.

Abnormalities of child and pelvis.

Description and uses of appliances.

Duties of midwife.

Obstetric emergencies, and how they should be treated pending the arrival of the medical practitioner.

Manifestations of venereal diseases.

Disinfection of person, clothing and appliances.

Care of infants born apparently lifeless.

Care and Feeding of Infant,—(a) To be delivered by a legally qualified medical practitioner approved by the Board:

The beginning of respiration—the management of cases of delayed breathing and apparent death.

The temperature of the new born.

The care of the eyes of the new born.

The care of the umbilicus.

The more common injuries and deformities of the new born.

The more common diseases of the new born; their detection and management, so far as these lie within the province of the nurse.

Growth and Development of the Child—(b) To be delivered by a registered infant welfare nurse approved by the Board.

Baby's requirements—Nursery equipment, bathing, clothing, fresh air, rest, exercise, prevention of deformities by tight binders and large napkins, care of skin and buttocks.

Nutrition of infant and regulation of habits.

Natural Feeding,—The advantages of breast feeding (a) to the mother, (b) to the infant. The hygiene of the nursing mother, the induction of breast-feeding (a) in normal cases; (b) in difficult cases—methods of overcoming or circumventing difficulties—test feedings, breast stimulation and milk expression. Hours of feeding, the overfed baby, the underfed baby, the nervous baby. The influence of sunlight on nutrition. The value of regular accurate weighing and measuring. Value of regulation of habits.

Artificial feeding,—Comparison of composition of human and cows' milk. Modification of cows' milk-care of cows' milk and feeding utensils. Comparison of other infant foods and their deficiencies. Determining factors for artificial feeding. Complementary feeding.

Observation of premature babies.

Common errors in management of infants.

The abuse of castor oil, olive oil, "dummies" sweetmeats, and glycerine of borax.

Suggested schedule, practical instruction—

(a) Natural Feeding,—Care of mother and baby in normal and difficult breast-feeding cases. Breast stimulation. Test feedings.

(b) Care of premature or delicate baby.

(c) Preparation of artificial feeding for normal and premature babies.

Invalid Cookery—Demonstration to be given by an instructor approved by the Board.

The preparation of invalids' drinks, the cooking of beef-tea, broths, poultry, fish, eggs, light puddings, jellies, vegetables, and fruits.

Invalids' drinks—barley-water, toast-water, lemonade, apple-water, white wine-whey, etc.

Beef-juice, beef-tea—various methods.

Broths—chicken, mutton, etc.

Fish-filletting; various methods of cooking.

Poultry—methods of baking and boiling.

Brains, sweetbreads, and tripe—various methods of cooking.

Chops and steak—various methods of cooking.

Custards and light puddings—backed and boiled custard, baked rice, rice custard, tapioca pudding, etc.

Eggs—various methods of preparing.

Jellies-wine-lemon, etc.

General Nursing—Lectures and demonstrations to be given by instructors approved by the Board.

Outline of anatomy and physiology.

Qualifications of midwifery nurse.

Distinctions between the doctors' work and that of the nurse.

Bed-making—management of helpless patients.

Hygiene of confinement room—ventilation, lighting, temperature, etc.

Baths, sponging, etc.

Infection—prevention and disinfection.

Use of clinical thermometer.

The pulse—its variation and methods of record.

Respiration—its methods of record.

External appliances—preparation of poultices, fomentations, cold and hot packs, hot-air baths.

Counter irritation—leeches, blisters.

Various methods of administering drugs, enemata, subcutaneous injections (hypodermic saline, etc).

Lotions in common use—strengths.

Rashes due to drugs, etc.

Methods of observing symptoms and manner of reporting to the doctor.

Preparation for instrumental delivery.

Washing out uterus and curettage.
Instruments–their care and use.
Food-choice, care, cleanliness, and administration.
Bandaging—breast and leg.
Urine testing.
Preparation of skin for operation.
Catheter—use of.
Asepsis-(sterilization of dressings, etc).

Practical Instruction—

Practical instruction shall include practical training—

(a) in the duties of midwife ;
(b) in the preparation of infants' food;
(c) invalid cookery;
(d) in general nursing so far as it applies to lying-in women and infants ; and
(e) in infant and maternity hygiene.

Practical Experience—

No trainee shall be eligible to present herself for examination for a certificate of competency as a midwife unless she has—

(a) made an ante-natal investigation under proper supervision in respect of at least twenty pregnant women ;
(b) witnessed not fewer than ten cases of labour prior to personally conducting any case ;
(c) watched the progress of and personally conducted not less than twenty cases of labour, fifteen of which shall have been conducted in an approved training hospital;
(d) nursed not less than twenty lying-in women and their infants during the ten days following labour.

(Test-books recommended—

Jellett's Short Practice of Midwifery for Nurses.
Berkeley's Handbook for Midwives and Maternity Nurses.
Millicent Ashdown—A Complete System of Nursing.
Groves and Brickdale on Anatomy, Physiolovy, Surgery, and Medicine).

VI. *Syllabus of practical training of Plunket Nurses.*

Practical work in

(1) The general nurseries, with the residential normal babies as well as malnutrition, marasmus and other ill babies.
(2) The room specially appointed for premature babies.
(3) The observation room (with eczematons babies).
(4) The milk dispensary.
(5) The mothers' cottage with the nursing mothers and their babies.

(6) The general district work in Dunedin.
(7) Charge night duty, if necessary and required.
(8) Routine work in office.
(9) Senior charge duty, in general wards of the Hospital.

In addition to this refresher courses are held for Plunket Nurses every 3 years for 14 days.

VII. *The Tweedle Hospital for Babies and School of Mother Craft.*

This is situated in Footscray and consists of wooden buildings of a bungalow type surrounded by a good sized garden. The staff consists of a matron and six Plunket and six Primrose nurses. The accommodation provides for 12 nurses, 8 babies and 2 mothers. Cases are admitted only on a written request (except in cases of emergency) from the medical attendant of the case. No infectious case is admitted. It is here that the Plunket Nurses are trained. The trainee is given a full theoretical and working knowledge of the normal baby as well as the nursing, care, and treatment of babies suffering from all forms of malnutrition. Practical experience is gained in the care and dieting of premature infants. Full opportunity is given to gain experience in dealing with a nursing mother and her baby. The nurse is also taught in full detail diets and dieting.

APPENDIX VII

(I) *Special Regulations regulating the practice of Midwives in Victoria.*

(1) The Midwife shall be scrupulously clean in everyway, including her person, clothing, appliances, and premises. She shall preserve the skin of her hands, as far as possible, free from cracks and abrasions and keep her nails cut short. While attending her patients, she shall wear a clean dress of washable material which can be boiled and over it a clean, washable apron or overall. The sleeves shall be made so that they can be tucked up well above the elbows.

(2) When called to a confinement, the midwife shall take with her in a suitable receptacle the appliances etc., prescribed.

(3) All instruments and other appliances shall be sterilized, preferably by boiling for at least ten minutes, before being brought into contact with the patients' generative organs.

(4) When engaged to attend a patient in her confinement the midwife so engaged shall interview the patient at the earliest opportunity. She shall inquire as to the course of her previous pregnancies, confinements and lying-in period (if any) as regards both mother and child. She shall advise as to personal and general arrangements for the confinement and where necessary visit the house. Where the arrangement for the confinement is made with the management of a maternity hospital, the matron or other midwife of such hospital shall carry out the above requirements.

(5) In the case of a primipara or where illness or abnormality has occurred in connection with any previous pregnancy or where any previous pregnancy has ended in an abortion, a premature birth, or a still birth, the midwife shall explain to the patient that her case is one in which the advice of a medical practitioner is required. She shall urge the patient to seek such advice or attend at a hospital or a pre-natal clinic or other suitable institution.

(6) In the event of any abnormality existing or occurring during pregnancy, labour, or lying-in, the midwife in attendance shall explain to the husband or the nearest relative or friend present that the case is one in which the attendance of a medical practitioner is required.

(7) For the purposes of these regulations, the conditions mentioned under Emergencies (vide infra) shall be deemed to be abnormalities.

