

Annual report of the National Association for Supplying Medical Aid by Women to the Women of India.

Contributors

National Association for Supplying Medical Aid by Women to the Women of India.

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1930

ANNUAL REPORT

OF

*I. The National Association for
Supplying Medical Aid by
Women to the Women of India
(Countess of Dufferin's Fund
including the Women's Medical
Service)*

*II. The Victoria Memorial Scholar-
ships Fund*

*III. The Lady Chelmsford All-India
League for Maternity and
Child Welfare*

CALCUTTA :

GOVERNMENT OF INDIA CENTRAL PUBLICATION BRANCH

1931

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Officers and Managing Bodies of

I. The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund), by which is also controlled the Victoria Memorial Scholarships Fund.

II. The Lady Chelmsford All-India League for Maternity and Child Welfare.

President.

HER EXCELLENCY THE LADY IRWIN, C.I.

Council.

Chairman.—The Hon'ble Sir HENRY MONCRIEFF SMITH, Kt., C.I.E., I.C.S.

Ex-Officio.

E. BURDON, Esq., C.S.I., C.I.E., I.C.S.—*Hony. Treasurer.*

Miss A. C. SCOTT, M.B., C.B.E., Chief Medical Officer, W.M.S.—*Secretary.*

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.—*Hony. Joint Secretary.*

Elected Members.

The Hon. Sir HENRY MONCRIEFF SMITH, Kt., C.I.E.

The Hon. Maj.-General J. W. D. MEGAW, C.I.E., M.B., K.H.P., D.G., I. M. S.,
Vice-Chairman.

Lady BHOORE, M.B.E.

Lady MITTER.

Mr. K. C. ROY, C.I.E.

Rai Bahadur MOHAN LAL, M.L.C.

S. WEBB-JOHNSON, Esq., O.B.E.

A. BREBNER, Esq., C.I.E.

Nominated Members.

The Hon. CHARANJIT SINGH, Kunwar of Kapurthala.

Dr. PENNELL, B.Sc., M.B., B.S.

Mr. K. C. NEOGY, M.L.A.

Miss Hill, A.B.R.C.

Co-opted Members.

Dr. C. L. HOULTON.

The Principal, Lady Hardinge Medical College.

Members chosen by the Provincial Branches.

Madras	Hon'ble Sir C. SANKARAN NAIR, Kt.
Bombay	Sir PURSHOTAMDAS THAKURDAS, Kt., C.I.E., M.B.E.
Bengal	Lieut.-Colonel H. SUHRAWARDY, O.B.E., M.D., F.R.C.S.I. D.P.H., L.M.
United Provinces	Inspector General, Civil Hospitals.
Punjab	Mrs. INGLIS.
Bihar and Orissa	W. H. LEWIS, Esq., C.I.E., I.C.S.
Central Provinces	The Hon'ble Sir MANAKJEE DADABHOY, Kt.
Assam	J. HEZLETT, Esq., C.I.E., I.C.S.
Delhi	Chief Medical Officer.
North-West Frontier Province.	Nawab Sahibzada Sir ABDUL QAYUM KHAN, K.C.I.E.
Baluchistan	Chief Medical Officer, Baluchistan.
Rajputana and Central India	Chief Medical Officer, Rajputana.

Executive Committee

HER EXCELLENCY THE LADY IRWIN, C.I.—*President.*

The Hon. Sir HENRY MONCRIEFF SMITH, Kt., C.I.E., I.C.S.—*Chairman.*

The Hon. Major-General J. W. D. MEGAW,
C.I.E., M.B., K.H.P., D. G., I. M. S.,
Vice-Chairman.

Lady BHOORE, M.B.E.

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.

E. BURDON, Esq., C.S.I., C.I.E., I.C.S.

Dr. A. C. SCOTT, C.B.E., C.M.O., W.M.S.

Secretaries.

Dr. A. C. SCOTT, M.B., C.B.E., C.M.O., W.M.S.—*Secretary.*

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.—*Hony. Joint Secretary.*

Dr. RUTH YOUNG, M.B.E., B.Sc., M.B., Ch.B., W.M.S.—*Personal Assistant to Secretary for Maternity and Child Welfare Work.*

Mrs. MEIK—*Asst. Secretary.*

Treasurers.

E. BURDON, Esq., C.S.I., C.I.E., I.C.S.—*Hon. Treasurer.*

P. R. RAU, Esq.—*Hony. Deputy Treasurer.*

G. KAULA, Esq., C.I.E.—*Acting Hony. Treasurer from September 26th to February 9th, 1931.*

Auditors.

Messrs. PRICE, WATERHOUSE, PEAT & Co., Cawnpore.

Bankers.

Imperial Bank of India, Ltd.

Messrs. COUTTS & Co., 59, Strand, London.

REVISED RULES AND REGULATIONS

of

I. The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund).

II. The Lady Chelmsford All-India League for Maternity and Child Welfare.

(As passed at General Meetings of the Association and the League held at Simla 27th June 1930.)

Chapter I.—Membership.

1. There shall be the following grades of members of the $\frac{\text{Association}}{\text{League}}$:—

There shall be Patrons, Vice-Patrons, a President and Vice-Presidents of the Association as provided in these Rules.

2. The Patrons, the Vice-Patrons and the Vice-Presidents shall be the persons holding these offices at the time these rules are made and such persons as may from time to time be nominated by the President on the advice of the Council.

3. The President shall be the wife of His Excellency the Viceroy. In her absence the power of filling the vacancy shall rest with His Excellency the Viceroy.

4. Life Councillors shall be the persons holding these offices at the time these rules were made, and all donors of sums amounting in the aggregate to Rs. 5,000.

4A. The members of the Association shall be the President, Vice-Presidents, Life Councillors, Life Members and Ordinary Members.

4B. Life Members shall be the persons holding that office at the time these rules were made and all donors of sums amounting in the aggregate to Rs. 500.

5. Ordinary members shall be the Members of the Council and of the Executive Committee and all persons who pay an annual subscription of not less than five rupees.

6. The Secretary of the $\frac{\text{Association}}{\text{League}}$ shall maintain a register of members of the $\frac{\text{Association}}{\text{League}}$ and this register shall be open to inspection.

Chapter II.—General Meeting.

7. (a) The General Meeting of the $\frac{\text{Association}}{\text{League}}$ shall be held once a year at the Headquarters of the Government of India upon a date to be fixed by the President. Notices of such annual meetings shall be given at least fourteen days before the date fixed, and such notice shall specify the business to be transacted. All members of the Association as defined in Rule 4A shall be entitled to attend and to vote on any question that may be submitted to the meeting for determination.

(b) At such Annual Meeting eight members shall be elected to serve on the Council, an Auditor, who shall be a Chartered Accountant or other person skilled in accounts, shall be appointed, and the Annual Report and balance sheet for the past year, and Budget for the next year, shall be presented. Any other business may be brought forward with the assent of the President.

8. (a) An extraordinary meeting of the $\frac{\text{Association}}{\text{League}}$ may be convened at any time by the President for any purpose connected with the $\frac{\text{Association}}{\text{League}}$ and shall be convened on the written requisition of at least thirty members stating the object of such meeting.

(b) At least fourteen days' notice shall be given of such meeting, with the agenda to be brought before it, and no business other than that specified in such agenda shall be transacted.

9. (a) All General Meetings shall be presided over by the President, or in her absence by the Chairman of the Council or some other person appointed by the Chairman.

(b) All questions shall be decided by the votes of the members present, taken by show of hands, but any one present may demand a poll which shall forthwith be taken and the result declared by the officer presiding.

(c) In case of equality of votes the officer presiding shall have a second or casting vote.

Chapter III.—The Governing Body.

10. The Governing Body of the $\frac{\text{Association}}{\text{League}}$ for the purposes of the Act XXI of 1860 shall be the Council.

11. (1) The Council shall consist ordinarily of the President, a Chairman to be nominated by the President, who will preside in the absence of the President, the Treasurer or Treasurers, the Secretary and Joint Secretaries, and 25 members of whom :—

(a) 12 shall be chosen by the committees of the provincial branches or of their equivalents in local administrations or Indian States in such manner as the Council, or, until the Council has been constituted, the President may determine ;

(b) 8 shall be elected by the $\frac{\text{Association}}{\text{League}}$ at its Annual General Meeting from among the members of the $\frac{\text{Association}}{\text{League}}$; and

(c) 5 shall be nominated by the President.

(2) The Council shall have power to co-opt persons having expert knowledge in some branch of the $\frac{\text{Association's}}{\text{League's}}$ work, either as regular members of the Council, or *ad hoc* for the consideration of some particular matter specially affecting the $\frac{\text{Association's}}{\text{League's}}$ work. The number of persons so co-opted shall not at any one time exceed five. Any co-optation shall cease at the will of the Council.

(3) Vacancies among elected members occurring between two Annual General Meetings shall be filled by the Council. An absence of six months out of India shall constitute a vacancy.

12. The Council shall, at the first meeting held in each year, elect from among themselves a Vice-Chairman who, in the absence of the Chairman, shall conduct the duties of the Chairman and exercise his powers. In the absence of both at any meeting, such meeting may elect its own Chairman from those present.

13. An ordinary meeting of the Council shall be held at least once a year at such time and at such place as may be fixed by the President. The Annual Budget of the Association League shall be considered at one such meeting in each year.

14. An extraordinary meeting of the Council may be called at any time by the President.

15. Upon a requisition in writing made by any five members of the Council stating the object, the President shall call an extraordinary meeting.

16. Fourteen days' clear notice of any meeting of the Council, specifying the place, day and hour of the meeting and the general nature of the business to be transacted, shall be given to every member of the Council by notice sent by post, provided that the accidental omission to give such notice to any of the members shall not invalidate any resolution passed at such meeting.

17. At a meeting of the Council eight members must be present in person to form a quorum.

18. If no quorum is present within half an hour of the time fixed for a meeting of the Council, the meeting shall be adjourned for at least one week to such time and place as the person presiding may direct. So far as possible notice of such adjourned meeting shall be given to all members. At such adjourned meeting the business for which the meeting was called may be transacted whether a quorum is present or not.

19. In the event of an equality of votes at any meeting the presiding officer shall have a second or casting vote.

20. (1) The President shall appoint the Secretary and Joint Secretaries.

(2) The Council shall appoint the Treasurer or Treasurers.

(3) All other appointments shall be made by the Chairman, subject to the control of the Council.

21. The Council, subject to these rules, shall have general control of the affairs of the Association League with authority to make standing orders, regulating its own procedure, the procedure of the Executive Committee, and the powers and duties of its officers. In particular it shall provide for a proper record of all proceedings, and for an accurate account of all receipts and payments to be open to the inspection of the auditor.

Chapter IV.—Committees.

22. The Council shall from among the members of the Association League appoint an Executive Committee to perform the current duties of the Association League and such other duties as the Council may prescribe. The transactions of the Executive Committee shall be duly recorded and laid before the Council at its next meeting for information or confirmation. In case of emergency the Executive Committee may perform any duty and exercise any power of the Council. With the concurrence of the President the Executive Committee may appoint any sub-committee and delegate to it any powers which may be necessary, but the proceedings of such sub-committees shall in every case be reported

for information or confirmation to the Executive Committee. The President and the Chairman of the Council shall be *ex-officio* members of all sub-committees.

23. The Executive Committee shall consist of the President, the Chairman and Vice-Chairman of the Council, a Treasurer, the Secretary and Joint Secretary, the Director General, Indian Medical Service, if he is willing to serve, and one member elected by the Council.

The Executive Committee shall ordinarily meet once a month on such date as the Chairman may direct. Five days' notice shall be given of all such meetings and the number of members of the Executive Committee required to form a quorum shall be three.

24. (1) All matters affecting the finances of the Association
League shall be referred to the Executive Committee before being determined by the Council.

(2) The Executive Committee shall scrutinise the accounts of the Association
League and shall consider the Report of the Auditor. It shall also prepare the annual budget and submit it through the Council to the general meeting of the Association.
League.

25. The Victoria Memorial Scholarships Fund shall, with effect from the first day of January 1931, be administered by the Managing Body of the Indian Red Cross Society, who may delegate all or any of their functions in this respect to a Sub-Committee which shall be constituted in accordance with the rules governing the procedure of the said Society and of which the Secretary shall be a fully qualified Medical woman. Provided that—

(a) the said Fund shall be administered in accordance with the objects thereof as defined on its inauguration in 1903, by Her Excellency Lady Curzon, and

(b) the said Society shall maintain a separate account of all monies received into and expended from the said Fund, and shall annually submit to the Association a report on its working.

26. When a branch of the Association
League is formed, or any other body having for its objects the purposes for which the Association
League is established, desires affiliation, the case shall be examined by the Executive Committee, before being submitted to the Council, and no such branch shall be recognized or body affiliated without the vote of the Council. It shall be a condition of recognition or affiliation that each such branch or body shall have a regularly constituted committee.

27. Unless otherwise desired by them branches and affiliated bodies shall remain independent in the administration of their funds and in the conduct of their operations, but they shall furnish to the Council such reports and information as may be agreed upon mutually, and shall assist by correspondence and conference in the furtherance of their common objects. The Council shall have power, subject to the rules, to assist branches and affiliated bodies in such manner and to such an extent as it may consider to be conducive to the objects of the Association.
League.

General.

28. All moneys at any time standing to the credit of the general account which shall not be required for current expenses, and which the Council shall not determine to transfer to the Building or any other account, shall be invested by the Treasurer or Treasurers in securities authorised by law for the investment of trust funds.

29. The Bankers of the Association in India shall be the Imperial Bank of India.
League

30. If any corporation or firm or body of trustees shall make any subscription or donations to the Association the privileges which it carries shall be exercised by such
League persons as they shall nominate and in the case of a legacy the first-named Executor, unless the Testator has made other provisions.

31. None of these rules shall be repealed or altered and no new rules shall be made except by resolution passed by a majority of the Council present at an ordinary meeting and confirmed by resolution passed by a subsequent general meeting of the Association.
League.

"In the matter of Act XXI of 1860 of the Acts of the Viceroy and Governor General of India in Council, being an Act for the Registration of Literary, Scientific and Charitable Societies"

AND

In the matter of "The National Association for Supplying Female Medical Aid to the Women of India."

Memorandum of Association.

1. The name of the Association is "The National Association for Supplying Female Medical Aid to the Women of India".
2. The objects for which the Association is established are :—
 - (1) *Medical tuition*, including the teaching and training in India of women as doctors, hospital assistants, nurses and midwives.
 - (2) *Medical relief*, including :—
 - (a) the establishment under female superintendence of dispensaries and cottage hospitals for the treatment of women and children ;
 - (b) the opening of female wards under female superintendence in existing hospitals and dispensaries ;
 - (c) the provision of female medical officers and attendants for existing female wards ; and
 - (d) the founding of hospitals for women where special funds or endowments are forthcoming.
 - (3) The supply of trained female nurses and midwives for women and children in hospitals and private houses.
 - (4) The management of the Fund raised for the above objects, and which is known as "The Countess of Dufferin's Fund".
 - (5) The purchase or acquisition on lease, or in exchange, or on hire or otherwise, of any real or personal property, and any rights or privileges necessary or convenient for the purposes of the Association.
 - (6) The erection, construction, alteration, and maintenance of any buildings necessary or convenient for the purposes of the Association.
 - (7) The sale, improvement, management, and development of all or any part of the property of the Association.
 - (8) The promotion and establishment of Branches and of other Societies or Associations with similar objects, and the affiliation or amalgamation of such Societies or Associations with this Association.
 - (9) The doing of all such things as are incidental or conducive to the attainment of the above objects or any of them.
3. The names, addresses and occupations of the persons who are members of and form the Central Committee or governing body of the said Association are as follows :—

1st.—Her Excellency the Right Honourable the Countess of Dufferin and Ava, C.I., Lady President, whose address is—Viceroy's Camp, India.

- 2nd.—The Hon'ble Mr. A. R. Scoble, Q.C., Member of the Viceroy's Council.
- 3rd.—The Hon'ble Sir Charles Aitchison, K.C.S.I., Member of the Viceroy's Council.
- 4th.—The Hon'ble Sir Dinshaw Maneckjee Petit, Kt., of Bombay, Additional Member of the Viceroy's Council.
- 5th.—A. P. MacDonnell, Esq., C.S., Secretary to the Government of India in the Home Department.
- 6th.—The Hon'ble Mr. C. H. Moore (Messrs. Gillanders, Arbuthnot & Co.), Calcutta, Member of the Council of His Honour the Lieutenant-Governor of Bengal.
- 7th.—The Hon'ble Sir Syed Ahmad Khan, Bahadur, K.C.S.I., of Aligarh, Member of the Council of His Honour the Lieutenant-Governor of the North-West Provinces.
- 8th.—Surgeon-General Sir Benjamin Simpson, M.D., K.C.L.E., Sanitary Commissioner with the Government of India.
- 9th.—Maharaja Sir Jotendra Mohun Tagore, Bahadur, K.C.S.I., Calcutta.
- 10th.—Sir Alexander Wilson, Kt. (Messrs. Jardine, Skinner & Co.), Calcutta, President, Bank of Bengal.

4. A copy of the Rules and Regulations of the said National Association is filed with this Memorandum of Association, and the undersigned, being seven of the members of the Governing Body of the said National Association, do hereby certify that such copy of such Rules and Regulations is a correct copy of the Rules and Regulations of the said National Association.

As witness our several and respective hands and signatures this 29th day of February 1888.

WITNESS.

HARRY COOPER, Major,
Loyal North Lancashire Regiment.

SIGNATURES.

HARRIOT DUFFERIN.
ANDREW R. SCOBLE.
C. U. AITCHISON.
JOTENDRA MOHUN TAGORE.
B. SIMPSON.
DINSHAW MANECKJEE PETIT.
CHARLES H. MOORE.

The first of these is the fact that the state of Alabama was one of the original thirteen states of the Union. It was one of the first to declare its independence from Great Britain in 1776, and it was one of the first to join the United States in 1788.

The second fact is that Alabama was one of the first states to be admitted to the Union as a free state. It was admitted in 1819, and it was one of the first to abolish slavery.

The third fact is that Alabama was one of the first states to be admitted to the Union as a slave state. It was admitted in 1819, and it was one of the first to abolish slavery.

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The twenty-third fact is that Alabama was one of the first states to be admitted to the Union as a slave state. It was admitted in 1819, and it was one of the first to abolish slavery.

The twenty-fourth fact is that Alabama was one of the first states to be admitted to the Union as a free state. It was admitted in 1819, and it was one of the first to abolish slavery.



DR. AGNES C. SCOTT, C.B.E.,
CHIEF MEDICAL OFFICER, WOMEN'S MEDICAL SERVICE, INDIA,
AND SECRETARY, COUNTESS OF DUFFERIN AND ALLIED FUNDS.

CHAPTER I.

Introduction.