(8) Where a confinement is abnormal, or where dangerous symptoms arise, the midwife shall immediately send for a medical practitioner

and pending his arrival shall carry out any instructions that he may have given. If, for any reason, the services of a medical practitioner are not available, the midwife shall remain with the patient and take such action as she considers advisable in the interest of the patient.

(a) At the earliest moment after the child's head is born, and, if possible, before the eyes are opened, the eyelids shall be carefully cleansed by the midwife in the manner prescribed.

(9) On the birth of a child which is in danger of death the midwife shall inform one of the parents, or nearest available relative, of the child's condition.

(10) The midwife shall be personally responsible for the daily washing of the mother and infant, the dressing of the cord and for the cleanliness and comfort of the patient. Except where a medical practitioner is in attendance, she shall also be responsible for the proper dieting of both mother and child during the lying-in period, which shall be held, in a normal case, to mean the time occupied by the labour and a period of ten days there-after.

(11) Where a midwife has been in attendance on a septic case, or a case of infectious disease or has been in contact with any one so suffering or has an inflamed or septic wound on any part of her body, she shall cease to attend any fresh midwifery case for a period of seven days or such time as the Board thinks fit.

(12) Before receiving permission to resume practice, she shall forward to the Board a certificate from a medical practitioner that she has disinfected herself, her clothing, and all her instruments and appliances in the manner prescribed and that she is now free from infection.

(13) Every midwife who has been exposed to infection in the manner indicated in clause 11 hereof shall

(a) remove all her clothing and take a bath in a hot disinfecting solution;

(b) treat the hair with an efficient disinfecting lotion;

(c) immerse all washable clothing in an efficient disinfecting solution for half an hour prior to washing;

(d) suspend all clothing that cannot be washed in a closed chamber and subject same to the fumes of formaldehyde for six hours;

(e) boil for half an hour all instruments and appliances that are not injured by heat;

(f) immerse all instruments and appliances injured by heat in an efficient disinfecting solution for half an hour.

(14) Every registered midwife shall furnish to the Board, within forty-eight hours, a report of every birth attended by her.

(15) Every midwife shall notify the Board of every case of death which occurs in her practice.

(a) Every midwife shall notify the Board, within twenty-four hours, of every case of still-birth which occurs in her practice.

(16) Every midwife shall immediately report to the Board if she contracts any infectious disease or has been in attendance on any case of infectious or septic disease.

(17) Every midwife shall keep a record of all cases attended by her. On request, she shall allow any person authorised by the Board to inspect the instruments, appliances and all records required to be kept by her and make extracts from or copies of such records.

(18) Any midwife who disobeys these Regulations or who is guilty of misconduct or malpractice, may be suspended from practice for such period as the Board orders or her name may be removed from the register by the order of the Board; but before the enforcement of any suspension or removal such midwife shall have an opportunity of giving an explanation, either personally or in writing.

(II) *Emergencies.*

(1) *Pregnancy*—In the case of a pregnant woman—

(a) when abortion or miscarriage threatens or occurs;

(b) if the patient is a dwarf or deformed;

(c) when there is excessive loss of blood;

(d) when there is any abnormality or complications such as—

excessive sickness;
puffiness of hands or face;
fits or convulsions;
dangerous varicose veins;
purulent discharge;
sores of the genitals;
persistent headaches;
dimness of vision;
illness or abnormality or
still-birth in a previous pregnancy.

(2) *Labour*—In the case of a woman in labour at or near term when there is any abnormality or complications, such as—

fits or convulsions;
a purulent discharge;
sores on the genitals;
a malpresentation;

presentation other than normal;
when no presentation can be made out;
when there is excessive bleeding;
where, two hours after the birth of the child the placenta and membrances have not been completely expelled;
in case of rupture of the perineum, or of other injuries of the soft parts;
in case where labour has been prolonged more than 24 hours:
where general condition of the patient is unsatisfactory.

(3) *Lying-in*—In the case of a lying-in woman, when there is any abnormality or complication, such as—
fits or convulsions;
abdominal swellings and tenderness;
offensive lochia;
rigor, with raised temperature;
rise of temperatures above 100·4 degrees F., or quickening of pulse above 100 for more than 24 hours;
unusual swelling of the breasts with local tenderness or pain;
secondary post-partum haemorrhage;
white leg.

(4) *General*—In all cases in which a woman during pregnancy, labour, or lying-in appears to be dying or dead.

(5) *The Child*—In the case of the child, when there is any abnormality or complication, including injuries during birth;
any malformation or deformity in a child;
dangerous feebleness;
inflammation of, or discharges from, the eyes, however slight;
serious skin eruptions;
inflammation about, or haemorrhage from, the navel;
premature birth endangering the child's life.

(III) *Cleanliness and Disinfection of eyes.*

As soon as the head is born and if possible, before the eyes are opened, the eyelids should be cleansed by gently wiping them with cotton wool swabs moistered with a weak solution of boric acid (a small teaspoonful to a pint of boiled water).

This should be repeated after the chlld is washed.

If there be any reason to suspect that the mother may be suffering from gonorrhoea, then drop, with special drop-bottle, two drops of a one per cent solution of nitrate of silver into each eye.

Note.—The foregoing particulars as regards disinfection are given only as a general guide for midwives; they should consult the medical attendant in all matters relating to the use of disinfectants.

(IV) *Form of Notification of Birth.*—

To,

The Registrar, Nurses Board.

I hereby report having attended the case, particulars of which are set out hereunder:—

Name of patient,—
Address,—
Date and hour of confinement,—
Sex of infant,—
Was labour complicated,—(Yes or No)
Was a doctor in attendance?—

Signature,—
Registration No.

APPENDIX VIII

The School of Rural Economy, Gurgaon

(From Village India in the Remaking by F. L. Brayne)

The School consists of two sections,—

1. A normal class of 3 units, 2. A class of village guide candidates.

Normal class goes through the usual training prescribed by the Education Department, Punjab, for the J. V. Test examination, as well as the syllabus of the village guide class.

Village Guide Section

Admission,—Students are admitted in the month of April each year. The Deputy Commissioner, Gurgaon, nominates a committee to select students for admission, which is open to sons of agriculturists, ex-officers and ex-soldiers of the army, naib-tahsildars and Kanungoa candidates, patwaris and patwari candidates and teachers of village schools.

Course,—The course extends to one year, including summer vacation.

Qualification for admission,—Preference is given to Matriculates or middle passed candidates, but in exceptional cases men who have passed primary school examination or an equivalent standard will be admitted.

Stipends,—All students belonging to the district of Gurgaon are allowed stipends by the District Board, Gurgaon, at the following rates,—

1. Matriculates or above ... ... Rs. 15 per mensem.
2. Middle passed ... ... „ 13 „

Discipline,—Students are required to remain under strict discipline during the whole course of their training.

Practical work,—Students are required to do practical work at the farm of the school, and to visit villages to carry on up-lift propaganda. The entire training aims at making them practical workers in the domain of rural up-lift.

Syllabus.—

1. Co-operation and rural economics. Complete sub-inspecter's course:
   1. Resources and economic condition of the Punjab,
   2. Means of economic up-lift,
   3. The meaning of co-operation,
   4. Credit, 5. Interest, 6. Liability, limited and unlimited,
   7. Credit societies, 8. Thrift societies,

9. History of co-operation in Europe,
10. Co-operative societies of various types specially useful for the rural population,
11. A knowledge of all the registers and forms of the department and complete practice in making correct entries,
12. Law of co-operation, 13. Consolidation of holdings.

2. Practical agriculture for local conditions:
   1. All implements, country and improved,
   2. Soils, manures and field operations,
   3. Physiology of plant life,
   4. Field posts, 5. Ways and means of water lift,
   6. Cultivation and care of all rabi and kharif crops, all important vegitables, flowers and hedges,
   7. Planning and laying out of farms,
   8. Cattle, their value and maintenance. Farmyard manure,
   9. Abolition of dung cakes and importance of pitting manure,
   10. Fodder, its preservation, silage,
   11. Practice of keeping farm accounts,
   12. Agricultural education in rural vernacular schools, school farms and gardens, schemes for various classes,
   13. Methods of procuring, storing, supplying good improved seeds of various crops to villagers,
   14. Practical work at the farm,
   15. Magic lantern lectures and songs on above subjects,

3. Simple training in Veterinary Science and Cattle Breeding:
   1. Importance of cattle, causes of the deterioration of the Punjab cattle, their remedies,
   2. Housing and feeding problem,
   3. Hygiene and sanitation,
   4. Cattle breeding, Hissar bulls,
   5. Recognition of the age of cattle,
   6. Physiology of cattle,
   7. Important and common diseases and epidemics, in the Gurgaon District in particular and Punjab in general, causes of their spread, and methods of prevention and cure,
   8. Method of drenching and throwing cattle,
   9. First-aid to cattle,
   10. Cattle-breeding co-operative societies,
   11. Castration and its value in cattle breeding,
   12. Pasture lands,
   13. Practice in delivering magic lantern lectures on above topics.