In this volume are included the reports for 1930 of three separate organisations under the Presidency of Her Excellency the Lady Irwin. The actual funds are :—

Scope of the Reports.

- (i) The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund), including :—
 - (a) The original Dufferin Fund,
 - (b) The Women's Medical Service,
 - (c) The Central Office,
- (ii) The Victoria Memorial Scholarships Fund,
- (iii) The Lady Chelmsford All-India League for Maternity and Child Welfare, including the Lady Reading Health School.

This is the last time that the report for the Lady Chelmsford All-India League will be included in this volume, for reasons which will be described later in this chapter.

The office of President of the National Association and its connected activities and of the League was held during the year by Her Excellency the Lady Irwin. The Honourable Sir Henry Moncrieff Smith, Kt., C.I.E., continued as Chairman of the Council and of the Executive Committee. The Hon'ble Major-General Sir Henry Symons, K.B.E., C.S.I., O.B.E., D. G., I.M.S., who had acted as Vice-Chairman for the last four years, retired during the year and his place was taken by the Hon'ble Major General J. W. D. Megaw, C.I.E., D. G., I.M.S., who was elected by the Council. The thanks of the Council were accorded to Major-General Sir Henry Symons and Lady Symons for their work as members.

Office Bearers of the Funds.

During the absence of the Secretary, Dr. A. C. Scott, C.M.O., W. M. S., on leave out of India for $4\frac{1}{2}$ months, Dr. R. Young, W. M. S., officiated as Secretary and C. M. O., W. M. S.

We were glad to welcome Lady Bhore again on her return to India ; she was elected a member of the Council and also of the Executive Committee in place of Lady Graham at the March Meeting of the Council.

During the absence of Mr. E. Burdon, the Honorary Treasurer, on leave, Mr. G. Kaula, C.I.E., officiating Auditor General in India, was elected Treasurer of the Funds. We are most grateful to Mr. Kaula for the help he has given us.

We have to note with regret that the Council has lost by death during the year its oldest member, the Hon'ble Raja Sir Harnam Singh, K.C.I.E. Feeling references were made at the meeting of June 27th, to the loss the Council has sustained by his death. The President has nominated Sardar Kanwar Charanjit Singh of Kapurthala to the Council in place of the late Raja.

Her Highness the Nawab Sultan Jahan, G.C.S.I., G.C.I.E., C.I., G.B.E., Begum of Bhopal, Vice-Patron of the Dufferin Fund and of the Chelmsford League since their inauguration, died during the year.

On November 22nd, there died in London, at the age of 85, one of the most celebrated medical women, Dame Mary Scharlieb, M.D., M.S. (Lond.), D.B.E., J. P. Dame Mary was one of the first three women to take a medical qualification in Madras in 1878 where she practised for some years and was instrumental in founding the Victoria Caste and Gosha Hospital in that City and was the first medical officer in charge. She also lectured in Obstetrics and Gynaecology at the Madras Medical College. Although for reasons of health Dr. Scharlieb had, in 1887, to give up living in India, she maintained a keen interest throughout her long life in all the work being done for women and children in this country and she was from the first a member of the U. K. Committee of the Countess of Dufferin's Fund.

**Meetings
of the
Council
and
Executive
Committee.**

There have been meetings of the Executive Committee each month this year except in September. The usual meeting of the Council and the Annual General Meeting were held on March 22nd at the Viceroy's House, New Delhi. Her Excellency the Lady Irwin presided. Meetings of the Council were also held on June 27th, September 26th and on December 9th. In the absence of Her Excellency the Lady Irwin, the Chairman presided at the last two meetings. The meeting of the Council held on June 27th, at Viceregal Lodge, Simla, was called by the President to make certain changes in the rules of the Association and the League, which were confirmed at subsequent General Meetings. Some of these amendments defined more clearly the categories of members of the Association and the League, and made some unimportant changes in the procedure regarding meetings. The most important change was an amendment of the rule which provided for the administration of the Victoria Memorial Scholarships Fund. The reason for and the effect of the amendment made will be described later in this chapter.

From time to time attention has been drawn to the fact that the existence in India of various bodies engaged in the field of Child Welfare led to an overlapping and waste of energy. Early in 1929 those chiefly concerned with the administration of these various organisations seriously began to consider whether it was not possible to effect co-ordination by

means of some form of amalgamation. The Indian Red Cross Society and the Lady Chelmsford League (which included the National Baby Week) appointed a Joint Committee to explore the possibilities and to report. A representative of the Army Child Welfare Committee was also included. Their report in due course was considered by the organisations concerned, and in the end it was resolved at a special meeting of the Lady Chelmsford League that the League as a Society registered under the Registration of Societies Act, 1860, should be dissolved and that its property should be handed over to the Managing Body of the Indian Red Cross Society. The reasons for this step which, it may be observed, was taken with the full approval of Lady Chelmsford, and was supported with practical unanimity by the members of the League, cannot be better described than in the words of the statement which was, before the meeting, circulated to all the Members of the League. That statement is accordingly set out here :

“For more than a year a proposal has been under contemplation for co-ordinating the activities of the various organisations engaged in the field of Maternity and Child Welfare in India. This step was taken some time ago in England where there is now a National Society for co-ordinating the work of Child Welfare under the auspices of the British Red Cross Society. It was felt that in India too the work should be under the auspices of the Red Cross Society, which is the strongest organisation, spending considerably more of its income on Child Welfare than the other organisations. Second in importance is the Lady Chelmsford All-India League for Maternity and Child Welfare. Early in the year the Managing Body of the Society and the Executive Committee of the League agreed to the appointment of a Joint Committee to prepare a scheme. This Committee submitted a report to both bodies advocating the creation of a Child Welfare Bureau in the Red Cross to administer the funds of the Lady Chelmsford League and such portion of the income of the Red Cross Society as is allotted for Child Welfare. This proposal has been unanimously accepted by the Managing Body of the Red Cross Society, and by the Executive Committee and the Council of the Lady Chelmsford League.

A General Meeting of the League is being called to enable effect to be given to the scheme. The necessity of a General Meeting arises from the fact that the League was registered in 1921 as a Society under the Societies Registration Act, XXI of 1860 ; and it is therefore governed by the provisions of that Act. It will be remembered that a few years ago the administration of the League was taken out of the hands of the original Council and placed under a Council identical with that of the Countess of Dufferin's Fund. The present proposal is somewhat similar, namely, to place the administration of the League under the Managing Body of the Indian Red Cross Society. We are advised that this can only be effected if the League determines that as a Society

it shall be dissolved, and such dissolution under section 13 of the Act above cited can only be agreed upon when $\frac{2}{3}$ ths of the total number of the members of the Society have expressed a wish for such dissolution by their votes delivered in person, or by proxy, at a General Meeting convened for the purpose. It is for this purpose therefore that Her Excellency the Lady Irwin, who is President of the League, has convened a General Meeting on the 26th September 1930.

The Council of the League, in recommending to the Members that this step should be taken, desires to point out that it is not intended in any way to involve the extinction of the League. The identity of the League will continue ; its funds will remain quite separate, it will have separate accounts and a separate budget. The Child Welfare Bureau in the Red Cross office will include all those officers of the League who have for some time past been directly concerned with the administration of the League.

In the event of the General Meeting resolving upon the dissolution of the League as a Society, it will be asked to resolve, under Section 14 of the Societies Registration Act, 1860, that the property of the League shall be vested in the Red Cross Society."

As a corollary to the decision of the League to hand its property over to the Indian Red Cross Society, the Countess of Dufferin's Fund also decided to transfer the control of the Victoria Memorial Scholarships Fund from its Executive Committee to the Indian Red Cross. The Fund will be administered as a separate account and in accordance with the objects defined at its inauguration in 1903 by the late Lady Curzon. The Indian Red Cross Society will submit an annual report on the administration of the Fund to the Countess of Dufferin's Fund, and that report will appear in this volume. On the other hand, this is the last time that a report relating to the Lady Chelmsford League will be included. The reason why the Indian Red Cross Society was selected as the agent for the co-ordination of Child Welfare work in India was that it has a more widely spread organisation than any of the other bodies, and that actually it was spending more money on Child Welfare work than all the other organisations combined. It may be added here that with effect from January 1st, 1931, the Managing Body of the Indian Red Cross Society have, with the concurrence of the Countess of Dufferin's Fund and of the Lady Chelmsford League, constituted a Child Welfare Bureau which is being administered by a strong sub-committee of experts and of which the Director is Dr. Ruth Young who has for so long been connected with the affairs of the Lady Chelmsford League. For various reasons it has not yet been found possible to include the Army Child Welfare Committee in the scheme, but there will be a representative of that Committee in the Bureau as a liaison officer.

In the course of 1930, after certain amendments had been made in the Provident Fund Rules of the Association, the Government of India notified in the Gazette of India that the provisions of the Provident Funds Act, 1925, should apply to the Provident Fund of the Association. This confers material benefits on the employees of the Association.

By far the most striking outward change this year has been the move **Removal of Office to New Delhi.** to the new offices in New Delhi. In November when the offices moved down from Simla, we took up our abode in the spacious new Red Cross Building which, through the generosity of His Highness the Nawab of Junagadh, had been erected in New Delhi during the summer. Four rooms on the first floor of this building have been allotted to our funds and we have the use of the committee room on the ground floor for our meetings. No rent is being charged for the occupation of these rooms, though the Association has to bear the share of the cost of the maintenance of the building with the Indian Red Cross Society. This arrangement is proving very satisfactory and convenient for all concerned; the building is centrally situated and is near to all the Government buildings and the Viceroy's House.

The problem of the accommodation of the offices of the various funds under the Presidentship of Her Excellency the Lady Irwin, was one that was causing much anxiety, and it is a matter of great satisfaction that it has been so satisfactorily solved.

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*Forty-sixth Annual Report of
the National Association for
Supplying Medical Aid by
Women to the Women of India
for the year
1930*

*Including
The Seventeenth Annual Report of the
Women's Medical Service for
India*





COUNTESS OF DUFFERIN'S FUND.

Branches of the Fund.

See Rules 26 and 27.

<i>Name of Branch.</i>	<i>Address of Secretary.</i>
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A.—OTHER THAN GOVERNORS' PROVINCES.

Baluchistan . . .	C. M. O., Quetta.
Delhi . . .	The Principal, Lady Harding Medical College, Delhi.
N.-W. F. P. . . .	C. M. O., Peshawar.
Bangalore . . .	Hony. Secretary, C. of D.'s Fund, Grace Villa, Bangalore.

B.—GOVERNORS' PROVINCES.

Madras . . .	Hony. Secretary, C. of D.'s Fund, 81, Mount Road, Cathedral Post Office, Madras.
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Bombay—

(1) Bombay . . .	Surgeon to H. E. The Governor of Bombay.
(2) Karachi . . .	Hony. Secretary, C. of D.'s Fund, Dufferin Hospital, Karachi.

Bengal . . .	Surgeon to H. E. The Governor of Bengal.
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U. P. . . .	Superintendent, Medical Aid for Women, Office of I. G., C. H., Lucknow.
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Punjab . . .	Professor Shiv Dayal, M.A., Office of I. G., C. H., Punjab, Lahore.
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Bihar and Orissa . . .	I. G., C. H., Patna.
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C. P.—

(1) C. P. . . .	Hony. Secretary, C. of D.'s Fund, Nagpur.
(2) Berar . . .	Hony. Secretary, C. of D.'s Fund, Amraoti.

Assam . . .	I. G., C. H., Shillong.
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C.—UNITED KINGDOM.

United Kingdom . . .	Miss Brooks, India Office.
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COUNTESS OF DUFFERIN'S FUND.

Royal Patron:

HER MAJESTY THE QUEEN EMPRESS.

Patron in India:

HIS EXCELLENCY THE RIGHT HON'BLE FREDERICK LINDLEY WOOD, BARON
IRWIN OF KIRBY UNDERDALE, P.C., G.M.S.I., G.M.I.E., VICEROY AND
GOVERNOR-GENERAL OF INDIA.

President:

HER EXCELLENCY THE LADY IRWIN, C.I.

Vice-Patrons:

Field-Marshal H. R. H. The DUKE OF CONNAUGHT AND STRATHEARN, K.G., K.T.,
K.P., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., G.B.E., V.D.

The Most Hon'ble The DOWAGER MARCHIONESS OF DUFFERIN AND AWA, V.A., C.I., G.B.E.	H. H. The MAHARANI CHINKU RAJA SAHIBA OF GWALIOR.
The Most Hon'ble The MARCHIONESS OF LANSDOWNE, C.I., G.B.E., V.A., C.H.	The MAHARANI OF HUTWA.
The Right Hon'ble the DOWAGER COUNTESS OF LYTTON, V.A., C.I.	The Right Hon'ble LORD HARRIS, G.C.S.I., G.C.I.E., C.B.
The Right Hon'ble The DOWAGER COUNTESS OF MINTO, C.I.	The Hon'ble MAHARAJADHIRAJA OF DARBHANGA, G.C.I.E., G.B.E.
The Right Hon'ble BARON HARDINGE OF PENSHURST, K.G., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., I.S.O.	The Lady WENLOCK, C.I.
VISCOUNTESS CHELMSFORD, C.I., G.B.E.	The Lady AMPHILL, C.I., C.B.E.
Lt.-Genl. H. E. H. The NIZAM OF HYDERABAD, G.C.S.I., G.B.E.	The Lady NORTHCOTE, C.I., G.B.E.
H. H. The MAHARAJA OF BARODA, G.C.S.I., G.C.I.E.	The Hon'ble MAHARAJADHIRAJ BAHADUR SIR BIJAY CHAND MAHTAB OF BURDWAN, G.C.I.E., K.C.S.I., I.O.M.
H. H. The MAHARANA OF UDAIPUR, G.C.S.I., G.C.I.E., G.C.V.O.	Lady AITCHISON.
Lt.-Col. H. H. The MAHARAJA OF BENARES, G.C.S.I., G.C.I.E.	Lady LYALL.
H. H. MAHARANI KEMPA NANJAMMANE AVARU VANIVILAS SANNIDHANA, C.I., Maharani of Mysore.	Lady ELLIOTT.
	The MAHARANI OF BURDWAN.
	The TIKKA RANI SAHIBA OF KAPURTHALA.
	H. H. The NAWAB OF RAMPUR, G.C.S.I., G.C.I.E., G.C.V.O.
	Lt.-Col. H. H. The MAHARAO OF KOTAH, G.C.S.I., G.C.I.E., G.B.E.

Vice-Presidents:

The Hon'ble Dr. MIAN SIR MUHAMMAD SHAFI, K.C.S.I., C.I.E.	Sir EDWARD BUCK, K.T., C.B.E.
His Excellency Sir MALCOLM HAILEY, K.C.S.I., C.I.E.	Lady DADABHOY.
His Excellency Sir MONTAGUE BUTLER, K.C.S.I., C.B., C.I.E., C.V.O., C.B.E., I.C.S.	Rai Bahadur Sir ONKAR MAL JATIA.
	Sir FREDERICK GAUNTLETT, K.C.I.E., K.B.E., C.I.E., I.C.S.

Life Councillors. (Rule 4.)

1885.

H. H. The Maharaja of Kapurthala, G.C.S.I., G.C.I.E.

H. H. The Maharaja of Bikaner, G.C.S.I., G.C.I.E., G.C.V.O., G.B.E., K.C.B., LL.D.

1886.

H. H. The Maharao of Cutch, G.C.S.I., G.C.I.E.

1887.

H. H. The Maharao of Kotah, G.C.S.I., G.C.I.E., G.B.E.

1889.

Miss P. GARRETT FAWCETT, 2, Gower Street, London.

1896.

The Hon'ble Raja Promoda Nath Roy of Dighapatia, Rajshahi District, Bengal.

Babu Anath Nath Mullick, Calcutta.

1897.

Raja Bhagwan Baksh Singh of Amethi, Sultanpur, U. P.

1898.

Raja Mohima Ranjan Roy Chowdhury of Kakina, Rangpur, Bengal.

Life Members. (Rule 4.)

1885.

H. H. The Nawab of Tonk, G.C.S.I., G.C.I.E.

DOWAGER Rani of Tiloi, Rai Bareilly, U. P.

Rajadhiraja Sir Nahar Singhji, K.C.I.E., Chief of Shahpura, Rajputana.

H. H. The Maharaja of Orchha, G.C.S.I., G.C.I.E.

H. H. The Maharaja of Chhatarpur, Central India.

1887.

The Most Hon. The Marquess of Aberdeen and Temair, P.C., K.T., G.C.M.G., G.C.V.O.

1896.

Sir M. D. CHALMERS, K.C.B., C.S.I., 8, Lauriston Road, Wimbledon, London.

1898.

Lady J. L. WALKER, Worplesdon Place, Worplesdon, Surrey.

1906.

Raja Manmatha Nath Rai Choudhury of Santosh, Bengal.

1930.

Dr. Margaret Ida Balfour, C.B.E.

CHAPTER II.

The Countess of Dufferin's Fund and Women's Medical Service.

The Dufferin Fund proper made its usual doles to hospitals through the Provincial Dufferin Funds during the year, but as it has at its disposal for grants annually only about Rs. 20,000, it can do little to stem the tide of deterioration which seems to have set in in connection with the upkeep of women's hospitals in many of the Provinces in India. The rest of its income, as will be seen by reference to the Annual Account, is earmarked for Scholarships to medical students.

The Government of India subsidy has been spent in its entirety on maintaining the Women's Medical Service, the Training Reserve of that Service, and in allowances to the 6 doctors remaining in the Junior Branch, W. M. S. Three provinces have during the year paid their contribution of half the cost of the medical officers employed in the province, *viz.*, Bihar and Orissa, the Central Provinces and the United Provinces. The amount received from the United Provinces was Rs. 13,500 and was in the nature of a non-recurring grant. Although these grants have enabled us temporarily to increase the number of doctors from 44 to 47 during the latter part of the year, no permanent increase of the cadre can be made when the grants are of this temporary nature.

The money collected by Her Excellency the Lady Irwin, has been spent **Research** during the year on the Enquiry into the causes of Infant Mortality. **Dr. Work.** Christine Thomson's report is being published as a separate pamphlet. A short summary appears in Annexure XIV.*

The balance of the money amounting to Rs. 4,880 is being spent on the expenses incurred by Dr. Balfour in following up this enquiry in various large towns in India.

Twenty-seven scholarships have been given to students at the following **Tuitional** medical colleges: Eighteen at the Lady Hardinge Medical College, Delhi, **Activities.** three at Bombay, three at Madras and three at Calcutta. Of these, eighteen are from Council funds and the remainder from Trust funds administered by the Countess of Dufferin's Fund.

The Gilchrist Educational Trust has again made its annual grant of £150 making it possible for us to continue their stipends to six students at the Lady Hardinge Medical College. We are deeply indebted to this Trust for its valuable help.

Four Viceroy's Silver medals were awarded during the year to the following **Medals.** students :—

Miss Doreen Stracey, Lady Hardinge Medical College, Delhi.

Miss Gool Nowroji Vazifdar, Grant Medical College, Bombay.

* The full Report can be obtained from the Dufferin Office, price Re. 1.

Miss Shusila Devi, Women's Medical School, Agra.

Miss Pritam Kaur Pall, Women's Medical College, Ludhiana

**Indian
States.**

The extent of the work done in giving medical aid by women in Indian States is shown in Annexure IX to this report.

**Reports of
the Service.
Women's
Medical
Service
(Senior
Branch).**

The following doctors were admitted as temporary officers :—

Dr. J. Singham, M.B. (Calcutta), F.R.C.S. (Edin.), in March, and

Dr. Lakshmi Devi, M.B., B.S. (Punjab), L.R.C.P., M.R.C.S. (Lond.), in June, both former doctors of the Training Reserve.

Dr. S. Finch, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.T.M. & H. (Lond.), in March.

The following were recruited in England and joined their posts in November :—

Dr. I. Callender, M.A. (Cantab.), M.R.C.S., L.R.C.P., M.B., B.S. (Lond.).

Dr. J. Orkney, M.B., Ch.B. (St. Andrews), D.P.H. (Manchester).

The following returned from long leave during the year :—

Dr. R. E. Roulston, M.B., Ch.B. (Glasgow), D.O. (Oxon.), F.R.C.S. (Edin.).

Dr. N. R. Mucadam, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.S. (Bombay), M.M.S.S.A.

Dr. K. McDermott, M.B., B.S. (Punjab).

Dr. S. H. Commissariat, F.R.C.S.I., L.M.S. (Bombay).

Dr. B. Thungamma, F.R.C.S. (Edin.), L.M.S. (Madras).

Dr. I. Keess, M.R.C.S. (Eng.), L.R.C.P. (Lond.), L. M. & S. (Bombay).

The following are on leave on January 1st, 1931 :—

Dr. E. Pfeil, M.B., B.S., L.R.C.P. (Lond.), M.R.C.S. (Eng.), returning end of January.

Dr. H. Lazarus, M.B., B.S. (Madras), M.R.C.S. (Eng.), L.R.C.P. (Lond.), F.R.C.S. (Edin.), D.G.O. (Lond.), returning in March.

Dr. H. M. Franklin, M.B., B.S. (Lond.), returning in March.

Dr. G. J. Campbell, M.D., Ch.B. (Glas.).

Dr. M. A. D. Naoroji, M.B., Ch.B. (Edin.).

Dr. D. Kamalakar, L.R.C.P. and S.E., L.F.P. and S.G., L.M.S. (Madras).

Dr. H. E. Acheson, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

Dr. B. Thungamma, F.R.C.S. (Edin.), L.M.S. (Madras), and

Dr. E. B. Hollway, M.B., B.S. (Lond.), both on leave prior to retirement.

Dr. A. Cama, M.B., B.S. (Bom.), M.R.C.S., L.R.C.P. (Lond.), on medical certificate.

During 1930 the following resigned the Service :—

Dr. L. M. Bose, F.R.C.S.I.

Dr. J. R. Maclean, M.B., Ch.B. (Edin.), on her marriage.

Dr. E. Pilley, M.R.C.S., L.R.C.P., M.B., on account of ill health.

Dr. Mohd. Ali, M.B., B.S. (Lucknow), M.R.C.S. (Eng.), L.R.C.P. (Lond.), also left the Service.

In August 1930 Dr. A. Brooks and Dr. S. Mathew having completed their **Training** service in the Reserve were selected to proceed to England for post-graduate **Reserve** study.

Dr. Patil, M.B., B.S. (Bombay), and Dr. N. Reuben, M.B., B.S. (Punjab), were admitted to the Training Reserve during the year.

There have been no changes in the Junior Branch of the Service, six **Women's** members only remain in this Branch. **Medical**

Dr. M. E. Franklin, Cert. Pract. (Lahore), returned from leave out of **Service** India in July and resumed her post in charge of the Women's Department of **(Junior** the Civil Hospital, Rawalpindi. **Branch)**.

• Reports of Hospitals.

The Lady Hardinge Medical College.—Dr. M. O'Brien Beadon, W.M.S., **Gov. of** took over charge as Principal of the College from Dr. G. J. Campbell, W.M.S., **India** on 18th June 1930. **areas.**

Dr. Hamilton-Browne, W.M.S., joined as Vice-Principal and Professor **Delhi** of Surgery on 18th September 1929. Dr. Roulston, W.M.S., was on study **Province.** leave in Vienna and Scotland from 19th May 1929—18th July 1930, and passed the F. R. C. S. examination of Edinburgh. Dr. McDermott, W.M.S., went on study leave with a Rockefeller scholarship, to do post-graduate work in Anatomy at University College, London, under the direction of Professor Elliott-Smith, and returned to College in May 1930.

STUDENTS.

When the session began, on 16th September 1929, there were 129 students in residence, drawn from the following regions :—

Punjab	30
United Provinces	22
Bombay, including Sind	17
Madras	14
Central Provinces	12
Delhi Province	9
Bengal	8
Hyderabad (Deccan)	5
Central India	5
Bihar and Orissa	3
Assam	2
N. W. F. P.	1
Baluchistan	1
Total	129

Classified according to race and religion, the numbers were :—

Hindu	..	..	..	..	..	45
Indian Christian	..	..	..	..	..	27
Anglo-Indian	..	..	..	..	..	13
Muslim	..	..	..	..	..	13
European	..	..	..	..	..	13
Sikh	..	..	..	..	..	10
Parsi	..	..	..	..	..	3
Jain	..	..	..	..	..	2
Other	..	..	..	..	..	3
Total						129

The shortage of residential accommodation, to which reference was made in our previous reports has therefore become more embarrassing than ever.

RESULTS IN THE PUNJAB UNIVERSITY EXAMINATIONS.

From October 1929 to September 1930.

Examination.	Candidates.	Passed.	Remarks.
Intermediate Science (Medical Students' Group).	19	17	Three, after being referred for six months, in one subject.
1st M. B., B. S.	20	16	Three, after being referred for six months, in one subject.
2nd M. B., B. S.	17	16	Eight, after being referred for six months, in one subject.
Final M. B., B. S.	..	..	
Part A	5	5	
Part B	6	5	

Her Excellency the Lady Irwin very kindly presided at the prize-giving on Founder's Day, the 17th March, and distributed the prizes to the students.

The Malaria Commission of the League of Nations visited us on 5th October 1929, and the following lectures were given during the session as well as others by the staff :—

1. Mrs. B. L. Nehru, on the Age of Consent Inquiry Commission.
2. Dewan Chaman Lal, M.L.A., Member of the Royal Commission on Labour, on Labour Conditions.

3. Mr. Panikar, on Political Situation in India.
4. Dr. Stanley Jones, on Social Service.
5. Dr. Das, on the Leprosy Commission.
6. Miss Norah Hill, on Red Cross Work in Central Europe.

The Students' Entertainment Committee and Dramatic Societies seemed especially active during the session. Among other performances they produced "The Adventure of Ambrose Apple-John" and "Lalla Rookh", the latter being in Urdu and in aid of the Educational work of the Delhi Women's League. They have also a Debating Society and brought out at the end of the session another edition of "The Hardonian", their magazine.

Annual Report on the College Hospital for the Calendar year 1930.—We have great pleasure in recording that the new X-Ray and Electro-therapeutic Department for which the Government of India gave a grant of Rs. 44,000 in 1929 has now been completed, and a new X-Ray apparatus has been installed. The department consists of spacious rooms for Light Therapy, Electro-therapy and Diathermy and X-Ray work and the installation is about the best in the North of India. 69 milligrammes of Radium have been received from the Radium Institute, Dehra Dun, which had the various radium containers tested recently in England where it was found that the needles, etc., were practically of full strength. Owing to the absence of satisfactory arrangements for safe custody it was not possible to begin the use of Radium during the year but it is hoped to use it early in the new year. I took over charge as Principal of the College and Medical Superintendent of the Hospital from Dr. G. J. Campbell on 18th June 1930.

I.—OBSTETRIC AND GYNÆCOLOGICAL UNIT.

Surgeons	..	..	Miss G. J. Campbell, M.D., Ch.B. (Glasgow), W. M. S., 1st January to 18th June 1930.
			Mrs. W. O'Brien Beadon, M.B., B.S. (London), 19th June to 31st December 1930.
Assistant Surgeon	..		Miss Kanis Bano, M.B., B.S. (Punjab).
House Surgeons in succession			Miss H. E. Reid, M.B., B.S. (Punjab).
			Miss L. Montaire, M.B., B.S. (Punjab).
			Miss H. E. Reid, M.B., B.S. (Punjab).
			Miss Jiwan Lata, M.B., B.S. (Punjab).
			Miss L. Montaire, M.B., B.S. (Punjab).
			Miss Jiwan Lata, M.B., B.S. (Punjab).
			Miss H. C. Woods, M.B., B.S. (Punjab).
			Miss S. Itty, M.B., B.S. (Madras).

Dr. O'Brien Beadon as Obstetric and Gynæcological surgeon reports :—

1,920 patients have been admitted to the unit, the average daily number being 92·05. One quarter of these were treated in cottage or family wards. There have been 506 cases of childbirth, as against 473 last year ; 238 were abnormal including 33 Caesaren sections, all but one of these being performed for marked pelvic contraction. We continue to vaccinate new born babies on the 5th day ; only seldom do the parents oppose this now.

1,109 surgical operations have been performed. 138 patients have had abdominal sections, 66 of these being for removal of tumours of cysts. The vermiform appendix has been removed 58 times as a subsidiary procedure. Myomectomy has been performed 9 times, supra-vaginal hysterectomy 6 times.

Dr. Bano has been of great assistance to me and I find her a reliable and efficient officer.

II.—SURGICAL UNIT.

Surgeon	..	..	Miss E. Hamilton-Browne, M.B., Ch.M. (Sydney), D.T.M. & H. (Calcutta), W.M.S.
Assistant Surgeons	..	{	Miss L. Rawat, M.B., B.S. (Punjab), and later. Miss H. E. Reid, M.B., B.S. (Punjab). Miss L. Montaire, M.B., B.S. (Punjab).
House Surgeons in succession		{	Miss H. C. Woods, M.B., B.S., (Punjab). Miss Jiwan Lata, M.B., B.S. (Punjab).

Dr. Hamilton-Browne reports :—

No spectacular changes have occurred in the Surgical Unit of the hospital during the year 1930.

The number of tubercular cases admitted has been rigidly limited, as these cases block the bed and prevent the admission of general surgical cases.

Several old cases of tuberculosis of the spine and hip have been discharged, cured or relieved during the year, and the number of children under treatment for tubercular disease of the spine, hip and other joints has diminished. On the whole, those cases which come under the heading of general surgery (other than tuberculosis) have increased, though there is a slight decrease in the actual number of patients treated. This diminution is attributed to the refusal to admit all and sundry cases presenting themselves (including inoperable malignant diseases) as unsuitable teaching material for the students.

A proportionate increase in the number of serious accident cases admitted has been noticed, ranging from fractured skulls to compound comminuted and single fractures of other bones, especially of arms and legs, and also in acute abdominal conditions needing immediate operation. A number of ostoetomy operations have been performed for bad deformities resulting from neglected osteomalacia or ricketts with very gratifying results. A comparison of the types of cases treated in 1929, with those treated in 1930 is instructive. Though the figures are inconsiderable, the trend is in the right direction, and there is every probability of the unit serving less as a chronic asylum and more as an urgent institution as time goes on.

In 1929, of the 31 abdominal sections performed, 10 were done for Tubercular conditions. In 1930, there were 37 abdominal sections of which 7 were for tubercular disease of the abdomen. Of all other operations in 1929, there were 120 done for various types of chronic tubercular disease, whereas in 1930, there were only 49 for tuberculosis. In 1929, only 13 cases were admitted for treatment for serious accidents, fractures, etc., and in 1930, there were 23. The small verandah adjoining the side rooms of the unit has been wired in and screened with chicks to form an open air ward for such tubercular and rachitic children as are admitted to the Unit, and this has already proved its value. The small special ward in which abdominal sections are treated for 3-4 days after operation, and which has been in the occupation of the children for the last four years, has been restored to its proper function. This year we hope to have the special plaster table for applying Plaster of Paris splints and jackets to such tubercular and other patients as need this treatment, so that they may be discharged from hospital earlier, and report at regular intervals for examination and renewal of their Plaster of Paris splinting. This should be a great asset, and will serve to demonstrate a more scientific and up-to-date method of treatment to the students.

The daily average number of in-patients during the year was 67.92 and the number of new admissions was 441.

III.—MEDICAL UNIT.

Physician	..	..	Miss N. E. Trouton, M.B., B.S. (London), D. T. M. (Calcutta), W. M. S.
Assistant Physician	..	..	Miss S. Chaudhuri, M.B., B.S. (Punjab).
House Physicians in succession.		{	Miss R. Swamikan, M.B., B.S. (Madras).
		{	Miss M. Tobias, M.B., B.S. (Calcutta).
		{	Miss H. E. Reid, M.B., B.S. (Punjab).
		{	Miss L. Monteiro, M.B., B.S. (Punjab).
		{	Miss Jiwan Lata, M.B., B.S. (Punjab).
		{	Miss L. Monteiro, M.B., B.S. (Punjab).
		{	Miss S. Itty, M.B., B.S. (Madras).

Dr. Trouton reports :

"The admissions to this Unit numbered 847, and the average daily number of patients was 67·84. The cases treated included 113 of malaria, 48 of dysentery, 41 of pneumonia, 34 of osteomalacia and 78 of tuberculosis."

IV.—EYE, EAR, NOSE AND THROAT UNIT.

Surgeons	..	..	Miss C. Stenhouse, M.B., Ch.B., D.O.M.S. (London), from 1st January to 31st May 1930.
			Miss R. E. Roulston, M.B., Ch.B., F.R.C.S. (Glasgow), D. G. (Oxon.), W. M. S., from 19th July to 31st December 1930.
Assistant Surgeons	..	..	Miss E. Smith, M.B., B.S. (Punjab).
			Miss M. John, M.B., B.S. (Punjab).

Dr. Roulston reports :

There have been several changes in the staff of this Department during the year. Dr. Stenhouse left on 31st May and Dr. Smith remained in-charge till my return on July 19th, then Dr. Smith, who has been assistant for nearly three years, was transferred to be Assistant to the Professor of Radiology, and was replaced by Dr. John on December 8th.

The number of the in-patients showed a daily average of 13·9 and a total of 223 ; but the ward was closed for three months during the hot weather when only four beds were available in the Gynæcological Ward. I think this annual closure of the ward should be avoided if at all possible, as during that period eye complaints are very prevalent and patients get into the habit of going elsewhere. The total number of operations were 337 which includes operations done in the Out-Patients Department. The total number of attendances in the Out-Patients Department was 12,270. The department has been improved by the addition of a Corneal microscope and slit lamp—also by the working of an extra compartment for Dark Room examinations.

V.—X-RAY AND ELECTRO-THERAPEUTIC DEPARTMENT.

Part-time Acting Radiologist.	Miss R. Rekhi, M.B., B.S. (Punjab), up to the 15th September 1930.
Radiologist ..	Miss D. J. Peak, M.B., B.S. (London), D.M.R.E. (Eng.), from 21st October 1930 to 31st December 1930.

The X-Ray department has been very heavily handicapped during the greater part of the year through insufficiency of the staff. Dr. Pilley, who had been on leave since May 1929 resigned in July 1930. Dr. Rekhi applied for the post of Radiologist, but as she had not sufficient experience she proceeded

to England with a Rockefeller Foundation Fellowship to study for the Diploma in Medical Radiology and Electro-therapeutics and we hope to welcome her back at the beginning of the next session. The Countess of Dufferin Fund secured the services of Dr. Peake for the year and posted her here as Professor of Radiology. Dr. Peake took up her duties on 21st October and on her has devolved the inauguration of the very fine new X-Ray installation which has been erected in the new building.

Dr. Peake reports :

For the greater part of the year the X-Ray department was officially open for one or two half days a week only, owing to the absence of a full-time Radiologist. Full-time work was begun at the end of October and was carried out in the old department until December 1st. By the latter date the installation of the new X-Ray set had been completed, and the existing electro-therapeutic and ultra-violet apparatus had been transferred to the new building.

During the year 1930, 490 X-Ray examinations were made, the low figure being accounted for by the fact that only part-time work was done in the department.

The electro-therapeutic department was open daily except during August, September and October, when a few treatments were given to urgent cases only.

The total number of treatments given in the year was 4,625.

VI.—PATHOLOGY DEPARTMENT.

Pathologist Miss L. S. Chatterji, M.B., Ch.B. (Aberdeen),
D. P. H. (Cambridge), D. T. M. (England),
W. M. S.

Clinical Pathologist Miss J. C. Gilchrist, M.B., Ch.B. (Glasgow).

Second Assistant of House } Miss E. Robertson, M.B., B.S. (Bombay).
Physician grade, in suc- } Miss L. M. Poynder, L.R.C.P. (London),
cession. } M. R. C. S. (England).

Dr. Chatterji reports :

Dr. Robertson left on 1st September, 1930. Dr. Poynder was appointed from 4th September 1930.

The returns for the year are characterised by several features of interest. The number of examinations made exceeds by 500 that of the previous year; this, in spite of the marked falling off in numbers of examinations of certain types. For example, owing possibly to the fact that very few cases of well-established phthisis are now admitted to the wards, the figures for sputum examination—179—are markedly lower than those of preceding years. Similarly the number of Widel tests done has

fallen from 78 in 1929 to 10 during 1930. The increase is due mainly to a considerable rise in the numbers of examinations of blood films owing to a severe recrudescence of malaria which showed as early as late March and continued to manifest until the end of December, the majority of the cases occurring in September, October and November. In all, 1,945 blood film were examined for parasites, of which 241 showed their presence. Of these 144 were *P. Vivax* infections: 70 *P. falciparum*: 2 *P. malarial*: 20 showed young malarial parasites difficult to identify conclusively, and 5 were mixed infections (2 *P. vivax* and *P. falciparum*: 2 *P. Malarial* and *P. falciparum*: 1 *P. Malarial* and *P. vivax*).

In August the Kahn test was added to the routine examinations done in the Laboratory and by the end of the year the tests done numbered 171. As this test is quickly performed it was selected in preference to the Wassermann, the results of which during the hot weather are distinctly unreliable.

Although much remains to be done before the Museum can be regarded as a teaching unit, yet a great deal of work has been done in this section during the year:—during the first six months by Dr. Robertson and by Dr. Poynder since her appointment. 44 annotated diagrams were added to the entomological section, and a demonstration case to accommodate models and specimens.

Over 100 mounted specimens were added during 1930, many specimen were refreshed and re-mounted, and some were discarded. The catalogue has also been revised and brought up-to-date.