4. Village Hygiene and Sanitation—Domestic:

1. Importance of air, water and food to human life,
2. Personal hygiene, house cleanliness,
3. Common epidemics, causes of their spread, their prevention and cure,
4. Village cleanliness, upkeep of wells and ponds,
5. Health of school children–inoculation and vaccination,
6. Maternity and infant welfare,
7. Health centres, training of indigenous dais,
8. Practice in delivering lectures with the aid of magic lantern slides on various epidemics and village cleanliness,
9. Cholera drill, health examination drill,
10. Urban sanitation.

5. First aid:

1. Theoritical and practical work, under the guidance of the local surgeon and trained school staff,
2. Physiology of human body,
3. Red-cross Societies.

6. Rural Education:

1. Illiteracy in villages, adult education,
2. Expansion of vernacular education, enrolment of boys,
3. Co-education,
4. School buildings,
5. Primary compulsory education,
6. Medical inspection of school children,
7. Village libraries,
8. Rural adult games,
9. Magic lantern lectures,
10. Rural and classical songs,
11. Rural uplift drammas,
12. Rural entertainments,
13. Actual practice in running the above.

7. Scouting:

1. Need and importance of scouting, the history of the movement, the advantages of the patrol system, camp life and *esprit de corpse.*
2. Training camp,
3. Village cleanliness,
4. What village Boy Scout is expected to do,
5. The duties and qualification of a village guide,
6. Physical training.

8. Simple lessons in Government Land Administration,—
   1. Knowledge of the various measurements, settlement work, registration forms, etc.,
   2. Land Alienation Act,
   3. The patwari and his papers,
   4. Taccavi,
   5. Panchayats in villages, their scope and work; Panchayat Act,
   6. Village common land, its better use, pasture land and use of waste fuel,
   7. Canal irrigation.

9. Simple lessons in Forestry for local conditions,—
   1. The importance of forests in the economic welfare of a country,
   2. The position of the district with regard to forests,
   3. Afforestation work,
   4. Care of the plant,
   5. Transplantation,
   6. Hedges and grasses,
   7. The forests of the Punjab.

10. Community Service Training,—
   1. Rural music, propaganda songs, prepared to suit local needs, conditions and tunes,
   2. Practice in delivering lectures in the local dialects on various topics concerning rural sanitation, education, co-operation, agriculture, veterinary, etc.,
   3. Classical songs—music for all.

11. Crafts—Certain hand industries are also taught, e. g., soap-making, book-binding, envelope-making, rope-making, etc.

Scheme of studies for the school of Domestic Economy, Gurgaon-January 1928

The school of Domestic Economy was started two years ago, its object being to train village girls, any age from 16 years to 35 years, to teach in co-educational schools all over the district.

There are about 150 of such schools, the number increasing yearly.

These girls are admitted on condition that after their training which lasts for a period varying from one to two years, they will teach in one of these schools.

We have provided Rs. 15/ per month as stipend. The high rate of stipend is due to the fact that it is not yet easy to get in females who after training will be ready to serve in co-educational schools. The curriculum is as follows:—
   1. Vernacular language,
   2. Domestic economy (cooking, house cleaning, laundry, the making of soap, etc),

3. Arithmetic,
4. Hygiene (personal and social) and sanitation,
5. Needlework and knitting, the use of the machine,
6. Cutting out, making and mending clothes,
7. School management,
8. Practice of teaching,
9. Simple first-aid,
10. Baby and infant welfare,
11. Singing, games and physical exercises,
12. Gardening and making toys,
13. Co-operation.

We do not teach geography and Indian history. Instead we teach co-operation, first-aid, child welfare, sanitation, methods of preventing infectious diseases and gardening, as these subjects are considered of more practical use.

The students visit the local health centre by turns, to see and practise children's welfare work. The apparently long period of training is necessary, because nearly all our students are illiterate when they come to the Domestic School. Literacy is pratically unknown among village women, and we must have village women, as no others will willingly go to our out-of-the-way villages afterwards to teach and besides, village women can do infinitely more good in the villages than strangers. Our aim is to get one or more women trained as quickly as possible from every village with a mixed school in it. School teachers are also encouraged to send their wives or other female relatives, so that after training they may work to-gether in the village school.

The chumar women have now asked to be taught in the Domestic school. Arrangements are being made to teach them in the evening for an hour daily, to begin with. We are proposing to teach them the following,—

1. Personal cleanliness and the use of soap,
2. Sewing,
3. Simple home-nursing and care of babies.

An interesting and most significant development of this school is that the wives of the rural gentry are insisting on coming into the school for a short course of domestic science. Several have already joined, and we only want funds to organise this most promising feature on regular lines.

APPENDIX IX

MISCELLANEOUS

I. *Suggested methods for combating the venereal diseases menance,—*

(i) Active propaganda and the right type of education in sex and allied subjects.

(ii) Post graduate training of medical men.

(iii) Standardising the tests of cure of venereal diseases.

(iv) Establishing different venereal clinics for people of different social status to suit their pockets and temperaments.

(v) Making provision at welfare centres and at Maternity institutions for the systematic venereal examination of women and infants.

(vi) Venereal examination of school children.

(vii) Penalising persons and journals advertising cures for venereal diseases without a certificate from the Public Health Department.

(viii) A sworn written declaration by both the bride and bride-groom that they are not suffering from venereal diseases. These declarations are exchanged at the time of marriage and if they are found to be false, the party concerned is to be prosecuted for perjury or the marriage becomes null and void.

(ix) The bride-groom takes out an insurance policy before marriage. Apart from its economic value, this has the advantage of making him go through a more or less thorough medical examination.

(x) Knowingly infecting a person with venereal disease within or without the marital bond to be punished as felony, the necessity for proving malice being eliminated.

(xi) To provide easy facilities for all grown up persons to learn the technique of venereal prophylactics.

(xii) Sterilisation of moral imbeciles, idiots and similar other diseased or tainted persons.

II. Government regulation regarding sending persons bitten by rabid animals for treatment (Extracted from Bombay Government Gazette of 14-9-1922, Page 498/A)—

" Any indigent person bitten by a rabid animal and who in the opinion of any officer authorised to grant this concession is unable to proceed for treatment at his own expense may be granted his actual travelling expenses to the centre, viz.:—

(a) Single 3rd fare—both ways,

(b) Actual cost of transit by road,

(c) Maintenance allowance 4 annas per diem.

These concessions except at the discretion of the Medical Officer I/C the centre are not admissible to patients living within one hour by passenger train or ten miles by road, and *they will not be payable when the patient is accommodated and fed free of charges in a Government Hospital.*

No person paying more than Rs. 50/- land tax per annum or with an income exceeding Rs. 30/- per mensem shall be classed as indigent.

The Medical Officer, Dispensary, can authorise the grant of the concession.

III. *Instructions as regards first aid treatment of eye-diseases issued by the Blind Relief Association, Bijapur.*

(1) Eyes should be cleaned at the time of Eye-disease,

(2) A handful of salt should be boiled with one seer of water and after having made it cool, the eyes should be washed from time to time with it.

(3) One Tola of alum powder should be mixed with one seer of water and after having filtered it, one drop of the same should be put into the eyes, four or five times a day.

(4) In eye-diseases, care should be taken to protect the eyes from flies, as the disease is caused from the flies.

(5) Children affected by eye-diseases are always supposed to be teething and so the eyes are neglected. The eyes should be immediately treated.

(6) When the eye is diseased, it is always supposed that the eyes are full of dust and the " dust-taker " is asked to take it out. The " dust-taker " uses a pipe holding it in his mouth. By this great harm is done to the film of the eyes. This remedy is harmful and should not be used at all. The " dust-taker " practises it only for his livelihood and not to benefit the eyes.

(7) In all eye diseases the eyes should be cleaned. If the disease is not cured by this alone within seven days, salt water as suggested above should be used and if even by this there is no improvement or cure, the nearest dispensary should be approached for treatment.

MEMO. 153,
M. C. W.

THE MINISTRY OF HEALTH'S MEMORANDUM

IV. *G. R. Birth Control.*

(1) The Minister of Health is authorised to state that the Government have had under consideration the question of the use of institutions which are controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods.

(2) So far as Maternity and Child Welfare Centres (including Ante-Natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers and young children, and it is the view of the Government that it is not the function of the Centres to give advice in regard to birth control and that their use for such a purpose would be likely to damage the proper work of the Centres. At the same time the Government consider that in cases where there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to cases *where further pregnancy would be detrimental to health,* and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.

(3) The Government are advised that Local Authorities have no general power to establish birth control clinics as such, but that under the Notifications of Births (Extension) Act, 1915, which enables Local Authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant mothers and nursing mothers, it may properly be held that birth control clinics can be provided for these limited classes of women. Having regard to the acute division of public opinion on the subject of birth control, the Government have decided that no Departmental sanction which may be necessary to the establishment of such clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be given only in *cases where further pregnancy would be detrimental to health.*

(4) Under the Public Health Acts, Local Authorities have power to provide clinics at which medical advice and treatment would be available for women suffering from gynaecological conditions. But the enactments governing the provision of such clinics limit their availability to sick persons, and the Government have decided that any Departmental sanction which may be necessary to the establishment of such clinics shall be given only on the following condi-

tions:—(1) That the clinics will be available only for women who are in need of medical advice and treatment for gynaecological conditions; and (2) that advice on contraceptive methods will be given only to married women who attend the clinics for such medical advice or treatment, and in whose cases pregnancy would be detrimental to health.

Ministry of Health.
July 1930.

APPENDIX X

Draft

of

The Village Improvement Act

Proposed as a Bill for Legislation by the Government of India, submitted by Ramrai Mohanrai, B. A., LL. B., President of the Indian Farmers' Peasants' Federation, to the Royal Commission on Agriculture in India.

Introductory Form.

Draft of the Village Improvement Act as Bill proposed to be published by the Government of India.

(GOVERNMENT OF INDIA)
(LEGISLATIVE DEPARTMENT)
(NOTIFICATION)

(Suggested—Draft of Notification).

New Delhi, 193

No. under Rule 18 of the Indian Legislative Rules the Governor General has been pleased to order the publication in the Gazette of India of the following Bill to-gether with the Preamble statement of subjects with reasons is accordingly published for general information.

Bill No. of 193

A Bill to provide for the improvement of the standard of utility and efficiency of subordinate services operating in the villages and among the village peoples of India under the Provincial Governments and provide for the recruitment and qualfications of admissions, remuneration and pension and service rules of such subordinate services; and to provide for the training of candidates for such subordinate services and officers in such subordinate services and village peoples generally in the qualifications prescribed herein of and for better intellectual and economic equipment and existence and towards such ends to provide for the establishment of a Village Training Board with a Central Text Book Committee and a Curriculum Committee, and to provide for the establishment of a Village Improvement Trust Board for the economic improvement of village people by improving the crops and introducing home industries, and establishing peasant Colonies, and for turning waste lands into arable farms, and to provide for the establishment of Water Boards for the

purposes of provisions of water energy for agriculture, irrigation, transport and industry and other economic purposes, and further to establish a Chartered Peasants Bank of India and to empower the Governor General in Council and Governors of Provinces in Council to alter and amend the existing laws as may be necessary for consistency in relation to this enactment and authorise the Governor General in Council and Governors in Provinces in Council to take all measures necessary to carry into effect the provisions of this enactment.

Preamble. (With statement of objects and reasons).

Whereas consistently with the policy of promoting the moral and material well-being of the peoples of India as enunciated in the proclamation of 1858 of Her Majesty, the late Queen Victoria the Good, and consistently with similar policy of His Majesty, King George V in 1911, and consistently with the policy of progressive reforms as declared in the British Parliamentary Announcement of 1917;

And whereas the appalling ignorance and poverty of the peasant population of India require immediate measures of relief, and whereas the peasant population of India constitute 72% of the total population of 350 millions of India and whereas the peasant population are in a state of nearly universal illiteracy, misery and want, and whereas the relief ought to be given and is desirable and teaching and training of the village people in modern knowledge and arts of agriculture and social economics so as to make the modern village people informed, trained and disciplined in the standards of modern life and intellectual and economical efficiency, and whereas for the attainment of these ends it is necessary that the subordinate servants in the employment of Government and Local authorities who come in constant daily contact with the village people should themselves be taught and trained in such knowledge and arts of good citizenship for the service of the people and to make such subordinates real, useful and helpful servants of the Crown for the betterment of the village people, and whereas it is necessary to prescribe and regulate such training and the conditions of service of such subordinate servants in the interests of the village people;

And further whereas the improvement of soil and agricultural and economical development of waste areas, the provision of water facilities for irrigation, industry, transport and agriculture and whereas the provision of financial facilities through banks of peasants are eminently and immediately necessary and whereas consequently the establishment of a Village Training Board (with a Central Text Book Committee and a Curriculum Committee), a Village Improvement Trust Board, Water Boards, and a Chartered Peasants' Bank are incumbent;

And further whereas His Majesty's Government of India desire and wish that the village people of India shall become happy, prosperous, loyal citizens of India by the provision of such measures as stated by means of an enactment of the legislature.

It is hereby enacted as follows:—

CHAPTER I

PRELIMINARY

Short title, Extent and Commencement.

Section 1,—(1) This Act may be called the Village Improvement Act.

(2) It extends to whole of British India and shall be put into operation by the Government of India and Provincial Governments in a period of not less than 3 years from the date of its commencement; unless in the case of a provincial Government which desires an extension of the time, the Government of India may extend it, but in no case shall extention be more than 2 years in addition to 3 years already fixed herein above.

(3) It shall come into force on the 1st day of 193 , and it shall be considered to have commenced on the date, the 1st day of 193 .

Section 2,—(1) The Governor General in Council shall within one year of the commencement of this Act direct and authorise the Governors in Council of the British Provinces under the Government of India, to enact, alter and amend provincial laws for carrying into effect the provisions of this Act.

(2) And the said Governors in Council shall within one year of receiving such directions and authority take steps to carry into effect the provisions of this Act and report to the Governor General in Council of the measures adopted by their respective Governments for carrying into effect the provisions of this Act.

(3) The Governor in Council in every Province shall by notification in the Local Government Gazette apply the provisions of this Act to the Subordinate Branches of Revenue and Educational Departments in his province and may similarly apply it to the other subordinate services in the Province for the purpose of recruitment, promotion and continuation and conclusion of such services.

Definitions.

Section 3,—In this Act unless there is anything repugnant in the subject or context,

(1) The Governor General in Council means the Governor General appointment under the Act or any other succeeding Act for the governance of India.

(2) The Governor in Council means the Governors appointed under Act of 1919 or any other succeeding Act for the governance of provinces subordinate to and under the Government of India.

(3) Province means a Province under Act of 1919 subordinate to the Government of India.

(4) The Government of India means the supreme Executive Authority in India for the purposes of governance of India.

(5) Executive Authority means and includes the Political, Civil, Financial and Military Authority and all authorities for the purposes of governance and administration.

(6) Provincial Government means the Chief Authority in a Province in India for the purpose of the administration of a Province under the Government of India.

(7) Local Authority means and includes any Municipality, Local Board, Committee or other body constituted under an Act of a Provincial Government.

(8) (1) A Village means the area of residence of cultivators of land, citizens, traders and shepherds forming a group of habitation of peasants and people and forming the smallest unit of administration in the Government of India.

(2) A Village teacher means the school master of a school in a village.

(3) A Village officer means the headman of a village.

(4) A Circuit means a group of not less than four and not more than seven villages.

(5) A circuit officer means the Executive Officer in charge of a circuit.