New material has been supplied by the surgeons of this hospital and by Dr. Batty, to whom we are indebted for many interesting specimens.

Clinical Figures for 1930.

Total number of examinations made	..	..	..	8,601
Total number of stools examined	..	..	..	804
Stools positive for <i>E. histolytica</i> (free forms)	..	..	..	41
Stools positive for bacillary dysentery (Shiga infection in 3 cases)				107
Carriers of <i>E. histolytica</i> cysts	..	..	..	110
Stools positive for worm ova	..	..	..	59
Stools positive for hookworm ova	..	..	..	36
Examination of urines	..	..	..	204
Urines from which a coliform organism was isolated	..	..	..	71
Number of ascitic fluids cultured	..	..	..	5
Total number of blood films examined	..	..	..	3,019
Total number for Differential counts	..	..	..	984
Total number for Blood picture	..	..	..	90
Total number of curvical smears examined	..	..	..	859
Total number of Eye smears examined	..	..	..	307
Total number of pus examinations	..	..	..	240

65 vaccines were made during the year.

Pathological sections—

						Total
						207
Of soft tissues other than curettings	...	...	...	...	...	128
Curettings	..	..	..	...	...	17
Tumours	..	..	..	..	..	62

In 17 cases the infection was definitely tubercular.

VII.—PHYSIOLOGY DEPARTMENT.

Miss E. Surie, M.Sc. (London), Professor of Physiology in the College, reports :

During the year 14 specimens have been sent to the Department for special examination. These are for quantitative estimations of blood and urine sugars, total and split faecal fat, fractional test meals. The department has also lent its laboratories to officers of the Medical Unit for the purpose of carrying out further quantitative estimations.

SUMMARY OF STATISTICS.

3,431 in-door patients have been treated during the year, the average daily number being 241.71. The demand for admission far exceeds the number of beds that can be made available. At the Out-Door Department 14,351 patients have made 39,288 attendances.

INCOME DERIVED FROM PATIENTS.

As mentioned in the annual reports of previous years, any patient desiring free treatment is admitted to a bed surrounded by curtains in a general ward. Patients in the Cottage or Family Wards, and in the private rooms for patients living in European style, are however required to contribute towards the cost of their treatment. During 1930, excluding payments for diet, a sum of Rs. 3,060, has been obtained on this account, and utilised towards the maintenance of the hospital.

Nurses Training School.

Miss L. M. Minchin, Nursing Superintendent, reports that the number of pupil nurses under training, during the year, has been 54, and in the examinations of March and October of 1930, held by the North India Board, the following numbers passed with credit :

- (a) 18 passed the examination on their first year's work.
- (b) 13 passed the examination on their second year's work.
- (c) 11 passed the final examination in general nursing, at the completion of their third year under training.
- (d) 8 passed in Midwifery after working in the Training School for a 4th year.

Four were promoted to the position of Staff Nurses and four left on conclusion of training, and received their certificates. The first places in the roll for all hospitals were secured by three nurses in the 1st Year, one in the 3rd Year, and three in the third Year Midwifery.

Victoria Zenana Hospital, Delhi.—The year under report has been quite satisfactory. The new cottage wards have been most popular and have been occupied throughout the year. In fact the demand for this kind of accommodation has been so great that a certain number of patients have had to be refused. The overcrowding in the General Wards still remains as so far the proposal regarding the maternity block of 40 beds which was under consideration in 1929 has not yet materialised.

No building has been erected during the year. The annual repairs to the hospital buildings and staff quarters have not been satisfactorily carried out and the electric installation is badly in need of replacement. This matter has been reported for several years past.

The present Medical Officer has been in charge of the hospital since November 1911. She is assisted by Dr. Sinclair who has been on the staff 22 years, and two other doctors.

The income from room rents during the year was Rs. 1,156 for 11 months. No fees for operations or treatment in private wards are levied. Patients in the general wards do not contribute anything towards their treatment or diet. Out-patients are charged nothing.

Repairs to the drive into the hospital and round the compound, and re-roofing the old cottage wards, are very badly needed, as is also a separate block for maternity cases and servants' quarters.

The Medical Officer is indebted to the R. M. O. and House Surgeon and the senior Nursing staff for their loyal and devoted co-operation in helping to make it a successful working year.

Simla.

THE MEDICAL SUPERINTENDENT OF THE LADY READING HOSPITAL, SIMLA, writes:—The year 1930 was one of steady work, the Season (April to October) being a particularly busy one. This year marks the highest number of both in- and out-patients treated at the Hospital, the number of in-patients exceeding those admitted in 1927, which up till now has been the record year. The Out-Patient attendances show an increase of 5,434 on last year.

A matter for satisfaction is the growing popularity of the Ante-Natal clinic; the number of new patients attending having risen from 78 in 1929 to 248 in 1930 and the re-attendances from 62 in 1929 to 230 in 1930.

The Hospital has sustained a great loss through the death of Lady Reading, its founder, and also through the death of Mr. W. J. Lister, C.I.E., O.B.E., who had acted as Honorary Treasurer since the opening of the Hospital.

A most generous gift of Rs. 25,000 has been received from Lord Irwin and the Raja of Jubbal.

The Hospital was honoured by visits from Lady Irwin and Lady Birdwood. Lady Irwin has very kindly given a new flecked marble floor for the Surgical Ward in place of the old wooden one. The new floor is a great boon and we are very grateful for it.

In September certificates were presented to nurses who had qualified during the last two years and had passed the midwifery examination. Prizes were given for general proficiency, proficiency in medical and surgical nursing and in practical midwifery. This year eight nurses went up for the Punjab Central Midwife's Board Examination and all were successful. Raj Kumari Bibi Amrit Kaur kindly gave away the certificates and prizes and afterwards the nurses gave a play.

Dr. Franklin was in charge for 6 months and Dr. Proctor Sims for the rest of the year. The financial condition of the hospital is causing considerable anxiety to the managing body.

THE MEDICAL SUPERINTENDENT, MUNICIPAL ZENANA HOSPITAL, DERA D. I. K. ISMAIL KHAN, reports :—The work of this hospital has been much hampered during the year due to scarcity of funds. There are no private wards to provide a source of income for the hospital ; and patients in the general wards do not contribute anything towards their treatment, though some give small donations when they leave the hospital.

Dr. Bali, W.M.S., has been in charge since April and for 3 months she was working single-handed as she was unable to obtain a successor to the Sub-Assistant Surgeon who left in June.

Lady Sandeman Dufferin Hospital, Quetta :—During the past year Baluchi- this hospital has been used principally as an out-patient dispensary, stan. during the busiest months the beds were used. No major surgery has been done and the maternity cases have been few, but a fair number of the dais' cases have been attended in their own houses by the hospital doctor. The health centre has now been moved to buildings adjacent to the hospital and an ante-natal clinic has been started.

Dr. Bennett, L.M.P., who has been working in this hospital for 5½ years took over charge on January 17th from Dr. Pfeil, W.M.S., and remained in charge until relieved on September 8th by Dr. Wingate, W.M.S. ; no new buildings have been erected during the year.

The in-patients department needs to become more popular and to this end it will, I think, be necessary to provide quarters in or near the hospital for the Medical Officer. The other chief needs are:—To move the operating theatre from the Nurses Home or to move the nurses, and restore the surgical ward. To provide an adequate general ward in place of the existing room with 6 beds, the only other general beds are on a verandah outside private rooms, and a two-bedded maternity ward.

Madras **The Government Victoria Caste and Gosha Hospital, Madras—Dr. Presidency.** Stapleton, W.M.S., writes :—During the year the work of the hospital has kept up to its usual level, and recently a bed has seldom been empty more than a few hours. In the Maternity Ward, patients have often had to sleep on mats on the floor for want of other accommodation, as from 150 to 180 deliveries occur every month and the Ward has only 30 beds. As a result patients have to be discharged on the 6th or 7th day to make room for the newcomers, altogether it is a very unsatisfactory state of affairs. Plans for the hospital extension and new Medical School and Hostel adjoining are all hung up as Government has no funds available, although the need is very urgent and fully appreciated by the authorities concerned.

In June, Dr. O'Brien Beadon was transferred to Delhi, and her place taken by Dr. G. Stapleton. She was very greatly missed, as both Medical School and Hospital owed a large debt of gratitude for all she had done for them during the last 9 years.

On July 1st, Dr. M. John, took over full charge of the newly formed Antenatal Department in addition to her special children's work. There has been delay over the building of the 20-bed Block for expectant mothers, and the small children's ward, but the latter is now half done and we hope that the former will be commenced before the end of the year and be ready for occupation by April. Ante-natal clinics are held two evenings a week in addition to the daily morning out-patient session.

The newly appointed Advisory Committee have strongly urged the need of better housing for the Indian Nurses and Midwives, many of whom are living in godowns with no proper sanitary or cooking arrangements. If the hostel for 44 nurses, which is included in the new building plans could be proceeded with at an early date, this would solve the problem. They are also of the opinion that the present laundry arrangements are very unsatisfactory, as they break down almost entirely during the rains, when there is an acute shortage of linen and danger of infections spreading from the inadequate washing of bed clothes. They have recommended that steps be taken for building a proper Laundry at an early date in the vicinity of the Hospital.

Victoria Hospital for Women and Children, Vizagapatam.—Dr. Dodhi, W.M.S., writes :—I took over charge of the Hospital on February 19th, 1930, and although the period under review has been one of extreme financial stringency all over India, on the whole the work of the hospital shows a sustained activity and useful service to the women of this district; active support and encouragement from Government and the Public is necessary to make it progressively useful and adequately efficient.

My predecessor, Dr. Lazarus, W.M.S., outlined the various urgent necessities of this hospital in her report last year and I regret to say that none of these have as yet been supplied. I therefore take this opportunity to repeat most emphatically that unless greater activity is shown by the Managing Committee and by the Ladies Visiting Committee of the hospital to collect the necessary funds for urgent necessities like a Septic block, a Sanitary block, quarters for Midwives and more in-patient accommodation generally, the progress of this hospital and general usefulness of its work must suffer acutely, because of the overcrowding of patients which is inevitable in a growing city with a new harbour.

Seth Morarbhaj Vijbhukhandas Hospital.—It is regretted that during **Bombay.** the past year the work planned has not met with the success anticipated **Presidency.** owing to shortage of funds. **Surat.**

This year we have had more patients from the depressed classes. Free treatment and diet have been supplied only to 42 patients. No new buildings have been erected. Very little repairing was done this year; the Matron's quarters were repaired.

Since November 1930, because of the financial condition of the Hospital, a fee of annas 2 has been charged for each out-door patient per day; exceptions are made in the case of any patients who are judged to be too poor by the Medical Officer; the financial condition of the Hospital is very bad. The Committee is making an effort to supply hospital linen, which is very scanty.

Lady Dufferin Hospital, Karachi.—The Hospital has been very full all **Karachi.** the year. The number of in-patients to date is only 50 less than last year in spite of the fact that half the hospital was closed for two months in the hot weather for cleaning and repairs. Maternity cases have shown an increase.

The Nurses have all passed their Bombay Nursing Council examination, one with honours in Midwifery and we have many more applications than vacancies.

From June 1st of this year certain Private Rooms were set apart as a Nursing Home on the lines of the Civil Hospital and it is now being given a trial. Fees for operations, etc., on cases in the Nursing Home go to the Doctor in charge of the case—room rents and nursing fees go to the hospital.

New Out-patient Department.—The present building was very badly damaged during the floods in 1926 and has never been repaired owing to lack of funds. This year we had another flood and the foundations at one side subsided a little more.

There is no separate ward for septic cases.

The financial condition is still causing much anxiety and a Sub-Committee has been formed to consider ways and means of improving it.

**Bengal
Presidency,
Calcutta.**

Dufferin Hospital.—The hospital work has been maintained with the usual keen demand for empty beds throughout the year. The numbers of out-patient attendances show an increase on last year. Owing to the great need in Calcutta for Anti-Tuberculosis work a Verandah Ward of 4 beds, the "Princess Mary Annexe" has been constructed and set apart for early Tuberculosis patients who are willing to stay for an appreciable time in hospital. The Septic Ward Verandah of 2 beds is also used for T. B. patients. Pregnant patients with Anæmia have been willing to stay longer in hospital and have benefited greatly from treatment in the sunny upstairs Ward. This Ward, the "Princess Mary", has been set apart for the Osteomalacia and Anæmia cases. Tuberculosis, Osteomalacia and Anæmia patients take sun baths on the roof in the early mornings. The Gynæcological, Surgical and Midwifery work has continued in the main and Midwifery blocks. The children now occupy part of Victoria (Medical) Ward. The Mackenzie (Septic Ward) has always been over full with puerperal fever, venereal, dysenteric and other infectious cases.

Finance.—The usual Government Grant of Rs. 12,000 for general expenses and Rs. 1,800 for drugs, the Calcutta Corporation Grant of Rs. 17,000 for working expenses and Rs. 2,330 for Nurses Training, and the Provincial Dufferin Fund Grant of Rs. 9,000 have been received. Subscriptions and donations have decreased considerably owing to trade depression. Some of our old supporters are now unable to give. We had however a very welcome unexpected gift of Rs. 4,000 from the Turf Club. In-patients have contributed to the end of November Rs. 13,200 and confinement fees Rs. 200. Special injection drugs and medicines are supplied to poor patients from special Charitable Funds. In-patients who can afford to do so contribute small sums for special medicines, diet and purdah arrangements. One Rupee per annum is charged for out-patient attendance ticket except to the very poor. One anna daily is charged for medicines to all who can afford it. Quadrennial repairs have been done out of Reserve Funds to the amount of Rs. 16,000.

Buildings.—No new buildings have been constructed, as the local committee have a scheme for re-building the whole hospital on another site. Urgent

minor repairs and alterations, whitewashing and painting are being carried out throughout the hospital buildings and staff quarters. The Out-door department is now well ventilated, the compounding room is moved to the front hall and the old compounding room used as Septic Theatre to allow of an extra room being used for out-patient doctors. Each of the 3 doctors seeing out-patients now has a separate airy room and the work is much facilitated. Many verandahs and windows have been wired in to keep out the rapidly increasing plague of monkeys. Water tanks have been repaired and renewed where necessary and sanitary fittings renewed. Further and more permanent repairs to roofs are being done in the near future.

Special Gifts.—Mrs. Mehta is kindly giving us a special carriage for the use of Tubercular Spine patients during their sun baths. Babu Hem Chandra Bhose, who endowed a bed last year in memory of his mother, has presented the hospital with a Surgical bedstead with fittings which is much appreciated. Various members of the Ladies Committee and other friends give garments, fruit and flowers from time to time all of which are enjoyed by patients. The Indian Red Cross Society and Dr. Bramachari R. B., continue their gifts for Anti-sphilitic and Kala-azar injections respectively.

Nursing Staff.—The hospital retains the valuable services of Miss Hutchings, R. R. C., as Matron and Superintendent of the Nursing School. The same standard of work has been maintained, and there are many applicants for Nurses training who cannot be taken owing to lack of accommodation and stipends. During 1930, 8 fully trained nurses passed out of the School, with certificates in General Nursing and Midwifery, and 9 trained in Midwifery only. We now have an Indian staff nurse in each Ward and one on night duty. The institution of a weekly day-off to the whole nursing staff has been of great benefit to the nurses individually and to the work as a whole.

Urgent Needs.—1. A Hygienic sanitary block for the main hospital building. The present sanitary arrangements have been condemned by the Committee, but owing to the scheme for rebuilding the whole hospital no alterations to present buildings are contemplated.

2. Increased light and air space in Septic Block by remodelling the building.

3. A provident fund for the permanent staff.

Report by Dr. S. H. Commissariat, F.R.C.S.I., S.M.O., W.M.S., Superinten- United
dent, Medical Aid to Women, and Assistant to the Inspector-General, Civil Provinces.
Hospitals, United Provinces :—I held charge of the office of Superintendent, Medical Aid to Women, United Provinces, from the beginning of the year till May 18th and then from November 29th until the close of the year.

Dr. G. E. M. Brindley, W.M.S., officiated during my absence on leave for 6 months and 10 days.

During the course of the year I inspected all the Women's and Dufferin Hospitals in the United Provinces, including the Women's wings in Branch Dispensaries in the rural areas as also the Mission Dispensary at Jeyi and the Sanatorium for Consumptives at Almora and the Women's Hospital at Balrampur. It is gratifying to record that as a result of the negotiations with the local bodies regarding the provision of medical relief to women at Almora a branch of the Countess of Dufferin's Fund has been founded there to manage the affairs of the newly opened Dufferin Hospital.

In the year 1930 two Women's Dispensaries, *viz.*, one at Kasganj and the other at Malihabad were affiliated to the Provincial Branch of the Fund. Negotiations are in progress regarding the affiliation of the Municipal Women's Dispensary at Sikandrabad and the establishment of a Women's Dispensary at Ghaziabad.

Under the scheme for the expansion of medical relief in rural areas, according to which half the capital and recurring cost of running a dispensary is met by Government, a Women's Dispensary has already been opened at Malihabad in the district of Lucknow. As the Committee of Management of the Pirpur Trust Fund, Jalalpur, Fyzabad, have expressed their desire to avail themselves of the advantage offered under the said scheme, Government are being approached to sanction their quota towards the cost of founding a Women's Dispensary at Jalalpur. Government have also promised a non-recurring grant of Rs. 8,000 towards the cost of construction of a separate Women's Dispensary at Mussoorie for which a woman sub-assistant surgeon is already sanctioned at Government expense under the rural area scheme. The question of apportioning the recurring cost between the City Board, Mussoorie, and the District Board, Dehra Dun, is still under correspondence and it is hoped that a separate Women's Dispensary will be established there at no distant date. Efforts are also being made to open new dispensaries under the subsidy scheme at several other places, but I am afraid that no satisfactory result is likely to be achieved unless intensive propaganda work is undertaken to induce the District Boards to take advantage of the offer made by the Local Government.

Under the rural area scheme worked under the auspices of the Provincial Branch of the Countess of Dufferin's Fund, United Provinces, Sub-Assistant Surgeons and Midwives are working at ten and twenty-seven places, respectively. Although full effect could not be given to the scheme for want of suitable Medical Women and Midwives, the figures noted above show a marked improvement on those for the previous year.

Notwithstanding the financial stringency experienced both by the Local Government and the Local Bodies, the activities of the Fund have expanded in all directions necessitating the consideration of the question of separating the post of Superintendent, Medical Aid to Women, from that of the Honorary Secretary of the Lady Chelmsford Maternity and Red Cross Society Child Welfare League. As a result of the move taken in the matter by the United Provinces Branch of the Red Cross Society, there is also the prospect of medical treatment of venereal diseases on most modern lines being made available free of cost to pregnant women in these provinces.

On the whole, the work of the Provincial Branch during the year 1930 has been satisfactory and I am very hopeful about the further expansion of its activities during the current year which will be conducted in co-operation with those of the Lady Chelmsford League.

Dufferin and Lady Lyall Hospital, Agra.—The Principal writes :—1930 Agra. has been a year of progress in the Women's Medical School. In the new session 18 students were admitted holding matriculation certificates ; this, compared with 6 in 1929 is very encouraging. Thirteen students sat for the Final Examination ; 8 passed in April and 5 in October. A woman student gained the First Place in the Primary Examination of the State Medical Faculty.

It is gratifying also to record that Miss Ethel Prem Singh, B.Sc., late Chemistry Lecturer, who left for further study has taken first place in the first examination for the M.Sc. of Allahabad University.

As regards the Hospital, numbers have increased slightly all round. The ante-natal department has been running for more than a year with most encouraging results. Dr. Sherman was in charge for nearly six months. The hospital owes her a great deal for the help so freely given. Dr. Bharucha did three months voluntary work in the department and the rest of the time it was taken by Dr. Milne in addition to her other duties. Mrs. Singh, the Health Visitor, has attended regularly both in the ante-natal department and in the wards, and by her house to house visiting has brought many patients for treatment.

Dr. Torrance has been Lecturer in Surgery throughout the year and was in charge while I was away on deputation to the F. E. A. T. M. Congress at Bangkok. It was a great honour for me to be chosen as one of the Delegates of the Women's Medical Service and I hope to be able to carry out some of the suggestions, which were new to me, for administration and treatment.

Dufferin Hospital, Lucknow.—Dr. M. C. Murphy reports :—The work of Lucknow. the hospital has progressed fairly satisfactorily during the past year. There was some falling off in numbers during the summer months, but this has more

than righted itself and the wards have been overcrowded during the last few months.

The Provincial Committee's grant of Rs. 2,400 formerly allotted for the training of five Anglo-Indian probationer nurses is now expended on the salaries of two fully qualified junior staff nurses and stipends of two Indian probationer nurses. Three Anglo-Indian and four Indian probationers are training in Midwifery at their own expense, and two Indians are receiving scholarships from the Chelmsford League. During the year two probationer nurses obtained the diploma in Midwifery of the State Medical Faculty.

The hospital was visited by Her Excellency Lady Irwin and Lady Hailey in the spring and has lately been inspected by Dr. S. H. Commissariat, S. M.O., W.M.S. Donations amounting to Rs. 4,700 have been received from His Excellency the Viceroy's Reception Committee, the Race Committee and Lady Hailey.

New dhobi's quarters and a mortuary have been erected during the year. A new clerk's office is under construction.

The chief needs of the hospital are :—improvements to the probationer midwives' quarters ; a cover for the old well in the compound, a new Maternity Ward, a purdah wall to shut off the servants' quarters. It is hoped that the Provincial Committee and Chelmsford League will give grants towards some of these.

Cawnpore. **Dufferin Hospital, Cawnpore.**—Dr. Bolton writes :—Dr. L. deMenezes, W.M.S., was in charge of the hospital from the beginning of the year till April 8th, 1930, I have been in charge since then.

The hospital work for the year under report has been very satisfactory. Comparing the return of this year with those of last year, there has been a notable increase in all departments except Abdominal operations, 36 patients were operated on last year and 26 patients this year.

The financial condition of the hospital is not satisfactory. At the beginning of the year we expected Rs. 2,000 from the Inspector General of Civil Hospitals, United Provinces as a special grant, and Rs. 1,000 from the Wrestling Contest collections, but these amounts have not yet been received. There is no increase in Donation or Subscription.

An appeal will be circulated at the beginning of the year to the influential Indian gentlemen in Cawnpore, to raise subscriptions and donations. This was suggested at the last Committee Meeting of the Dufferin's Fund Local Branch, Cawnpore.

One probationer midwife and one probationer assistant midwife were under training in the beginning of the year, and both passed in September 1930. Four other probationer assistant midwives joined the training class in September, 1930. One pupil compounder was dismissed in May, 1930, and one joined during the year. There are four probationer assistant midwives and one pupil compounder in training at present.

A new bath room has been built and ceilings provided under the tiled roofs in the Nurses' and Assistant Surgeon's quarters.

Dufferin Hospital, Allahabad.—Dr. C. Wischam reports :—There has been Allah-steady progress in the work during the year except for a slight decrease in the abad. numbers of out-patients.

Dr. I. Keess, W.M.S., was in charge till March 29th, and Dr. Reubens from March 29th, till June 9th, when she was relieved by Dr. C. Wischam, W. M. S.

The chief needs of the hospital are :—

- (1) Kitchen for self-dieted patients.
- (2) Furniture for Sub-Assistant Surgeon's Quarters and Nurses' Quarters.
- (3) Labour room table.
- (4) Room for office.
- (5) Instruments.
- (6) Sterilizer.
- (7) Ceiling for 7 Purdah wards.

The Hospital Committee has met twice during the year, the Medical Officer was present at each meeting.

The financial condition is critical. The Municipality has cut down their grant from Rs. 2,500 to Rs. 1,300 and the Red Cross has reduced their grant from Rs. 1,000 to Rs. 500 this year.

Ishwari Memorial Hospital.—Dr. deMenezes writes :—The work of the Benares Hospital in the year under report has been carried on successfully. Dr. Thungamma left in April and I took over from her on April 12th, 1930.

Every Department but one, shows an increase; the best results being registered by the Surgical and Maternity Wards. The exception is the Out-Patients' Department which has suffered in numbers solely on account of the disturbed conditions outside interfering with regular, daily attendances.

A Sterilising Room is one of the most pressing needs. At present we carry on in a passage converted into a Sterilising Room. A second Maternity Ward is much in demand. We have so many Labour Cases that they invariably overflow into the Medical Ward.

It has not been possible for me to effect any additions to, or improvements of, the Buildings as there are absolutely no funds at our disposal, and not even

a mentionable balance at the Bank. It is as much as I can do to keep the place in repair. It is the usual tale of much work to do and too little money to do it with. And this is in a rich District, of which almost all classes patronize this Hospital.

Three Dais were sent up for their Examination in September, two of whom were successful. Two new Probationers have been entered for training.

We have three Apprentice Compounders, two of whom are due for their examination in April 1931.

Lack of equipment is being attended to. I have managed to buy a special bed for Abdominal cases out of the donations from patients, the biggest Donor being Babu Ran Bahadur, Aide-de-Camp to His Highness the Maharaja of Benares State, and an indent for more instruments has been placed.

Punjab,
Lahore,

Lady Aitchison Hospital.—Dr. I. Keess reports :—I took over charge of the Lady Aitchison Hospital on the 13th October.

No building operations have been done this year on the site chosen for the new hospital and there is no prospect of anything further being done for the next three or four years. This is a great pity as the need for extension is urgently needed.

The Nurses' Hostel at Krishna Gully is in a most unhealthy locality and it is desirable to move it as soon as possible. The annual repairs have been carried out as usual.

There have been several changes amongst the Medical Staff.

Medical Superintendents.

Dr. H. Franklin, W.M.S., up to March 28th.

Dr. E. Wingate, W.M.S., from March 29th to June 16th.

Dr. I. Keess, W.M.S., from October 13th.

The nurses have done well in their examination. Twelve out of thirteen nurses passed, also two dais and two midwives and one compounder.

The income during the year from room rent was Rs. 7,658 and fees for operations in private wards Rs. 4,901. The latter are credited to Hospital Funds.

The patients in the General Wards do not contribute anything towards their treatment nor diet nor are the out-patients charged anything for medicine or examination. The Executive Committee met once during the year in April 1930.

Central
Provinces,
Nagpur.

Dufferin Fund (Daga Memorial) Hospital.—Dr. Mucadam writes :—Dr. A. J. Dodhi, W.M.S., was in charge from 1st January to 9th February 1930.

I took over charge from the 10th February 1930 on return from leave.

A Block consisting of Operation Theatre and Labour Room is now complete, and we have been using it from the 8th December 1930. It was constructed at a total cost of Rs. 28,048. An overbridge connecting the two double-storeyed general wards has also been made. In addition, three Family Wards, Electrification of the Operation Theatre, Extension of the Isolation Ward Verandah, Sir Gangadhar Chitnavis Family Ward, were also constructed.

The location of the mortuary was objected to by the local Muhammadans. They complain that the dead bodies are carried from the mortuary over a number of Muhammadan graves, situated just outside the mortuary and that this wounds their susceptibilities. The Governing Body has therefore decided to acquire a piece of land measuring 6,980 square feet. Its cost will be between four and five thousand rupees. The P. W. Department have been asked to acquire the land.

There is a general increase in the hospital work during the year in all its branches. Approximately, there will be an increase of Rs. 3,000 in the Hospital income, over the figure of last year. This is chiefly due to the extra rent brought in by the three new units of the family ward. There has also been a general increase under all the minor heads.—

(a) The late Sir Gangadhar Rao Madhao Rao Chitnavis, K.C.I.E., left a legacy of Rs. 5,000 for the hospital. He was a life member of the Governing Body of this hospital, representing the Local Government. He worked on the Governing Body for over 20 years. The Governing Body has decided to erect a family ward in memory of his long connection with the institution and of his legacy. The ward is under construction.

(b) Mr. Parashram Narayan Gore, P. W. D. Contractor, who has built all the buildings of the new Hospital kindly offered to build a tuberculosis ward at his own expense; but as there is no land available for the purpose he agreed to our suggestion to add a unit to the isolation ward with verandah on three sides. The cost of this ward is estimated at about Rs. 3,000. The ward is in progress.

(c) Mr. B. Rajan, Proprietor of Laxmi Vijaya Cinema Co., Nagpur, kindly gave two cinema shows of his own accord for the benefit of the hospital. Rs. 245-8-0 were collected and credited to the hospital fund.

(d) Arya Subodh Natak Mandali was asked to give a benefit performance in aid of this hospital. With great efforts, we were able to get Rs. 1,100 out of which Rs. 450 had to be paid to the dramatic company for their expenses, and the balance of Rs. 650 has been credited to the hospital fund.

(e) The Red Cross Society, C. P. Branch, has made a gift of Rs. 400 in form of hospital requisites.

(f) There were, besides, a few more minor gifts which have been acknowledged thankfully.

This year, as usual, two examinations of the C. P. Medical Board were held. One on the 19th April 1930. Seven candidates appeared in this examination, and five passed. One stood first, in elementary nursing. The other examination was held on the 3rd of October 1930. Two candidates appeared in this examination and one passed.

Bapurao Dada Dispensary.—This dispensary is under the control of the Medical Officer of this institution. In the beginning of this year, there was a proposal to amalgamate this dispensary with the Daga Memorial Hospital, but the proposal was dropped after careful consideration. This year, the dispensary has done very good work in all its departments, especially in midwifery and in-door department. There have been 32 in-door delivery cases, so far against 21 of last year; and 72 in-door patients including midwifery cases, against 21 of the same. There is a slight increase in out-door cases also. This year the dispensary was fortunate enough to secure long wanted requisites, including furniture, surgical instruments, hospital accessories, linen, bedding, etc.

Jubbulpore.

Lady Elgin Hospital.—Dr. G. Brindley writes:—I assumed charge with effect from December 4th, 1930, *vice* Dr. H. E. Acheson, proceeded on long leave.

There has been a marked increase in the work of the hospital during the year, both in in-door and out-door patients. It has indeed been on many occasions very difficult to find room for all wishing for admission.

The in-patients have been well cared for and the surgical work shows further advance over last year.

Annual repairs have been carried out satisfactorily.

No new building has been erected in the hospital compound during the year, but the Medical Superintendent's bungalow has been completed on February 28th, 1930, and the same occupied from March 1st, 1930.

The working of the hospital this year has been satisfactory in spite of many changes in the staff.

Chhindwara.

Women's Hospital.—Dr. Lakshmi Devi reports:—The work done by this hospital during the year under review has shown a steady progress in all departments. The daily average of in-patients being 25 against 12 of 1928 and 19 of 1929, though there is accommodation for only 20. The Inspector-General of Civil Hospitals visited the hospital on 9th November 1930, and was

very favourably impressed with the general air of comfort and this reflects much credit on the Nursing Staff. The donation of Rs. 1,000 kindly given by the Central Dufferin's Fund Committee enabled us to order some new instruments.

The Provincial Committee has kindly given us a non-recurring grant of Rs. 1,500 to deepen the well which was considered by the Hospital Committee to be of vital importance. After the well work is finished, the Committee hopes to undertake to meet the needs detailed below in order of their urgency, according to the money available.

The chief needs of the Hospital in order of urgency are :—

1. Cooking shed for those patients who come from long distances and whose caste restrictions do not allow them to take food prepared in the Hospital.
2. Septic Ward.
3. A Ward Kitchen wherein the nurses may heat milk, etc.
4. Mortuary.
5. Store Godown.

Lady Hardinge Hospital.—Dr. Patel writes :—I have been in charge of the hospital throughout the year and also discharged the duties of the Inspecting Medical Officer of the Dufferin Hospitals in Berar, all of which have been duly inspected, half-yearly. Berar.
Akola.

There has been no change in the personnel of the senior nursing staff, an additional fully trained staff nurse has been employed. Out of the 4 pupil nurses sent up for the C. P. Board Examination (2 for Midwifery and Sick nursing and 2 for Elementary Nursing) one only has been successful in Elementary Nursing and none in Midwifery, which is rather disappointing. The hospital urgently needs one extra staff nurse, who could, if possible, be reserved for permanent night duty, and at least four pupil nurses to meet the increasing hospital demands for in-patients, but the out-look for the next year is rather gloomy inasmuch as the C. P. Government has already intimated the stoppage of scholarships for pupil nurses for the next year owing to financial stringency and hospital funds permit of offering stipends only to 3 pupil nurses. It is very desirable that a good class and better educated set of pupil nurses should be entertained, as some of the present probationers cannot even read the labels on medicine bottles in English, much less the doctor's instructions for patients.

The work of the hospital in certain directions has markedly increased, specially the operative and laboratory work. The latter was facilitated by the

House Surgeon, Dr. Reuben, who, having been trained at the Lady Hardinge College, is quite familiar with the simple routine examination of the blood, etc., and was helpful in the examination of over 75 specimens with the assistance of the Superintendent; some of the examinations proved very interesting inasmuch as the timely detection of malignant malaria in some high fever cases permitted of a correct treatment for the same. More extensive clinical work can scarcely be expected without a second House Surgeon and suitably equipped laboratory.

The total number of in-patients show a slight decrease as compared to that of the previous year, but there is a very marked fall in the out-patients attendance, which can be accounted for by a number of factors which have arisen during the year in connection with the medical relief for women in the town some of the main causes are :—

1. A woman Sub-Assistant Surgeon has been employed at the Government Civil Hospital for the first time which, being open for longer and earlier hours than ours, has to a very large extent enabled the town patients to take advantage of the out-door and the in-door departments of the Civil Hospital, the out-door help having been supplied mainly by the dispensaries of the local Municipality of this Hospital.
2. A private maternity and surgical nursing home has been opened close to the hospital by a private practitioner and the well-to-do patients are taking advantage of the same as well as of the couple of trained private midwives in the town.
3. The opening of an additional Infant Welfare Centre since the beginning of the year in the area, where poor labourers and mill-hands generally live, has also contributed to the reduction of our maternity and children's cases, as ordinary maladies of the latter are also treated at the dispensary attached to the same.
4. The out-patients department being situated at a distance of over a mile from the main hospital premises, the doctors cannot attend as they would like to at regular hours. The House Surgeon can only attend the dispensary, after finishing all her morning work at the hospital, for about 2 hours only, and on operation days, this is even further delayed; and the Superintendent, with her heavy office work, having only a part time clerk for about two hours in the morning at her disposal, cannot visit the dispensary daily and the urgent need for a second House Surgeon is all the more brought home when one finds how this department has steadily suffered.

The much needed office dispensary block comprising office rooms for the Superintendent and clerk, a dispensing room, a drug store, an examination room and a laboratory was completed last June at a total cost of Rs. 11,689-1-0, the Government contributing Rs. 5,500 towards the same; part of it is already occupied but the want of a Second House Surgeon, a second Compounder, additional nursing staff and proper equipment has stood in the way of full

use being made of the same, particularly the opening of a much needed outdoor department within the hospital itself, for the benefit of the neighbouring population of well-to-do middle class people, who find the city dispensary too far to attend and seek the help of private practitioners and private nurses. The hospital would indeed feel it a great boon if electric installation could be furnished at an early date, as the town is going to be supplied with electricity early in the new year. The Government has offered to meet half the expenses and we sincerely hope every effort may be made to raise the other half by public donations to meet the real and long felt want of the useful institution.

The financial condition of the hospital is none too strong as it has not been possible to raise public subscriptions for the last few years owing to a partial failure of crops in the district and trade depression as mentioned in the previous year's report, and the local Municipality has not paid its annual grant for the last three years.

One ray of hope for the future improvement of the hospital finances lies in the increased receipts as a result of charging fees for the first time in the history of the hospital for operations and confinements from private ward patients and within less than ten months of the passing of this rule by the Committee, a sum of nearly Rs. 900 has been realised. The income from room rents has also considerably increased, compared to those of the last year. A further increase of hospital income could be obtained, if the comparatively well-to-do patients in the general ward be charged some small fees for operations, confinements and special injections, well within their means, as these would compare very favourably with the fees they might have to pay elsewhere.

Thanks of the hospital are due to the President, Joint Honorary Secretary and members of the Committee for their interest and assistance in the management of the institution, as well as to the hospital staff for their kind co-operation and particularly my indebtedness to the senior nursing staff for their wholehearted and selfless work during rush of in-patients which proved of great assistance to the hospital. I would like to take this opportunity to offer my best thanks to Mrs. G. T. Wright, who prior to her marriage, had for some time been a Nursing Sister at the King College Hospital, London, for the very willing offer and voluntary nursing of some difficult and serious cases in the hospital whenever required, and who gave her valuable help in times of stress and strain most ungrudgingly.

The hospital deeply regrets the loss of a good friend in the death in June last of Rao Bahadur K. G. Damle, C.I.E., who was Joint Honorary Secretary for the last 8 years and a member of the Hospital Committee since its inauguration, and took a great interest in the welfare of the hospital, which owes its present position mainly to his untiring zeal and devoted care.

Amraoti.

Dufferin Hospital.—Dr. Singham reports :—I took over charge temporarily, of the hospital from Dr. D'Abreu from April 15th, as she was granted leave out of India.

I found the wards cramped, and though the official number of beds is 23, the number of in-patients treated up to November 30th, is 1,058, as compared with 944 on the same day last year ; showing that the most pressing need of the hospital, is its extension and reconstruction.

The plans are completed, but the expectation of rebuilding has not been realised due to lack of funds.

The annual repairs have been satisfactorily done, and teak wood ceilings have replaced the old damaged cloth ceilings of the private wards.