(6) A Taluka means a group of villages in the circuit including not less than forty and not more than seventy villages forming a sub-division of a district in a Province.

Explanation:—District means a district in which a province is sub-divided at the time of the commencement of this Act.

(7) A Taluka officer means the Executive officer in charge of a Taluka and subordinate to the Head of the District.

(8) An Officer means a person appointed by any Government or Local Authority.

(9) A village worker means a non-official person actively interested in the intellectual and economical betterment of villages.

C—Villageology means,—

(a) Comprehensively the knowledge and accomplishment useful for officers and workers for the intellectual and economical betterment of village people and village life; and (b) includes the learning and training in the following subjects—

Group A,—Ambulance with First Aid; scouting and physical culture;

B,—Baby care, Dai training, social service;

C,—Co-operative economics, practical farming and agriculture and home industry.

D,—General knowledge, civics, visual instructions;

E,—Village laws, simple accounts, correspondence;

F,—Medical remedies, hygiene and sanitation, elementary veterinary remedies.

(c) Institute of villageology means any training centre, a training school or college for the purpose of imparting education and training in villageology.

(d) Water Board means a corporate body of persons appointed by the Government of India or a Provincial Government for the purposes of creating and supplying water energy in different parts of India for the purposes of cultivation, industry, agriculture, irrigation, transport, and like objects.

(e) Village Improvement Trust Board and Village Improvement Trust mean a corporate body of persons appointed by the Government of India or a Provincial Government for the purposes of improving the economic conditions of the peasants, village people, and villages by better cultivation of land, by the utilization of waste land, by the provisions of easy loan facilities to peasants and cultivators for agricultural purposes and for similar purposes.

(f) Co-operative village means a colony of cultivators founded, organised and conducted on the principles of co-operation.

(g) Subordinate services mean for the purposes of this Act only, all services under a Provincial Government which are not All India services and which are of and below, the Provincial grades of services including clerical and other inferior services.

(h) Citizen is a person who produces and uses wealth and who subordinates and surrenders his personal interests to the general interests and well being of his countrymen and his country India.

(i) A circuit Farm means a plot of land given to a circuit officer for agricultural uses and purposes under this Act.

(j) A farm expert is a person who has received training in improved and intensive practical farming and has obtained a certificate to this effect from the Director of Agriculture of a province.

(k) Superior officers mean and include for the purposes of this Act the officers to whom the officers under this Act are subordinates.

(l) Practical Farming means improved and intensive farming of land and crops in scientific methods.

(m) Practical Farm is a plot of land allowed to an officer under this Act for practical farming.

(n) Expenditure means and inculudes salary, allowances, contingencies and railway fares.

(o) A State Bank is a bank established by an Act of the Indian Legislative Assembly.

(p) A Public Bank is a bank incorporated and registered under the Indian Companies Act of the Government of India.

CHAPTER II

Qualifications of Officers

Village teacher or school master.

Section 4,—No person shall be appointed a village teacher or school master who does not satisfy the Chief Educational Authority by whom the appointment is made, that he has acquired a satisfactory and efficient training in villageology as defined and prescribed by this Act.

Explanation,—Chief Educational Authority means the Divisional Inspector of Education in a Province or any other subordinates; or,

(a) Every village teacher or school master, already in employment in a province for or less than 5 years, must satisfy the Authority to whom he is subordinate that he has received a satisfactory and efficient training in villageology as defined and prescribed in this Act. And on such satisfaction being given his name shall be registered and marked as having a special efficiency qualification for promotion to grades after the efficiency bar, where such exists, in preference to others who have not received training in villageology.

(b) Every village teacher or school master already in employment in a Province of more than 5 years standing, may satisfy the authority to whom he is subordinate that he has received a satisfactory and efficient training in villageology as defined and prescribed in this Act.

And on such satisfaction being given his name shall be registered and marked as having a special efficiency qualification for promotion to grades after the efficiency bar, where such exists, in preference to others who have not received training in villageology.

Village officer.

Section 5,—No person shall be appointed a village officer who does not satisfy the Chief Executive Authority by whom the appointment is made, that he has acquired a satisfactory and efficient training in villageology as defined and prescribed in this Act.

Explanation,—Chief Executive Authority means the Collector or Deputy Commissioner of the District, as the case may be in different provinces.

(a) Every village officer already in employment may satisfy the Chief Executive Authority to whom he is subordinate that he has received a satisfactory and efficient training in villageology as defined and prescribed in this Act. And on such satisfaction being given his name shall be registered and marked as having a special efficiency qualification for promotion or special emoluments in preference to others who have not received training in villageology.

Section 6,—No person shall be appointed a Circuit officer who does not satisfy the Chief Executive Authority by whom his appointment is made that,—

(a) He had received satisfactory training in villageology.

(b) And that he has obtained a certificate as a Farming expert.

(c) That such person shall remain on probation for two years and shall not be confirmed thereafter unless he satisfies the Chief Executive Authority to whom he is subordinate that he has received complete training in the full course of villageology as defined and prescribed in this Act.

Section 7,—No person shall be appointed a Taluka Officer who does not satisfy the Chief Executive Authority in a Province, that is the Governor in Council, that he has acquired the following qualifications:

(1) That he is a Bachelor of Agriculture of a recognised University in India.

(2) That he holds a certificate of Government Diplomat Accountant.

(3) That he has undergone one year's course in a practical farming

including crop estimate and procures a certificate thereof from the Director of Agriculture in a Province.

Appointment on probation.

Section 8,—Every such person appointed under section 7 above shall not be confirmed for a period of 5 years and shall not be confirmed thereafter unless he satisfies the Governor in Council of a Province that he has acquired the following further qualifications.—

(1). That he has passed a standard examination in Commerce of a recognized Institute or College or University in India or England.

(2) That he has undergone a course of Military training in the Indian Territorial Force for the necessary period as may be prescribed by the Army Rules and Regulations and procures a certificate of having received such training from the Head of the Indian Territorial Force in the Province.

(3) That he has acquired a complete training in villageology in all groups as defined and prescribed in this Act.

(4) That he has received a satisfactory training in riding, motoring and telegraphy and procures a certificate thereof from an established school.

Compulsory training.

Section 9,—For the purpose of this chapter a village officer or circuit officer shall have received compulsory training in groups of 1 and 2 of villageology as defined and prescribed in this Act and in addition shall have received training in any two of the groups 3, 4 and 5 and 6 of villageology as defined and prescribed in this Act according to his option.

CHAPTER III

Duties and Functions of Officers

General.

Section 10,—Every officer under this Act shall discharge the duties and functions prescribed herein below and shall, in addition to his duties, discharge any other duties he may have to discharge or may be called upon to discharge, under the laws or regulations or orders of the Government of India or a Provincial Government.

Village teacher or School Master

Section 11,—(A) (1). Every village teacher or school master in addition to his ordinary duties shall discharge the duties mentioned herein below,—

(1) He shall train the boys and pupils of his school in the subjects of villageology in which he has received training.

(2) He shall start scout troops and ambulance brigade.

(3) He shall teach the boys and pupils simple gardening, elementary botany and rearing of plants.

(B) (1) Every village teacher or school master may set as a master and Savings Bank Officer or officer of the Chartered Peasants' Bank under this Act.

(C) (1) Every village teacher or school master may organise and work co-operative Credit Societies.

(2) Every village teacher or school master shall take and exhibit pictures of rural life, agriculture and rural industries and other subjects for education, agriculture and economic betterment of the villagers.

(3) Every village teacher or school master shall help his superiors in the discharge of their duties.

Practical Farm to village teacher.

Section 12,—Every village teacher or school master may, if he has obtained a Farmer's certificate, advise and instruct the village people in farming and agriculture and he may be given a plot of land not exceeding 10 acres by the Chief Executive Authority for his own purposes and for the purpose of serving as a demonstration farm under him for the village people on a condition of making himself useful to the village people.

Section 13,—Every village officer shall in addition to his ordinary duties under this Act discharge the following duties:—

(1) Every village officer shall collect the revenue of the village and remit the same through the circuit officer safely to the Taluka officer.

(2) Every village officer shall act as a Police Patel.

(3) Every village officer shall assist his superior officer in the discharge of his duties.

Practical Farm for Village officer.