When I took charge on April 15th, there was a decrease in numbers in all departments, as compared with the same day last year. On November 30th there was an increase in the number of in-patients and operations, including ten abdominals, against one last year.

The decrease in out-patients and maternity cases is largely due to the general exodus out of Amraoti on account of the great water shortage, during the summer. In May we had only nine Maternity cases as compared with 30 last May. Antenatal cases treated are 219.

Four nurses were sent up for Midwifery and three for Elementary Sick Nursing examinations of the C. P. Medical Examination Board in October 1930, all were successful.

Bihar and
Orissa.
Bettiah.

Dufferin Hospital.—Dr. Hollway writes :—The hospital was built and is entirely supported by the Bettiah Raj. There is no committee ; its place is taken by the acting Manager of the Bettiah Raj ; at present J. L. Merriman, Esq., I.C.S.

The hospital is open to all. The Raj charges no rent for rooms and no fees for operations or treatment are taken by the Medical Officers or Nursing staff.

Purdah Ward patients provide their own diet, other patients are given an ample diet but are allowed to provide their own food if they wish it.

No new buildings have been erected this year but the usual annual repairs have been done at a cost of Rs. 1,000. The grounds have been levelled and trees and grass planted. The water supply and drainage installed last year are working well.

The work of the hospital increases yearly as patients come from all over Bihar and even further afield instead of only from the immediate district. We have had 2,300 new in-patients this year and 270 maternity cases. Both these figures are the highest on record.

This year, a small district nursing association has been started in connection with the hospital. The women receive one year's training at the hospital in general nursing and midwifery. If applied for they are then allowed to work in people's houses at a small charge ; when not employed return and work in the hospital. This arrangement allows them to continue their training and prevents them getting slack. The money received for their employers has so far covered all expenses connected with the scheme.

Lady Elgin Hospital.—Dr. Alphonso reports :—The work of this hospital Gaya, has gone on steadily during the year under report, although there has been a slight decrease in the number of patients. I am glad to say we have been able to do some antenatal work this year. There has been an extension by two rooms in the Nurses' Quarters of this hospital at a cost of Rs. 1,821 and electric lights have been provided all over the hospital buildings and attached quarters. This has cost Rs. 2,500, the major portion of which was paid by Rai Sahib Dwarka Nath Singh, a local land-holder.

Five nurses appeared for the 1st Examination of the North India Board for the first time and all passed. We are affiliated to the Bihar and Orissa Medical Board Examination and are eligible to send up Nurses for the Midwifery Diploma, but as the Examination is held in English the Nurses could not take it. It is very difficult to get girls to come for their training and almost impossible to get English speaking girls.

The Lodging House Committee of Gaya has very kindly granted a sum of Rs. 2,000 for this hospital which I propose to utilise in providing electric fans in the hospital buildings and other places by the next summer.

UNITED KINGDOM BRANCH OF COUNTESS OF DUFFERIN'S FUND.

The Executive Committee of the United Kingdom Branch of the Dufferin Association met only once during 1930, to consider applications for two appointments in the Women's Medical Service. Appointments were made as follows :—

Appointment for General Service.

Miss Irene F. Callender, M.B., B.S. (Lond.), L.R.C.P., M.R.C.S., M.A.
(Cantab.).

Administrative Post (Maternity and Child Welfare).

Miss Jean M. Orkney, M.B., Ch.B. (St. Andrews), D.P.H. (Manchester).

During the Summer the Committee was asked to secure the services of a Radiologist for the Lady Hardinge Hospital and College to take the place of Dr. Evelyn Pilley, resigned on account of health. It was found to be impossible to secure the permanent services of a medical woman for this post. Dr. Agnes Scott, Chief Medical Officer, arrived in England on short leave at the end of July, and after consultation with her, it was arranged that Dr. Joyce Peake should go to India for the session 1930-31 to act temporarily as Radiologist to the Hospital and College, while Dr. Raseela Rekhi who had been Assistant in the Department for some time proceeded to England to work for the Diploma in Medical Radiology and Electrology for a year. It is hoped that after obtaining this post-graduate qualification Dr. Rekhi will take over the charge of the Department next session.

A number of women graduates have been in England during the year for whom arrangements for courses and post-graduate experience of various kinds have been made. Miss Lakshmi Devi, Dufferin Scholar, obtained the L. R. C. P. M. R. C. S. in January 1930. Miss E. H. Brooks and Miss S. Matthew came to London with Dufferin Scholarships in October and are also reading for the Conjoint qualification.

The Dowager Marchioness of Dufferin and Ava, as President of the United Kingdom Branch of the Dufferin Association, was hostess at an Afternoon Party given to the Delegates to the Round Table Conference and other Indian visitors in London, held at the Eastman Dental Clinic, Royal Free Hospital, on the invitation of Lord Riddell, President of the Hospital, and other members of the Board. H. R. H. The Duchess of York honoured the Party with her presence at which about 350 persons were present.

The death of Dame Mary Scharlieb, D.B.E., LL.D., J.P., M.D., M.S., deprived the Association of one of its oldest friends, but while lamenting her loss we can only rejoice that her great work for humanity was carried on through a long and wonderful life. Dame Mary began her work by practising midwifery in India, but realising that without a medical qualification she could do little to relieve the sufferings of Indian women in childbirth, she entered after great opposition the Madras Medical College in 1875, and gained a medical qualification in 1878. She returned to England to attend the London (Royal Free Hospital) School of Medicine for Women and obtained the M. B., B. S. of the University of London in 1882, going back to India immediately after to carry on medical practice. Her beneficent work both in India, and later in England, won her a place in public esteem and in the hearts of thousands of grateful patients, which was marvellously shown in the tributes to her life and work called forth by her death.

The Gilchrist Educational Trustees continued their annual grant of £150 to the Central Council for the medical education of women in India. Financial assistance was also most kindly given by Lady D'Arcy Osborne.

Mr. W. Sturdy of the India Audit Office has kindly audited the accounts again for the year.

(Signed) HARIOT DUFFERIN & AVA,
President.

LOUIE M. BROOKS,
Honorary Secretary.

February 2nd, 1931.

UNITED KINGDOM BRANCH OF THE DUFFERIN ASSOCIATION.

Cash Statement—January 1st to December 31st, 1930.

INCOME.			EXPENDITURE.		
	£	s. d.		£	s. d.
January 1st—					
To Cash on Deposit ..	100	0 0	By Clerical Assistance ..	50	0 0
Cash in Hand at Bank ..	59	9 8	Printing and Stationery ..	3	9 6
Petty Cash in Hand ..	5	5 5	Postage and Telephone ..	1	18 4
		164 15 1	Banking Charges ..	4	11 0
To Donations and Subscriptions			Advertising ..	11	7 6
Gilchrist Educational Trust.	150	0 0	Cables ..	2	6 10
Lady D'Arcy Osborne ..	2	0 0	Sundries ..	0	7 6
		152 0 0			74 0 8
To Dividends and Interest.			By Grants and Scholarships		
TULLOCH BEQUEST.			Dr. Lakshmi Devi ..	50	0 0
£100 Funding Loan ..	4	0 0	Dr. Eleanor Brooks ..	50	0 0
£1,392-18-2 India 4% ..	48	10 2	Dr. Sosa Matthew ..	50	0 0
Refund of Income Tax ..	12	10 5			150 0 0
		65 0 7	By Passages and Travelling		
U. K. BRANCH INVESTMENTS.			(Drs. Callendar, Orkney and Peake) ..		300 0 0
£1,874-0-3 Manchester 3% ..	44	5 5	By Travelling Expenses for Interviews ..		9 9 0
£308 Southern Railway 5% Pref. ..	12	2 6	By Remittances to Central Council.		
£100 Conversion Loan ..	3	11 0	Gilchrist Grant ..	150	0 0
Refund of Income Tax ..	14	6 5	Income from Investments ..	52	10 2
		74 5 4	Refund of Income Tax (1929) ..	12	10 5
To Interest on Deposit Account ..		1 1 11			215 0 7
Remittances from Central Council.			By British Institute of Radiology (Fees—Dr. Rekhi) ..		47 16 0
Scholarships and Passage Money.	467	13 5	Dr. Christine Thomson—Salary.		8 7 2
Salary—Dr. Thomson ..	8	7 2	By Cash at Bank ..	170	16 4
		476 0 7	Petty Cash in Hand ..	5	9 9
To Refund from Dr. Rekhi ..		47 16 0			176 6 1
		£980 19 6			£980 19 6

The Cash Book, Bank Book, Vouchers and other Documents relating to the above statement have been examined and I certify it to be correct. I have been furnished with a certificate that the securities belonging to the Association were duly held on 31st December, 1930, by Messrs. Coutts & Co., the Custodian Trustees for the United Kingdom Branch of the Dufferin Association.

W. A. STURDY.

22nd January, 1931.

INDIA AUDIT OFFICE, WHITEHALL, LONDON, S. W. 1.

ANNEXURE I.**Central Office.**

This is an account specially created to accommodate the cost of the joint Executive which administers the Countess of Dufferin's Fund and the other Funds allied thereto, namely, the Women's Medical Service, the Lady Chelmsford All-India League and the Victoria Memorial Scholarships Funds. The receipts of the account consist of contributions from the various funds fixed in proportion to the amount of work performed for each by the Central Office. The proportions fixed for 1930 were 15, 40, 35 and 10% respectively. The allocation will have to be revised in consequence of the dissolution of the Lady Chelmsford League and the transference of the administration of the Victoria Memorial Scholarships Fund to the Managing Body of the Indian Red Cross Society with effect from the 1st January 1931.

The actual expenditure during the year was Rs. 4,500 less than the budget, the saving occurring mainly under Personal Assistant whose remuneration for officiating as the Chief Medical Officer, Women's Medical Service was charged to the funds of the Women's Medical Service.

G. KAULA,
Acting Honorary Treasurer.

URE I.

Fund, Central Office Account, 1930.

No.	Items.	Expenditure 1930.			Budget 1930.
		Rs.	A.	P.	Rs.
1	Pay —				
	(a) Secretary	5,826	11	0	5,800
	(b) Personal Assistant	5,014	7	0	8,400
	(c) Assistant Secretary	4,166	2	0	4,180
	(d) Accountant	4,065	5	0	4,360
	(e) Office Staff	6,552	3	0	6,550
	(f) Menial Staff	1,004	5	0	970
2	Leave Pay	3,045	3	0	3,050
3	Delhi Allowances	370	15	0	630
4	Travelling Allowances —				
	(a) Secretary	1,245	3	0	2,000
	(b) Office	1,237	15	6	1,200
5	House Allowance —				
	(a) Secretary	1,050	0	0	1,800
	(b) Personal Assistant	650	0	0	650
6	Contribution to the Provident Fund	680	10	0	670
7	Contingencies —				
	(a) House Rent	43	5	0	200
	(b) Rates and Taxes	131	4	0	130
	(c) Telephone	719	4	0	500
	(d) Office Repairs	244	10	0	250
	(e) Stationery	29	4	0	50
	(f) Printing	..			50
	(g) Audit Fee	400	0	0	400
	(h) Insurance	100	0	0	100
	(i) Postage	543	1	0	500
	(j) Cost of distribution of Annual Reports	203	10	6	300
	(k) Miscellaneous	2,690	7	3	1,760
		40,013	13	3	44,500
	CLOSING BALANCE	7,750	13	3	3,200
	TOTAL	47,764	10	6	47,700

G. KAULA,
Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

Chartered Accountants,

Auditors.

CANNANPORE ;

5th March 1931.

ANNEXURE II.

Countess of Dufferin's Fund.

The main source of income of this fund is the interest it earns on its deposits and investments which amounted to Rs. 7·12 lakhs (cost price) on the 1st January 1930. In addition the fund receives a fixed contribution of Rs. 400 from Their Excellencies and realises rent of Rs. 2,175 from Irwin Lodge which was purchased on its account in 1928 and is used as a residence for the Secretary of the fund and her Personal Assistant, both officers of the Women's Medical Service.

The outgoings of the fund, apart from the contribution it pays towards the Central Office expenses are mainly on account of grants-in-aid to local Dufferin Fund Committees for expenditure on the objects of the Fund. The expenditure in Governors' Provinces is shown separately from expenditure in centrally administered areas, the totals being generally Rs. 16,000 and Rs. 4,000 respectively. A further sum is usually set apart as a reserve to enable new and unforeseen grants to be made in the course of the year. In 1930, the provision on this account was Rs. 6,000 and out of this amount Rs. 4,200 were spent on non-recurring grants of Rs. 1,000 and Rs. 2,600 for equipment of the Women's Hospital, Chhindwara and for the cost of training of nurses and compounders at Nagpur while the balance was paid to a private medical practitioner (Dr. Glanville) for her services in connection with welfare work at Peshawar. A sum of Rs. 5,400 has been spent this year on account of scholarships for the encouragement of medical education. There is also a permanent liability for recurring expenditure on Irwin Lodge on account of repairs and maintenance while in addition a sum representing 1% on the cost of the building and 10% on the cost of furniture is set aside and paid into a separate fund to cover depreciation.

During the year, the Bhukailash Court of Wards have repaid the sum of Rs. 17,000 which was due from them on account of the balance of the original loan of rupees three lakhs granted to them in 1910. This sum was on receipt invested in Government of India 4½% Loan 1934 of the face value of Rs. 17,600.

The receipts from Trust Funds include £150 received annually from the Gilchrist Educational Trust. The expenditure is on scholarships only which amount annually to Rs. 3,840, the number of scholarships available being fixed.

The income and expenditure during the year were respectively Rs. 18,500 and Rs. 26,000 more than the budget provision. The increased income was mainly due to the unanticipated repayment of Rs. 17,000 from the Bhukailash Court of Wards already mentioned, while the excess expenditure represents the investments made during the year. In other respects the receipts and the expenditure conformed closely to budget anticipations.

During the year, the securities have depreciated in value to the extent of Rs. 8,000 on the cost price, the depreciation occurring mainly in $3\frac{1}{2}\%$ Government Securities.

G. KAULA,
Acting Honorary Treasurer.

ANNEX

Income.

Annual Account of the Countess

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Balance on 1st January 1930 —						
Investments	7,56,806	4	4			
Cash	9,937	2	9			
	7,66,743	7	1			
Less—						
Trust Funds	36,020	2	6			
Research Fund money	11,046	12	11			
	47,066	15	5	7,19,676	7	8
2. Interest realised —						
Gross receipts	37,775	3	10			
Less Transferred to Trust Funds	1,339	0	0	36,436	3	10
3. Contribution from Their Excellencies	..			400	0	0
4. Rent of Irwin Lodge	..			2,163	13	0
5. Refund of Scholarships	..			645	0	0
TOTAL	..			7,59,321	8	6

Annual Account

Items.	Amount (at cost price).			Total (at cost price).		
	Rs.	A.	P.	Rs.	A.	P.
1. Opening Balance on 1st January 1930—						
(a) Investments	6,83,806	4	4			
(b) Loan to Bhukailash Court of Wards	17,000	0	0			
(c) Purchase price of Irwin Lodge	45,000	0	0			
(d) Fixed Deposit	11,000	0	0	7,56,806	4	4
3. Investment in $4\frac{1}{2}\%$ Loan 1934 for Rs. 17,600 (May and June)	..			16,905	0	7
3. Investment in Fixed Deposit (August)	..			10,000	0	0
TOTAL	..			7,83,711	4	11

URE II.

of Dufferin's Fund, 1930.

Expenditure.

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Contribution towards Central Office expenses	..			6,750	0	0
2. Council Scholarships	..			5,445	0	0
3. Expenditure in other than Governors' Provinces—						
(a) North-West Frontier Province	1,765	9	0			
(b) Baluchistan	1,800	0	0	3,565	9	0
4. Grants-in-Aid in Governors' Provinces —						
(a) Bengal (Darjeeling)	1,654	5	0			
(b) United Provinces	4,000	0	0			
(c) Punjab	2,750	0	0			
(d) Central Provinces	5,140	0	0			
(e) Berar	1,500	0	0			
(f) Assam	4,000	0	0	19,044	5	0
5. Maintenance and depreciation charges on Irwin Lodge	..			1,723	15	0
6. Miscellaneous	..			215	13	0
7. Closing Balance —						
Investments as per detailed account	7,55,711	4	11			
Cash	7,279	9	5			
	7,62,990	14	4			
Less—						
Trust Funds 35,529 10 0						
Balance of Research Fund money 4,884 5 10	40,413	15	10	7,22,576	14	6
TOTAL	..			7,59,321	8	6

of Investments.

Items.	Amount (at cost price).			Total (at cost price).		
	Rs.	A.	P.	Rs.	A.	P.
1. Loan from Bhukailash Court of Wards realised (April and May)	..			17,000	0	0
2. Fixed Deposit realised on maturity (January)	..			11,000	0	0
				28,000	0	0
Closing Balance as per enclosed statement	..			7,55,711	4	11
TOTAL	..			7,83,711	4	11

G. KAULA,
Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

CAWNPORE ;

Chartered Accountants,

5th March 1931.

Auditors.

ANNEXURE III.

Statement of Investments of the Countess of Dufferin's Fund on
31st December 1930.

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% Government of India Loan, 1865 Rs. 25,000			
2. 3½% Government of India Loan, 1900-01 Rs. 30,000			
	55,000 0 0	53,194 10 8	34,890 10 0
3. 5% Government of India Loan, 1939-44 .	3,17,000 0 0	3,05,905 0 0	2,96,395 0 0
4. 6½% Government of Bombay Trust Funds Rs. 20,600			
5. 6½% Government of Bombay Loan Rs. 50,000			
	70,600 0 0	70,719 0 4	73,953 8 0
6. 5% Government of India Loan, 1939-44 .	64,100 0 0	61,856 8 0	59,933 8 0
7. 5% Government of India Loan, 1945-55 .	1,39,700 0 0	1,43,532 1 4	1,40,485 13 0
8. 4½% Loan, 1955-60	13,000 0 0	12,220 0 0	10,814 6 0
9. 4½% Bonds, 1934	17,600 0 0	16,905 0 7	16,720 0 0
10. Imperial Bank of India (Madras Bank Shares):—			
22 fully paid up shares of Rs. 500 each Rs. 11,000			
44 shares paid Rs. 125 each Rs. 5,500			
	16,500 0 0	16,500 0 0	39,776 0 0
	6,93,500 0 0	6,80,832 4 11	6,72,968 13 0
11. Sterling Investments (Tulloch Bequest) —			
India 4½% Stock 1950-55 £ 1,390 18 2			
Funding Loan 4% . £ 100 0 0			
£ 1,490 18 2 @ 1/6	19,879 0 0	19,879 0 0	..
12. Fixed Deposit	10,000 0 0	10,000 0 0	..
13. Purchase price of Irwin Lodge	45,000 0 0	45,000 0 0	..
TOTAL .	7,68,379 0 0	7,55,711 4 11	..

G. KAULA,

Acting Honorary Treasurer.

Statement of the Balances of Trust Funds.

Trusts.	Opening Balance.	Interest received.	Total.	Expenditure.	Balance.
	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. Henry Fawcett .	11,493 11 11	365 0 0	11,858 11 11	720 0 0	11,138 11 11
2. Sir Dinshaw Maneckji Petit.	8,271 6 8	365 0 0	8,636 6 8	360 0 0	8,276 6 8
3. Sir John Muir .	13,679 12 3	609 0 0	14,288 12 3	600 0 0	13,688 12 3
4. Gilchrist Trust .	2,575 3 8	2,010 7 6*	4,585 11 2	2,160 0 0	2,425 11 2
TOTAL .	36,020 2 6	3,349 7 6	39,369 10 0	3,840 0 0	35,529 10 0

* This is grant from the Gilchrist Educational Trust and not interest.

Statement of the Transactions of the Research Fund, 1930.

No.	Items.	Receipts, 1930.	No.	Items.	Expenditure, 1930.
		Rs. A. P.			Rs. A. P.
1	Opening Balance on 1st January 1930.	11,046 12 11	1	Pay . . .	3,468 5 0
2	Interest on Fixed Deposit	97 0 6	2	Travelling Allowance .	1,628 6 9
			3	Printing (Dr. Thomson's report on Research work).	590 3 10
			4	Conveyance Allowance	464 5 0
			5	Contingencies . . .	108 3 0
					6,259 7 7
				Closing Balance .	4,884 5 10
	TOTAL .	11,143 13 5		TOTAL .	11,143 13 5

G. KAULA,
Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,
Chartered Accountants,
Auditors.

CAWNPORE,
5th March 1931.
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**Statement of account of the Countess of Dufferin's Fund,
Depreciation Account for the years 1928-1930.**

Income. **Expenditure.**

Items.	Amount.	Items.	Amount.
	Rs. A. P.		Rs. A. P.
Amount of Depreciation on Building and Furniture of the Irwin Lodge received from the Countess of Dufferin's Fund :—		Cost of purchase of Post Office 5-year cash certificates in 1929 and 1930 of the face value of Rs. 830 and Rs. 820 respectively	1,299 8 0
1928 . Rs. 670 0 0		Placed in Post Office Savings Bank	6 13 0
1929 . 636 5 0			1,306 5 0
1930 . 670 0 0	1,976 5 0	Closing Balance .	670 0 0
			1,976 5 0
TOTAL .	1,976 5 0	TOTAL .	1,976 5 0

G. KAULA,

Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

Chartered Accountants,

Auditors.

CAWNPORE,

5th March 1931.

ANNEXURE IV.

ANNEXURE IV.

WOMEN'S MEDICAL SERVICE.

The chief source of income of this Fund is a fixed annual contribution from the Government of India of Rs. 3,70,000. In the year under report, certain grants have also been received from Provincial Governments. The Government of the Central Provinces has paid Rs. 14,400 and has promised a similar amount to be paid next year. The Government of Bihar and Orissa has contributed Rs. 4,900 and will continue this contribution till 1932. A non-recurring grant of Rs. 13,500 has also been received from the Government of the United Provinces towards the cost of officers employed in that Province. Another important source of income is the interest on the Fund's investments of which the more or less permanent investments amounted to over Rs. 6,07,000 on 1st January 1930. Minor receipts include the contributions from Provincial Governments towards the provident fund of officers of the Women's Medical Service lent to them as also the contributions towards leave allowances and furlough recoverable from the bodies employing officers of the Junior Women's Medical Service. Finally, the amount of interest earned by the provident fund, the account of which is maintained separately, in excess of the 4% that is guaranteed by the fund to its members, is paid into the Women's Medical Service account which *per contra* is responsible for making good from its revenues any deficiency that may at any time occur in the interest realised as compared with the guaranteed interest.

Apart from the contribution it has to make towards the Central Office expenses, this fund has to meet the cost of the Women's Medical Service, of the Junior Branch of that Service and of the Training Reserve, this cost including contribution to the provident fund and the cost of free passages as admissible. The total cost of the services during 1930 amounted to over Rs. 4,00,000 or Rs. 30,000 more than the contribution from the Government of India. The Women's Medical Service is in effect a subsidised Government Service.

During the year, in accordance with established practice, a sum of Rs. 2,95,000 was invested temporarily in 4½% Loan 1934 out of which securities to the value of Rs. 67,000 were realised along with an earlier fixed deposit of Rs. 1,75,000.

Omitting investments realised and fresh investments made during the year, the income amounted to Rs. 15,400 more than anticipated and the expenditure to Rs. 25,400 more than the budget provision.

The major portion of the increase in receipts was due to the non-recurring grant of Rs. 13,500 from the Government of the United Provinces while over Rs. 2,000 were recovered from officers of the Women's Medical Service in adjustment of pay and leave salaries paid to them in 1929.

The main cause of the increase of about Rs. 25,500 in the expenditure of the year was that a larger number of officers went on leave than was expected, with the result that there was an excess of over Rs. 17,000 under leave allowances and about Rs. 2,000 under Passages. The expenses of the United Kingdom Committee were over Rs. 4,000 more than estimated due to the recruitment from England of three officers for the Women's Medical Service.

During the year, the securities have depreciated to the extent of Rs. 80,000 on cost price, the depreciation being mainly in respect of $3\frac{1}{2}\%$ Government Securities.

G. KAULA,

Acting Honorary Treasurer.

ANNEX

Income.

Annual Account of the Women's

Items.	Amount.	Total.
	Rs. A. P.	Rs. A. P.
1. Balance on 1st January 1930—		
Investments	6,07,160 0 0	
Cash	56,490 3 4	
	6,63,650 3 4	
Due from Provident Fund on account of excess of interest realised over the interest due to members	4,824 9 6	6,68,474 12 10
2. Interest on Investments . . . . .	....	29,342 15 9
3. Contributions—		
(a) From the Government of India	3,70,000 0 0	
(b) From the Government of Bihar and Orissa	4,900 0 0	
(c) From the Government of the United Provinces	13,500 0 0	
(d) From the Government of the Central Provinces	14,400 0 0	4,02,800 0 0
4. Recovery of Provident Fund contributions from the Governments of—		
(a) Bengal	900 0 0	
(b) Madras	2,971 5 0	
(c) United Provinces	986 13 0	4,858 2 0
5. Contribution towards leave allowances and furlough recoverable from bodies employing J. W. M. S. doctors . . . . .	....	1,111 4 0
6. Miscellaneous—		
(a) Recovery of leave allowances from Drs. Mohammad Ali and M. E. Franklin paid in 1929	998 1 0	
(b) Recovery of leave allowances from the Bengal Government on account of Dr. Flett	1,450 0 0	
(c) Recovery of the cost of passage paid to Mrs. Biggar (nee Maclean) in 1929	1,286 15 0	
(d) Other items	172 12 0	3,907 12 0
7. By adjustment of the excess of interest realised by the Provident Fund over the interest due to members . . . . .	....	5,340 9 0
TOTAL . . . . .	....	11,15,835 7 7

URE IV.

Medical Service for the year 1930.

Expenditure.

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Contribution towards Central Office expenses . . . . .	....			18,000	0	0
2. Pay and Allowances (Senior Branch)—						
(a) Pay	2,39,533	11	0			
(b) Leave Allowances	68,184	12	0			
(c) Duty Allowances	1,450	0	0			
(d) Travelling Allowances	5,732	1	3			
(e) House Allowance	727	12	0	3,15,628	4	3
3. United Kingdom Committee expenses . . . . .	....			7,571	13	2
4. Training Reserve (Women's Medical Service)—						
(a) Pay	12,097	6	0			
(b) Leave Allowances	1,373	14	0			
(c) Travelling Allowances	4,168	7	6	17,639	11	6
5. Junior Women's Medical Service—						
(a) Personal Allowances	4,665	2	0			
(b) Leave Allowances	611	15	0			
(c) Travelling Allowances	162	12	0	5,439	13	0
6. Contribution to the Provident Fund—						
(a) Senior Service	37,340	9	0			
(b) Junior Service	942	15	0	38,283	8	0
7. Cost of free passages . . . . .	....			13,660	5	0
8. Miscellaneous—						
(a) Expenses of the delegates to the Bangkok Congress	2,264	2	6			
(b) Income-tax on interest on investments	864	4	0			
(c) Unremitted income-tax for 1929	746	5	0			
(d) Other items	338	15	0	4,213	10	6
9. Closing Balance—						
(a) Investments as per detailed account	6,60,557	11	4			
(b) Cash	29,500	1	10			
				6,90,057	13	2
Due from Provident Fund on account of excess of interest realised over the interest due to members	5,340	9	0	6,95,398	6	2
TOTAL . . . . .	....			11,15,835	7	7

G. KAULA,

Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

*Chartered Accountants,**Auditors.*

CAWNPORE,

5th March 1931.

Annual Account

Items.	Amount (at cost price).	Total (at cost price).
	Rs. A. P.	Rs. A. P.
1. Opening Balance on 1st January 1930—		
Investments	4,32,160 0 0	....
Fixed Deposit	1,75,000 0 0	6,07,160 0 0
2. Investment in $4\frac{1}{2}$ per cent. Loan 1934 for Rs. 3,05,900 (March, June and July) . . . . .	....	2,95,319 13 10
3. Investment in Fixed Deposit (May) . . . . .	....	85,000 0 0
TOTAL . . . . .	....	9,87,479 13 10

of Investments.

Items.	Amount (at cost price).	Total (at cost price).
	Rs. A. P.	Rs. A. P.
1. Fixed Deposit realised on maturity (January) . . . . .	....	1,75,000 0 0
2. Fixed Deposit realised on maturity (September) . . . . .	....	85,000 0 0
3. $4\frac{1}{2}$ per cent. Loan for Rs. 70,000 realised (November) . . . . .	....	66,922 2 6
		3,26,922 2 6
Closing balance as per enclosed statement. . . . .	....	6,60,557 11 4
TOTAL . . . . .	....	9,87,479 13 10

G. KAULA,

Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

*Chartered Accountants,**Auditors.*

CAWNPORE,

5th March 1931.

ANNEXURE V.

Statement of Investments of the Women's Medical Service on
31st December 1930.

Assets.	Face value.			Cost.			Market value.		
	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.
1. 3½ per cent. Government of India Loan 1865 .	2,00,000	0	0	1,89,574	3	9	1,26,875	0	0
2. 4 per cent. Calcutta Municipal Debentures .	57,000	0	0	54,221	7	4	52,868	12	0
3. 4½ per cent. Loan 1955-60	8,000	0	0	7,170	0	0	6,655	0	0
4. 5 per cent. Government of India Loan 1939-44 .	59,600	0	0	57,514	0	0	55,726	0	0
5. 5 per cent. Government of India Loan 1945-55 .	1,13,500	0	0	1,23,680	4	11	1,14,138	7	0
6. 4½ per cent. Loan 1934	2,35,900	0	0	2,28,397	11	4	2,24,105	0	0
TOTAL	6,74,000	0	0	6,60,557	11	4	5,80,368	3	0

G. KAULA,

Acting Honorary Treasurer.

ANNEXURE VI.

ANNEX

Statement of Provident Fund Account of the Women's Medical League,

No.	Items.	Amount.	Total.
		Rs. A. P.	Rs. A. P.
1	Opening Balance —		
	Investments	5,28,617 0 2	
	Cash	22,543 2 5	
		5,51,160 2 7	
	Due to Women's Medical Service on account of excess of interest realised over the interest due to members .	4,824 9 6	5,46,335 9 1
2	Subscription from Members . . . . .	....	39,147 14 0
3	Repayment of advances . . . . .	....	2,098 0 0
4	Council Contribution . . . . .	....	39,147 14 0
5	Interest . . . . .	....	22,872 7 0
	TOTAL .	....	6,49,601 12 1

Investment Account,

No.	Items.	Amount (at cost price).	Total (at cost price).
		Rs. A. P.	Rs. A. P.
1	Opening Balance . . . . .	....	5,28,617 0 2
2	Investment in 4½% Loan 1934 for Rs. 57,900 . . .	....	55,970 4 7
	TOTAL .	....	5,84,587 4 9

URE VI.

cal Service, Central Office and the Lady Chelmsford All-India
1930. Expenditure.

No.	Items.	Amount.	Total.
		Rs. A. P.	Rs. A. P.
1	Advances . . . . .	....	3,138 0 0
2	Final Payments . . . . .	....	42,800 2 4
3	Miscellaneous . . . . .	....	135 5 0
4	Investments as per detailed account	5,84,587 4 9	
	Cash	24,281 9 0	
		6,08,868 13 9	
	Due to Women's Medical Service on account of excess of interest realised over the interest due to members .	5,340 9 0	6,03,528 4 9
	TOTAL .	....	6,49,601 12 1

1930.

No.	Items.	Amount (at cost price).	Total (at cost price).
		Rs. A. P.	Rs. A. P.
..	Closing Balance as per enclosed statement . . . . .	....	5,84,587 4 9
	TOTAL .	....	5,84,587 4 9

G. KAULA,

Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

*Chartered Accountants,**Auditors.*

CAWNPORE,

5th March 1931.

Statement of Investments of the Women's Medical Service Provident Fund Account as on 31st December 1930.

Assets.	Face Value.		Cost.		Market Value.	
	Rs.	A. P.	Rs.	A. P.	Rs.	A. P.
1. 5% Government of India Loan 1945-55	5,25,200	0 0	5,28,617	0 2	5,28,154	4 0
2. 4½% Loan 1934	57,900	0 0	55,970	4 7	55,005	0 0
TOTAL	5,83,100	0 0	5,84,587	4 9	5,83,159	4 0

G. KAULA,

Acting Honorary Treasurer.

ANNEXURE VII.

ANNEX

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W.M.S., or W.M.S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
SIMLA.										
Lady Reading Hospital for Women and Children, private institution aided by Govt. of India Municipality and Punjab Government.	100	2	One Junior W.M.S. One Training Reserve for part of year.	..	..	1 Nursing Supdt., 3 Sisters.	8	..	20	..
DELHI.										
Lady Hardinge College Hospital supported by Government of India with grants from Provincial Governments.	220	6	1	7	..	8	18	..	50	1 in cold weather only.
Victoria Zenana Hospital, private aided.	75 12 Cots.	1	..	2	1	3	6	..	15	..
BALUCHISTAN.										
Lady Dufferin Hospital, Fort Sandeman.	8	..	..	..	1	..	1 mid-wife.	1	..	..
Lady Sandeman Dufferin Hospital.	24	1	..	1	..	..	3 and 1 compounder.	..	2	..
NORTH-WEST FRONTIER PROVINCE.										
Dera Ismail Khan Municipal Zenana Hospital.	28	1	..	..	1	1	1	..	3	..
MADRAS.										
Government Victoria Caste and Gosha Hospital, Triplicane, Madras.	87	1	..	3	5	1	2	5	8 Pupil Nurses, 10 Indian Pupil mid-wives.	7 2 Pupil mid-wives.
UNITED PROVINCES.										
Agra Women's Medical School, supported by U. P. Govt.	132	2	2	2	7	2	..	3	..	14
MADRAS.										
Victoria Hospital for Women and Childrer, Vizagapatam.	87	1	..	2	4	1	2	5	9 and 17 mid-wives.	62 & 2 mid-wives.

A.—HOSPITALS IN AREAS DIRECTLY

B.—HOSPITALS IN GOVERNORS' PROVINCES UNDER

C.—HOSPITALS IN GOVERNORS' PROVINCES UNDER

URE VIII.

of the Women's Medical Service, 1930.

WORK DONE IN HOSPITAL.											REMARKS.	
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.				
			In-door.	Out-door.	Abortions.	Normal labour.	Abnormal labour.	Abdominal Sections.	Under General or Spinal Anæsthesia.	Total.		
12	13	14	15	16	17	18	19	20	21	22	23	
UNDER THE GOVERNMENT OF INDIA.												
1,247	4,565	24,656	159	1,243 (New)	25	95	41	83	332	939		
3,431	14,351	39,288	1,920	4,051	80	268	158	175	1,130	1,416	The officers of the W. M. S. are only part-time workers in the hospital.	
2,319	20,081	50,929	507	3,869	67	333	165	108	492	676		
156	11,317	12,235	40	659	Nil	31	1	2	33	35		
367	10,312	44,392	72	1,804	11	32	17	..	52	..	Sweeper .. 1 Chowkidar .. 1	
764	9,614	25,781	167	3,000	18	176	18	9	189	256		
THE CONTROL OF THE LOCAL GOVERNMENTS.												
3,952	18,412	43,998	685	4,871	177	1,320	218	119	735	854		
3,242	16,000	32,977	371	4,518	161	812	137	146	1,069	1,069		
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS.												
4,206	24,479	62,650	815	5,340	169	1,571	205	94	839	933		

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W. M. S., or W. M. S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
C.—HOSPITALS IN GOVERNORS' PROVINCES UNDER										
BOMBAY.										
Lady Dufferin Hospital, Karachi, has Government and Municipal Grants but is largely run on private donations.	90	1	..	1	1	1 Matron 3 Sisters.	3	..	10	3
Dufferin Hospital, Shikarpur	70	1	..	1	1	1	7	6	1	..
S. M. V. Hospital for Women and Children, Surat.	32	1	1	..	..	1 Matron	2	..	6	..
BENGAL.										
Dufferin Victoria Hospital, Calcutta.	122	1	1	1	1	1 Matron 2 Sisters. 1 Other.	4	..	24	11 Pupil mid-wives.
UNITED PROVINCES.										
Dufferin Hospital, Allahabad	44	1	..	1	..	1	3	1	8	..
Ishwari Memorial Hospital, Benares.	59	1	..	1	1	1 Matron 2 Sisters.	..	..	7 mid-wives.	..
Dufferin Hospital, Cawnpore	48	1	..	1	..	1 Matron	2 Nurses 5 Dals.	..	4	..
Dufferin Hospital, Lucknow	50	1	..	1	..	1 Matron	..	4	2	..
PUNJAB.										
Lady Alchison Hospital, Lahore.	100	1	1 J.W.M.S. 1 Training Reserve.	2	..	2 Sisters 1 Matron	8	..	12	2
Women's Department of Civil Hospital, Rawalpindi Municipality.	16	..	1 W.M.S. (Junior).	..	..	..	2 Nurse Dals.	..	..	..
BIHAR AND ORISSA.										
Raj Dufferin Hospital, Bettiah.	70	1	..	..	1	2	2	..	15	..
Lady Elgin Zenana Hospital, Gaya.	70	1	1	..	..	1 Indian Matron.	3	..	8	..

of the Women's Medical Service, 1930—contd.