Section 14,—Every village officer may if he has obtained a farmer's certificate advise and instruct the village people in farming and agriculture and he may be given a plot of land not exceeding 10 acres by the Chief Executive Authority for his own purposes and for the purposes of serving as a demonstration farm under him for the village people on conditions of making himself useful to the village people.

Circuit officer.

Section 15,—(a) Every circuit officer shall supervise the Scout Troops and Ambulance Bridge in his circuit.

(b) Every circuit officer shall receive the revenue collected by the village officer and remit the same to the Taluka officer.

(c) Every circuit officer shall visit the schools in his circuit and assist and advise in the work of the village school master.

(d) Every circuit officer shall supply medical and veterinary remedies in the village in his circuit.

(e) Every circuit officer shall supervise the hygiene and sanitation of the villages and instruct the villagers in hygiene and sanitation in his circuit.

(f) Every circuit officer shall keep a daily diary of his work and duties in discharge of his function, for submission to superior officers.

(g) Every circuit officer shall keep accounts of public money received by him and remitted by him through the Taluka officer and shall do correspondence in the discharge of his functions.

(h) Every circuit officer shall train the village people in his circuit in practical improved farming and fruit growing and flower culture and dairying by lectures, picture shows and demonstrations in his circuit farm.

Section 16,—(1) Every circuit officer shall be given by the Chief Executive Authority of the district a plot of land of 30 acres and shall adopt intensive and scientific methods in his farm which shall be called a circuit farm and he shall maintain in this circuit farm a bull of stock breeding and keep a dairy.

(2) (a) Every circuit officer shall cultivate in at least 5 acres of the circuit farm fruits and rear trees and shall cultivate in at least 1 acre of his circuit farm flowers, flower plants and shrubs.

(c) But in no case shall he cultivate in his circuit farm one single crop of the same quality in more than 1/4th part of the total acreage of the circuit farm.

(3) Every circuit officer shall supply and supervise the use of seeds, manure and implements by the village people in his circuit.

(4) Every circuit officer shall invite the villagers in groups to his circuit farm and demonstrate his work in their presence and explain his methods by lectures and conversation.

(5) (a) Every circuit officer shall tour and assist the village people in his circuit to adopt improved methods of intensive farming and help them in obtaining seeds, manure, implement and cattle.

(b) Every circuit officer shall in his tour inspect the villages in his circuit, inspect the cultivation and crops and cattle and advise and instruct the villagers in his circuit in the better cultivation of crops and breeding of cattle in his circuit.

(c) Every circuit officer shall in his tour inspect the villages in his circuit informing the villagers generally about the laws and shall advise and safeguard the villagers against drink, drugs, corruption and extortion.

Section 17,—(a) Every circuit officer shall keep the revenue survey and school and other records in his circuit as may be prescribed by the Authority and the Department concerned.

(b) Every circuit officer shall keep such statistics of farms, agriculture, cattle, schools, health and institutions in the villages in his circuit as may be required under an Act or orders of superior officers or Provincial Government.

(c) Every circuit officer shall in general promote peace and harmony and co-operative spirit of collective work in the villages of his circuit.

Section 18,—(a) Every Taluka officer shall discharge the ordinary duties and functions as a Revenue Mamlatdar or Tehsildar, and shall further discharge the duties of a Survey Officer, a co-operative officer and agricultural officer and of the Deputy Educational officer, of the Taluka.

Taluka Officer.

(b) Every Taluka officer shall supervise and control the village officer,

village school master and the circuit officer and their work in the discharge of their duties and functions under this Act.

(c) Every Taluka officer shall tour the Taluka for not less than 200 days of a year and inspect and guide and direct the work of the village school master, village officer and the circuit officer, in the discharge of their duties and functions under this Act.

(d) Every Taluka officer shall organise co-operative credit societies, home industries, and village banks among the village people and shall supervise, guide and control the same in his taluka.

(e) Every Taluka officer shall organise a Territorial Force in his Taluka and shall encourage and help the village school master, village officer and circuit officer in imparting teaching and training to the village folk in villageology as defined and prescribed in this Act.

(f) Every Taluka officer shall advise and guide the villagers in improved cultivation of their farms and shall supervise agriculture and shall so advise and guide the villagers regarding soil, seeds, manure, crops, fruit plants and implements.

CHAPTER IV

Service Regulations

Section 19,—No person shall be employed as an officer under Recruitment under the Act except by open competitive recruitment and admission as officers on probation under this Act shall be given only to candidates having the required qualifications, for such officer under this Act in order of ranks and marks obtained by them in the result of the examination and tests passed by such candidates to secure qualifications for service under this Act.

Service Rules.

Section 20,—The Provincial Government shall make rules for the recruitment, admission and conditions of service, pay, grade, promotion, pension, provident fund, insurance, leave, suspension and dismissal of the officers under this Act subject to the following provisions:—

Remuneration and pay.

(A) (1) No village officer (Headman of a village) under this Act shall receive any remuneration by way of pay or honorarium exceeding rupees two hundred annually or less than seventy five a year.

(2) Every village school master or a teacher shall receive a remuneration by way of pay not exceeding Rs. 100/ per month and not less than Rs. 30/ per month.

(3) No circuit officer shall receive any remuneration by way of pay exceeding Rs. 100/ per month or less than Rs. 40/ per month.

(4) No Taluka officer shall receive any remuneration by way of pay exceeding Rs. 500/ per month or less than Rs. 150 per month.

(B) No officer under this Act shall receive any allowance for touring or otherwise doing his duties and discharging his functions under this Act but that he may receive the expenses of travelling by railway or other means as the Provincial Government may prescribe and further that the circuit officer and the Taluka officer shall receive a conveyance allowance for touring in the villages but that such conveyance allowance in the case of a circuit officer shall not exceed Rs. 15/ per month and in the case of a Taluka officer such conveyance allowance shall not exceed Rs. 30/ per month, provided that the circuit officer and Taluka officer do keep any independent conveyance for their use.

Allowance.

(C) No officer under this Act shall be entitled to leave for more than twenty days in a year in addition to casual leave, except sick leave and that no privilege leave can be allowed at more than twenty days a year and that no privilege leave can become due except at the end of every three years.

Leave.

(D) No officer under this Act shall be liable to be suspended or dismissed for any reason except default in the discharge of his duties and functions under this Act and that he shall not be so dismissed except by the Chief Executive Authority to which he is subordinate under this Act, subject to such rights of appeal to and revision by the Provincial Government as the Provincial Government may lay down by rules under this chapter of this Act.

Suspension and Dismissal.

(E) (1) (a) No officer under this Act shall receive a monthly pension exceeding one-third the average monthly pay of such officer during the period of the last five years of service of such officer prior to retirement and such pension shall be payable for his life.

Pension.

(b) And in the case of the death of an officer under this Act after retirement, the widow of such officer shall receive one-third of the amount of the monthly pension received by such retired officer for her life.

(c) And in the case of the death of an officer under this Act, before retirement and while in active service, the widow of such officer shall receive one-half of the amount of the monthly pension to which such officer may have been entitled if he had retired at the time of his death for her life.

(E) (2) The Provincial Government shall provide for Provident Fund for officers under this Act and officers under this Act shall contribute to such provident fund subject to such rules and scale of payment towards the provident fund as the Provincial Government may fix by rules under this Act, provided that the Provincial Government shall contribute annually towards such provident fund of every officer a sum of money equivalent to the amount paid every year by such officer from his pay under this Act.

Provident Fund.

(E) (3) The Provincial Government shall arrange for an adequate insurance

in favour of every officer under this Act and shall make rules under this Act for such insurance and payments of premium thereof by such officer and contribution of the Provincial Government towards such premiums, provided that such contribution by the Provincial Government shall not exceed one-fourth of the amount of premium payable annually by an officer under this Act.

Promotion.

(F) No officer under this Act shall receive the promotion due to him according to the grades of pay fixed for him by the Provincial Government by Rules under this Act until he has satisfied the Chief Executive Authority to whom he is subordinate that he has not merely formally discharged his duties and functions under this Act, but that he has effected definite improvements and progress in the life of the village people in his jurisdiction; it being left to the Provincial Government to fix the standards, to guage and estimate the improvements and progress in village by rules under this Act.

CHAPTER V

Training and Education

Village Training Board.

Section 21,—The Governor General in Council shall constitute under this Act a Village Training Board, for the purpose of imparting education to and training the pupils, and candidates for offices and officers under this Act, with a view to making the individual a literate and efficient citizen intellectually, socially and economically and may establish a Taluka Service Institute for training the Taluka officers with espirited course in their required qualifications.

Constitution.

Section 22,—The Village Training School under this Act shall be constituted in the following manner:—

(1) It shall consist of nine members elected jointly by the non-official members of the Council of State and the Indian Legislative Assembly from among themselves.

(2) It shall consist of two representatives of the Provincial Legislative Council elected from among the non-official members of such council.

(3) It shall consist of the representatives of the District and Taluka Local Boards in Provinces and the District and Taluka Local Boards in a Province shall elect two representatives, from among the members of the District and Taluka Local Boards consisting of a joint and single electorate for this purpose.

(4) It shall consist of the members of the Executive Council of the Governor General in charge of Education, Revenue, and Agriculture in the Government of India and the Ministers of Education of all the provinces.

(5) It shall consist of representatives of Taluka officers of all provinces and the Taluka officers of every Province shall jointly elect one such representative.

Section 23,—The Village Training Board under this Act shall discharge the following functions:—

Central Text Book Committee.

(1) It shall appoint a Central Text Book Committee for devising useful and informing common text books for schools and peasants in all provinces and shall make rules for the expenditure and work of this Committee subject to the sanction of the Governor General in Council.

(2) It shall adopt a curriculum committee to devise a common Curriculum of Instruction and course of teaching and training in villages and village towns and for peasants and villagers and shall make rules for the expenditure and work of this committee subject to the sanction of the Governor General in Council.

(3) The Central Text Book Committee and the curriculum committee shall incorporate training in villageology as defined and prescribed in this Act in its curriculum of instructions and training in schools and Text Book thereof.

Section 24,—(a) The Provincial Government shall direct the adoption of Text Book in the schools in the Provinces as advised by the Central Text Book Committee of the Village Training Board under this Act.

Adoption of Text Book in Provinces.

(b) The Provincial Government shall direct the adoption in schools and training colleges and teaching institutions in the Province of the curriculum of instructions and course of teaching and training as devised by the Curriculum Committee of the Village Training Board under this Act.

Adoption of Curriculum in Provinces.

(c) The Provincial Government shall make necessary alterations in the curriculum and course of study in their schools, training colleges and teaching institutions as required for the adoption of the text books and curriculum and courses of study as devised by the Central Text Book Committee and the Curriculum Committee under this Act.

Changes in Schools and Training Institutions etc.

Section 25,—The Provincial Government shall make financial provisions by necessary adjustments for the imparting of teaching and training in the text books and courses of instruction as devised by the Central Text Book Committee and the Curriculum Committee under this Act.

Financial Provision.

Section 26,—The Provincial Government shall in all possible ways make provision for the instruction and training required of officers (and candidates for office) under this Act and shall provide opportunities and facilities to students and candidates and officers to receive such training and shall make financial provisions for the purposes of providing training under this Act.

Section 27,—The Village Training Board shall make its own rules of business subject to the sanction of the Governor General in Council and may appoint a Rules Committees of not more than seven members from among themselves for this purpose.

Rules.

Section 28,—The Governor General in Council shall make provision for the expenditure of the Village Training Board from the general revenue of the Government of India.

Explanation,—Expenditure includes the remuneration of members of the Village Training Board and the Central Text Book Committee and Curriculum Committee.

CHAPTER VI

Village Improvement Trust Board

Village Improvement Trust Board.

Section 29,—The Governor General in Council shall within one year of the commencement of this Act constitute under this Act a Village Improvement Trust Board in the manner mentioned herein below and to discharge the functions mentioned herein below,—

Constitution.

Section 30,—The Village Improvement Trust Board under this Act shall be constituted as follows,—

(1) It shall consist of seven members elected by the non-official members of the Council of State and the Indian Legislative Assembly jointly from among themselves.

(2) One member elected by the Railway Board who shall be a non-official Indian Gentleman.

(3) One member elected jointly by the Water Board under this Act.

(4) The Representative of each State in India.

(5) Three representative of the Public Bank in India.

(6) Three representatives of the Federation of Indian Chambers of Commerce.

(7) Director of Statistics of the Government of India.

(8) Imperial Conservator of Forests.

(9) The Members of the Executive Council of the Governor General in charge of Finance, Revenue, Agriculture and Commerce.

Powers and duties of the village Improvement Trust Board.

Section 31,—The Village Improvement Trust Board shall discharge and execute the following duties,—

(1) The Village Improvement Trust Board shall authorise the establishment of Village Improvement Trusts in Districts or groups of Districts, not exceeding five districts in one group in provinces.

(2) The Village Improvement Trust Board shall make rules of business and work and expenditure for itself and for the Village Improvement Trust established under this Act subject to the approval of the Governor General in Council.

(3) The Village Improvement Trust Board shall with the sanction of the

Governor General in Council authorise the Village Improvement Trust established under this Act to raise loans for their work.

(4) The Village Improvement Trust Board shall engage and appoint and control and direct an inspecting staff to supervise and assist the village Trust established under this Act in their work.

(5) The Village Improvement Trust Board shall prescribe the duties, functions, powers and responsibilities of the Village Improvement Trusts established under this Act.

Work of Village Improvement Trust Board.

Section 32,—The Village Improvement Trust Board shall have as its principal aims and objects and purposes, the following programme of work for the economic betterment of the village to be carried into effect through and by the Village Improvement Trust established under this Act:—

(1) The cultivation of waste lands.

(2) The establishment of peasant agricultural colonies and co-operative villages.

(3) The improvement of soil of peasants and cultivators and the introduction and supply of superior seeds, manures, plants and implements to peasants.

(4) The organization of intensive and improved farming among the peasants.

(5) The organization of home industries for villages among village people and the organization of credit and sale of produce of the villages.

(6) The undertaking of large scale scientific agriculture and agricultural improvements in large estates and areas by the organization of peasants' corporation for agricultural industries.

Section 33,—The Village Improvement Trust Board may adopt any other aims, objects, purposes and programme of work which it considers beneficial for the economic betterment of the village people.

Section 34,—The Governor General in Council shall provide for the expenditure of the Village Improvement Trust Board from the general revenues of the Government of India.

CHAPTER VII

Water Board

Water Boards in Provinces.

Section 35,—The Governor General in Council shall within one year of the commencement of this Act direct and authorise the Provincial Governments to establish Water Boards for the purpose of creating and supplying water energy to the peasants and people for the purposes of irrigation, transport, agriculture and Industries for the general well-being and economic betterment of the peasants and people.

Section 36,—Every Provincial Government shall within one year of

receiving such direction and authority as above under this Act establish a Water Board under this Act.

Provided that such Water Board shall be constituted so as to represent the general interests of the whole province; and provided that for the Presidency of Bombay, such Water Board shall be constituted as declared in Schedule 'A', to this Act and provided that in other provinces such Water Boards shall be constituted on the model of Schedule 'A' to the Act.

Water Board.

Section 37,—(A). Every Provincial Government shall appoint a Water Board Committee of not less than seven and not more than eleven members elected by the non-official members of the Legislative Council of that Province from among themselves of which not less than two shall be officials so elected by the non-official members of the Legislative Council of the Province and—

(B) This Committee shall prescribe and determine the constitution, functions, duties, powers and responsibilities and liabilities and administrative and other authority of such Water Board, subject to the approval of the Provincial Government and the sanction of the Governor General in Council.

(C) Such Water Board Committee shall exercise general supervision by correspondence and inspection of the work of the Water Board.

Rules of Water Board Committee.

Section 38,—The Water Board Committee under section 37 above shall make its rules of business and programme of inspection subject to the approval of the Provincial Government.

Provision of expenditure.

Section 39,—The Provincial Government shall provide for the expenditure of the Water Board Committee from among the general revenues of the Provinces.

Financial & Administrative Powers of Water Boards.

Section 40,—The Governor General in Council shall sanction and authorise Water Boards established under this Act to borrow money and issue loans and debentures and to undertake the work and administer works on such conditions as he may prescribe.

CHAPTER VIII

Finance, Chartered Peasants' Bank and Loans

Chartered Peasants Bank of India.

Section 41,—The Governor General in Council shall within four years of the commencement of this Act establish a Chartered Peasants' Bank in India by a special Act of the Legislature subject to the following provisions,—

(1) The capital of the Bank shall not be less than Rs. Thirty Crores.

(2) The capital of the Bank shall be primarily subscribed in India.

(3) The capital of the Bank shall be primarily subscribed half by the peasants and agriculturists and half by the Zamindars and non-agriculturists.

(4) Any part of the capital of the Bank remaining unsubscribed may be subscribed by a Foreign Debenture Loan, in any country where the lowest interest rate is obtainable and such foreign Debenture Loan shall be repayable within thirty to fifty years, but such an issue of the Foreign Debenture Loan shall be subject to the previous sanction by a special resolution of the Indian Legislative Assembly.

(5) The said Bank shall in course of ten years open a Branch in each of the Talukas (or Tehsils or sub-divisions of districts) under the control of a Taluka officer under this Act in all the provinces under the Government of India.

(6) The said Bank shall give loans for the purpose of agriculture and other purposes for the well-being and economic betterment of the peasants and village people on such conditions as may be prescribed by its Act of Incorporation.

(7) The said Bank shall have such special rights and remedies of recovery of its dues and loans as may be prescribed by its Act of Incorporation.

(C) The said Bank shall not be an Exchange Bank.

Joint Commissioners.

Section 42,—(1) The Governor General in Council shall within one year of the commencement of this Act appoint two joint Commissioners to invite proposals and suggestions for the Bank to investigate the sources of capital supply, to tour and obtain information regarding the agriculturists' financial requirements in all the Provinces, to visit foreign countries to study the system of agricultural credit and the possibilities of financial co-operation by other countries, and to draft a charter of Incorporation on the Chartered Peasants' Bank under this Act of enactment by the Indian Legislative Assembly.

(2) The Governor General shall provide the Joint Commissioners the required staff for their work and shall fix and provide for the remuneration of the Joint Commissioners and their staff and the expenditure required for their work under this section clause (i) above and such provision shall be made from the general revenue of the Government of India.

(3) The Governor General shall direct the Provincial Governments to authorise all its officers in the districts to supply all material information, required by the Joint Commissioners and to assist the Joint Commissioners generally in their work.

(4) The Joint Commissioners shall finish their work and submit their report with their draft of Act of Incorporation of the Chartered Peasants' Bank to the Governor General at the end of the year from the date of their appointment under this section.

Special Committee.

Section 43,—(1) The Governor General in Council may then appoint a special committee of five persons of whom one shall be a Managing Governor of the State Bank in India, one shall be a representative of the Federation of the Indian Chambers of Commerce and one shall be a representative of Federated European Chambers of Commerce

and one shall be a representative of Public Banks; to consider the Joint Commissioner's Report on, and draft of Act of Incorporation of, the Chartered Peasants' Bank under the above section clause (iv) and this Committee shall report its views and submit its suggestions to the Governor General within six months of its appointment.

(2). The Governor General shall provide for the expenditure of this Committee from the general revenues of the Government of India.

Loans etc.

Section 44,—The Gevernor General in Council shall authorise the issue of loans, debentures and such scripts for village improvement work and provision of water energy as recommended by the Village Improvement Trust Boards and Water Boards appointed under this Act subject to such conditions and regulations as may be prescribed by a Special Loans Committee under this Act; and the Standing Finance Committee of the Indian Legislative Assembly shall for the purposes of this section constitute such special Loans Committee under this Act.

CHAPTER IX

General Provisions

Power of Amendment of Laws.

Section 45,—The Governor General in Council shall amend or alter and authorise the Provincial Governments to amend or alter existing laws and enactments of the Government of India and the Provincial Governments as may be required to remove inconsistencies or constructions in such enactments or laws in relation to this Act.

No Law Contravening this Act.

Section 46,—No law shall be passed by the Government of India or any Provincial Government which openly or covertly by operation or implication modifies or nullifies, invalidates, obstructs or prevents the operation and effects of the enforcement of this Act.

Application of Chapter of this Act to other services.

Section 47.—The Governor General in Council may authorise the Provincial Governments to apply the Provisions of Chapter of this Act to any subordinate services as the Provincial Governments may think fit and proper.

No officer under this Act to be Magistrate or Police Patel.

Section 48,—The Governor General shall direct and enforce that no officer under this Act (except the village officer, headman of the village who may be a Police Patel under any other law) shall exercise any powers of a Magistrate or Police.

Provision of Practical Farms.

Section 49,—The Governor General in Council shall authorise the Provincial Governments to allot plots of lands to officers under this Act for practical farming as Practical Farmers on conditions as prescribed in this Act or may be laid down by the Provincial Governments and shall further authorise the Provincial Governments to direct

that the expenses of the up-keep of such practical farms shall be incurred by and the profits of such practical farms shall be appropriated by such officers under this Act as are given plots of land for practical farming under the section of this Act provided such officers undertake and fulfil the obligatory condition of teaching and training the peasants and village people in practical farming.

ANNEXTURE No. 1

Water Boards

The Water Board for Bombay Presidency should consist of the following representative members,—

(1) Representatives of Indian Merchants' Chamber and Bureau and other merchants' chambers as they represent the Commercial and trade interests of the Presidency and the Agricultural produce as dealt with by the traders and merchants.

(2) Representatives of the Bombay and Ahmedabad Mill-owners' Association as they are the consumers of the Cotton produced by the cultivators.

(3) Representatives of the Grain Merchants' Association of Bombay and Karachi, and other cities.

(4) Representatives of the European Chambers of Commerce at Bombay and Karachi.

(5) Representatives of the Bombay and Ahmedabad Cotton Exchange, Stock Exchange and Gold and Silver Exchange.

(6) Representatives of the Bank of India, Central Bank of India, and the Imperial Bank.

(7) Representatives of the Agricultural interests through the Indian Farmers' Peasants' Federation one for each of the four divisions in the Presidency.

(8) Representatives of the elected members of the Legislative Council.

(9) Representatives of one European and three Indian Engineering Firms of established reputation.

(10) Three water experts in irrigation, boring canals, tanks and wells.

(11) The Minister of Local Self Government.

(12) The Chief Secretary to the Government.

(13) The Superintending Engineer.

(14) The Director of Agriculture.

(15) The President and the Director of Indian Farmer's Institute.

The President and the Secretary and the other office-bearers should be non-officials.

ANNEXTURE No. 2

VILLAGEOLOGY

The object of this scheme of Villageology is to impart training to the village folk in modern education, to make them good citizens. The aim is to increase the utility, efficiency, and productivity of the village people. A practical training programme for the village people and specially officers and teachers employed in and for villages and groups of villages is planned as below,—

Group *Subject*

(1) Ambulance with First Aid; scouting and physical culture.
(2) Baby Care; Dai Training; Social Service.
(3) Co-perative economics; Practical Farming; Agriculture; Home Industry.
(4) General knowledge; civic, visual instructions.
(5) Village laws, simple accounts, correspondence.
(6) Medical Remedies, hygiene and sanitation; elementary veterinary remedies.

The term Villageology had to be specially coined to express comprehensively the knowledge and accomplishments useful for workers interested in rural rennaissance and village welfare work.

A diploma in villageology may be given to trained persons who satisfy the Authority of their having received training under this scheme and having worked thereafter in a village for at least one year.

Arrangements are under consideration for organising classes and lectures in these subjects and for establishing a "School of Training for the diploma of Villageology" under the auspicies of the Indian Farmers' Peasants' Federation, Ahmedabad.

The proposition is simply this: the villagers are in a state of helplessness due to ignorance, indigence and indolence. The Government agency is the only effective agency to shake them into activity and advancement. This Government agency takes a concrete shape in the village officers and the village teacher. Therefore if these village officers and the village teachers are trained into efficient workers of usefulness to the village people then only they can be awakened and organised. These village officers and teachers must be trained fully for village usefulness as a necessary basis for village improvement. Then their efforts and influence will be felt in the villages and the village people will slowly move into active improvements in all directions. Hence after much thought the scheme and programme of training in villageology as stated above have been devised.

RAMRAI MOHANRAI

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