WORK DONE IN HOSPITAL.											REMARKS.	
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.				
			In-door.	Out-door.	Abortions.	Normal labour.	Abnormal labour.	Abdominal Sections.	Under General or Spinal Anæsthesia.	Total.		
12	13	14	15	16	17	18	19	20	21	22	23	
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS—contd.												
2,406	6,063	14,124	475	1,780	77	690	80	101	711	812	Half the Hospital was closed for two months for cleaning and repairs.	
1,406	9,142	23,650	333	2,886	85	364	45	3	237	240		
969	7,827	62,126	296	2,558	22	219 and 16 City.	46 and 10 City.	..	55	55		
2,711	7,235	40,505	946	4,401	142	499	116	119	947	1,250	10 Caesarian section included with Abdominal Labour. The number of beds has been increased by adding Verandah beds.	
956	5,329	16,927	197	1,532	22	146	113	53	390	741		
990	11,524	32,706	394	5,009	22	153	90	64	349	645		
1,146	11,751	29,995	311	3,633	53	109	78	27	340	655		
1,124	5,927	27,789	141	1,675	45	194	96	25	227	387		
2,142	8,164	23,456	620	4,522	160	165	88	97	763	860	78 operation cases without General Anæsthesia.	
821	9,753	23,940	219	2,748	16	50	20	11	189	278		
2,503	31,651	57,468	346	1,041	6	168	96	28	416	912		
1,042	7,912	31,088	436	1,565	21	64	31	56 and 6 Caesarian sections.	510	845		
											416 operations without Chloroform.	

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W. M.S., or W.M.S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
CENTRAL PROVINCES AND BERAR.							C.--HOSPITALS IN GOVERNORS' PROVINCES UNDER			
Lady Elgin Hospital, Jubulpore, with which is incorporated the Crump Children's Dispensary, owned by Government.	40	1	..	..	1	1	3	..	9	..
	..	..	..	..	1	..	1	..	..	..
Daga Memorial Hospital, Nagpur.	60	1	..	1	1	1	5	..	24	..
Women's Hospital, Chhindwara.	20	1	..	..	1	1	1	..	4	..
Lady Hardinge Hospital, Akola.	35	1	1	..	..	1	4 Nurses 1 Compounder.	..	6 Nurses 1 Compounder.	..
Dufferin Hospital, Amraoti .	23	1	..	1	..	1	4	..	6	..
Sai Bai Mote Female Hospital Shegaon, Local Fund.	21	1 J.W.M.S.	..	1 J.W.M.S.	1	..	7	..	..	..

of the Women's Medical Service, 1930—concl'd.

WORK DONE IN HOSPITAL.											REMARKS.	
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.				
			In-door.	Out-door.	Abor-tions.	Normal labour.	Abnor-mal labour.	Abdo-minal Sections.	Under General or Spinal Anæsthesia.	Total		
12	13	14	15	16	17	18	19	20	21	22	23	
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS—concl'd.												
755	3,853	10,841	147	923	15	56	16	7	143	328		
Nil	5,499	16,122	..	..	..	..	..	..	5	122		
1,622	12,273	52,849	446	1,528	27	233	42	45	470	788		
565	3,145	17,442	58	428	12	26	12	7	110	246		
925	3,424	14,189	165	752	26	145	35	9	117	458	Includes 62 Intra-venous injections.	
1,185	7,979	34,589	282	5	39	195	53	12	No note kept.	636		
735	9,434	49,335	237	911	13	114	18	4	196	442		

ANNEXURE IX.

INDIAN STATES.

Details regarding Hospitals for Women for the calendar year 1930.

Name and Location of Hospital.	Name of Medical Woman-in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
1. HYDERABAD STATE.						
1. Victoria Zenana Hospital, Hyderabad.	Dr. Miss K. S. Kanga, L.R.C.P. & S. (Edin.)	H. E. H. The Nizam's Government.	100 & 20 set emergencies.	3,677	22,006	44,946
2. Allabad Dispensary, Hyderabad .	J. D. Singh, L.M. & S.	Do. .	..	..	10,723	..
3. Doodbowli do. do. .	Mrs. P. Partridge .	Do. .	..	..	7,816	18,759
4. Police do. do. .	Mrs. Rathnan .	Do. .	3	21	5,832	19,055
5. Suburban do. do. .	Miss T. P. Soloma, L.M. & S.	Do. .	5	8	11,847	34,335
6. Gulburga Dispensary . . .	D. S. Butt, L.M. & S.	Do. .	4	63	5,189	11,007
7. Civil Hospital, Mahbubnagar .	Miss Taylor, L.M.B.	Do. .	3	29	6,703	11,789
8. Do. Nalgondah . . .	Mrs. I. Phatak .	Do. .	2	17	3,636	9,174
9. Do. Bidar . . .	Mrs. N. Appalswamy	Do. .	3	19	3,397	7,853
10. Do. Nizamabad . . .	Miss Manj Fonseca, L.M. & S., L.C.P. & S. (Bom.)	Do. .	12	61	8,785	Nil
11. Do. Karimnagar . . .	Miss C. Madhavi, L.C.P. & S. (Bom.)	Do. .	2	..	..	..
12. Nander Dispensary . . .	Miss B. D'Senga .	Do. .	2	..	..	..
13. Parbhani Dispensary . . .	Miss I. O. Dias .	Do. .	9	..	..	..
14. Jalna Dispensary . . .	Mrs. A. C. Ganapati, L.M. & S.	Do. .	4	58	4,510	11,891
15. Osmania Hospital, Hyderabad .	Mrs. Olive Watts .	Do. .	60	733	19,033	35,210
16. Chaderghat	Miss Ephram .	Do. .	6	20	10,407	29,817
17. Civil Dispensary, Aurangabad .	Miss J. C. Dias, L.M. & S.	Do. .	9	77	5,480	14,623
18. Do. Bud . . .	N. Ldakshmi Narsama	Do. .	2	3	1,599	3,794
19. Do. Parbhani . . .	D. G. Clarke .	Do. .	9	55	3,803	9,699
20. Do. Raichur . . .	Shambhar . . .	Do. .	6	36	5,427	13,977
21. Do. Osmanabad . . .	Mrs. Charles . . .	Do. .	3	19	3,397	7,853
22. Do. Sangareddi . . .	M. Chandra Mathi-devi, L.M.B.	Do. .	3	7	6,521	14,273
23. Do. Warengal . . .	Mrs. Chandarkar .	Do. .	4	75	3,437	8,889
24. Do. Adilabad . . .	Mrs. A. Ganapathi and Mrs. L. N. Reddy.	Do. .	2	9	1,197	2,754

Details regarding Hospitals for Women for the calendar year 1930 —contd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients old and new.
2. MYSORE STATE.						
1. Victoria Hospital, Female Department, Bangalore.	Dr. Ratnamma Isaac, M.R.C.S., L.R.C.P.	State Funds	60	1,829	28,825	72,464
2. Maternity Hospital for Women and Children, Bangalore.	Miss M. C. Albuquerque, M.R.C.S., L.R.C.P., L.M.	Do. . .	64	2,939	20,950	77,217
3. St. Martha's Hospital, Bangalore .	Sister M. Martha and Sister M. Aloysius.	Government Local Boards and Public contribution.	100	2,902	33,842	22,508
4. Female Dispensary, Channapatna	Mrs. Dhalvani .	Government, District and Municipal Funds.	4	77	20,360	42,734
5. Sri Krishnarajendra Hospital, Mysore.	Mrs. M. Madhura Bai Uchgavkar, L.M.S.	Government .	80	1,869	22,987	71,348
6. Vani Vilas Hospital, Mysore. .	Miss K. S. Captain, M.D., B.S.	Government and District Boards.	42	1,276	11,121	33,729
7. Female Dispensary, Nanjangud .	Miss P. K. Bellappa	Government, District and Municipal Board.	2	9	12,505	24,191
8. Female Dispensary, Hunsur .	P. S. Paulus .	Government, and Municipal and District Board.	2	23	9,142	22,800
9. Maternity Hospital, Robertsonpet, K.G.F.	Mrs. Periton, M.D. .	State and Sanitary Board Funds.	36	1,303	26,363	49,904
10. Female Department, District Hospital, Kolar.	Mrs. E. Patton .	Government and Local Boards.		167	19,805	38,772
11. Female Dispensary, Chikballapur .	Miss M. Joaquim .	Do. . .	5	47	11,301	28,229
12. Female Dispensary, Chintamani .	Miss M. C. Williams	Do. . .	2	22	11,854	20,880
13. Female Department, District Hospital, Tumkur.	Miss K. A. Appiah .	Do. . .	12	191	14,746	38,026
14a. Maternity Hospital, Tiptur .	Miss G. M. Droog .	Do. . .	8	32	1,839	3,717
14. Maternity Hospital, Hassan .	Mr. Sitharama Rao (Temporary) pending the arrival of Miss K. S. Khopkar, M.B., B.S.	Government and Municipal Funds.	11	208	11,175	20,878
15. Maternity Hospital, Saklespur .	Mrs. N. Calebs .	Government, Municipal and District Boards.	8	150	7,680	13,637
16. Narasimha Maternity Hospital, Holenarsipur.	Miss M. G. Harmat-tekar, M.B., B.S.	Do. . .	18	202	15,156	40,410
17. Redfern Memorial Hospital, Hassan	Mrs. A. G. Gillespie, M.B.C.L.	Wesleyan Missionary Society.	31	665	2,504	5,157
18. Settihalli Dispensary, Hassan .	Sister Geneviene .	R. G. Mission and Government Grant.	..	..	11,044	11,064
19. Female Department, District Hospital, Shimoga.	Miss K. S. Khopkar	Government, Municipal and District Funds.	12	427	11,958	26,603

Details regarding Hospitals for Women for the calendar year 1930 —contd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients old and new.
2. MYSORE STATE—contd.						
20. Female Dispensary, Sagar . . .	Miss E. Devavaram.	Government, Municipal and District Funds.	4	15	9,333	19,890
20a. Maternity Hospital, Thirthahalli.	Mrs. B. S. Nagamma	Do. . .	4	19	..	..
21. Female Department, District Hospital, Chikmagalur.	Miss J. Lobo . . .	Government, District and Municipal Funds.	14	286	15,282	32,132
22. Female Dispensary, Mudigere . .	Miss Evelyn Dass . .	Do. . .	2	13	7,224	12,580
23. Female Dispensary, Tarikere . .	Miss M. S. Gnanamuthu.	Do. . .	4	26	8,813	20,565
24. Female Department and Maternity Hospital, Chitaldrug.	Mrs. A. Watts. . .	Mysore Government and Local Boards.	6	86	14,356	36,880
25. Female Department and Maternity Hospital, Davanagere.	Miss A. G. Smith . .	Do. . .	24	122	7,211	20,864
3. CENTRAL INDIA STATES.						
Bhopal—						
Lady Lansdowne Hospital . . .	Miss M. A. Stowe, M.B., Ch.B. (Glasgow).	Bhopal Govt. . .	56	1,036	8,252	29,735
Asifa Female Dispensary . . .	Mrs. Bismilla Khanam, Sub-Assistant Surgeon.	H. H. The Nawab Sultan Jahan Begum Sahiba, C.I., G.C.S.I., G.C.I.E., C.B.E.	..	..	..	..
Rewa—						
Zenana	Miss B. D. Dube, L. M. (Dublin) A. M. A. (Wien).	Rewa State . .	8	115	5,738	21,033
4. RAJPUTANA STATES.						
Alwar—						
Lady Dufferin	Dr. Sugna Bai . .	State	60	184	33,792	47,239
Bharatpur—						
Sri Dadaji Sahiba Daryal Kaur for Women.	Miss S. S. David, L.S. M.F.	Do.	24	301	6,676	21,443
Bikanir—						
Zenana	Mrs. N. Shiv Kanwar, M.B., B.S. (Bom.) D.R.C.P. (Ireland) L. M. Rotunda.	H. H. The Maharaja.	40	923	9,791	35,785
Beawar—						
Female Hospital	Miss Houlton, S.A.S.	Municipality and District Board.	15	121	6,978	19,751
Jaipur City						
Mayo	Dr. Prem Pyari . .	Jaipur Darbar .	39	1,699	30,821	95,37

Details regarding Hospitals for Women for the calendar year 1930 —contd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients old and new.
4. RAJPUTANA STATES—contd.						
Jesipur—Women's Mission Hospital	Beral, L.M.P., M.B. Mair, M. B. Ch. B.	Church of Scotland Mission.	23	346	5,882	12,596
Jodhpur—						
Jaswant Female	Mrs. Tarleton, M.R.C.S., L.R.C.P.	Marwar Darbar	50	989	13,747	39,477
Hudson Hospital	(1) Miss G. H. Lot, F. S. A. S. (2) Miss G. N. L. Maun, F.S.A.S.	Do.	35	759	341	5,248
Kishangarh—						
General	Vacant	State	6	16	2,491	6,181
Kotah—						
Victoria Hospital	Dr. G. K. Dhalrya Wan, M.B., B.S. (Bombay.)	H. H. The Maharao Sahib of Kotah.	27	193	13,236	25,183
Tonk—						
Walter Female	Dr. De Souza	Tonk Darbar	20	201	12,866	12,976
Udaipur—						
Walter Zenana	Mrs. M. Dadina, L.R.C.P.S. (Edin.), L.F.S.P. (Glasgow), Rotunda (Dublin), L.M. (Bombay). Miss A. S. Gore L. M. (Rotunda) D.T.M. (London).	H. H. The Ma- harana Sahib Bahadur of Udaipur.	12	86	1,627	4,558
Dholpur—						
Lady Hardinge	G. Rutherford, M.B. Ch. B.	Baptist Mission Society.	26	547	6,480	13,213
Nasirabad—						
Women's Cantonment Mission	Mrs. Tara Martin, L. C. P. & S.	United Fm. Church of Scot- land and Grant of 1,200 p. a. Mission Council.	25	473	9,178	21,872
Tilonia—						
Mary Wilson Sanatorium	C I Kipp, M.D.	American D. E. Mission.	100	144	976	5,532
Ajmer—						
Women's Mission	Dr. H. McMullen, Dr. M. G.	The Church of Scotland.	55	668	6,692	24,326
5. BARODA STATE.						
Baroda—						
State General Hospital	Miss K. N. Kulshe- rest, F.R.C.S. Mrs. K. Patel, M.B., B.S. Mrs. E. S. Aquino.	Baroda State	92	1,933	278	15,605
Jamnabai Dispensary (Maternity Home).	Mrs. Krishnarabai Patel, M.B., B.S., L. M. (Rotunda) D. G. O. (Dublin). M. R. C. P. (Glas.).	Do.	12	447	25,421	128,738
Patan—						
Dayanbhai Maternity	Dr. Bana, M.B., B.S.	Do.	18	387	8,524	51,062
Petlad Maternity Home	Mrs. Y. Marathe	Baroda Govern- ment.	16	..	..	..
Vsnagar Maternity Home	(i) Godubai H. Limaye. (ii) Dr. Tapidas, M.	Do.	6	..	..	..

Details regarding Hospitals for Women for the calendar year 1930 —contd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
6. KASHMIR STATE.						
Jammu—						
King Edward Memorial Zenana .	Dr. R. Gubbay, M.B., B.S.	Kashmir Darbar	10	365	13,234	24,486
Srinagar—						
Diamond Jubilee Zenana . .	Dr. E. Hartley, M.B., Ch.B., D.P.H. (Edin.).	Kashmir State	75	1,297	10,835	22,864
7. GWALIOR STATE.						
Janakganj—						
Female Dispensary . . .	Miss Shantabai Ghosali.	State .	..	..	13,569	36,098
Lashkar—						
J. A. for Women and Children and Female Out-door Dispensary.	Dr. G. Marchant .	Do. . .	80	1,708	23,433	75,791
	Dr. Vidyavate, L.M.	Do. . .	..	..	14,486	254
Ujjain—						
Civil for Women . . .	Miss P. P. Dalal, L.M. & S.	Do. . .	30	528	11,494	33,515
Shri Sakhya Raja Maternity Home	Mrs. Jankibai, Trained Midwife and Nurse.	Shri Sakhya Raja Maternity Home Trust.				
8. MADRAS STATES.						
Cochin . . . . .	....	....	..	..	..	..
Mattancherri—						
Women's	Mrs. M. E. Kohlhoff, L.M. (Dub.).	Cochin Government.	65	1,765	23,909	42,057
Trichur—						
Maternity	Miss G. M. D'Souza, M.R.C.S. (Eng.), L.R.C.P. (Lond.).	Do. .	80	1,999	34,573	51,532
Ernakulam—						
General	Dr. T. Kalliani Pappu. Mrs. U. Madhavi Amma. Mrs. C. V. Sankarambal.	Do. .	109	1,809	30,429	65,233
Travancore—						
Alleppey—						
District Alleppey . . .	Miss S. Varghese, M.B., B.S.	Travancore Government.	32	1,076	26,368	58,400
Kottayam—						
District	Mrs. C. Jacob (Apothecary).	Do. .	18	690	29,443	66,999
Quilon—						
Victoria Jubilee . . .	Miss A. T. Martin, L.M. & S.	Do. .	42	3,038	54,521	95,358
Trivandrum—						
Women's and Children's . .	Dr. Mrs. Poonen Lukose, B.A., M.B., B.S. (Lond.), L.M. (Rotunda).	Do. .	105	4,106	40,214	91,606
Nagercoil—						
District Hospital . . .	Mrs. Thai Yesudian	Do. .	20	294	21,612	39,330
H. H. The Rani's Hospital, Pudukkottai.	Miss B. Kamalambal, M.B., B.S.	Pudukkottai State.	40	717	17,056	51,258

Details regarding Hospitals for Women for the calendar year 1930
—contd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
9. WESTERN INDIA STATES						
AGENCY:						
Bhavnagar—						
Sri Gopnathji Maternity .	Miss M. DeSouza, L. M. & S.	State . .	12	350	..	..
Dhrangadra—						
Sri Prankunverba Zenana . .	Miss D. Davids .	Do. .	30	146	4,380	22,998
Junagadh—						
Coronation Memorial Zenana .	Miss Ruth Devaji, L.M. & S.	Do. . .	36	607	15,759	104,607
Porbandar—						
Hancock Memorial for Women .	Miss Kashibai Nadkarni.	Do. .	27	243	5,227	26,211
Rajkot—						
Rasulkhanji Zenana	Dr. Maltibai Pundit-Kathiawar, M.R.C.S. (Eng.), L.R.C.P. (Lond.).	State General Fund.	20	590	4,427	11,610
Gondal—						
Shri Nankudverba Zenana Hospital, Dhoraji.	Miss B. D. Paradkar, M.B., B.S.	By Public and Private Charity Funds.	6	17	3,871	22,187
Palanpur—						
Female Hospital	Dr. D'Silva, M.B., B.S.	Public Funds .	12	1	3,891	21,491
Radhanpur—						
Diamond Jubilee Female . .	Vacant . .	State . .	4	4	3,095	13,768
10. UNITED PROVINCES STATES.						
Rampur—						
Zenana	Miss Ghose, L.M.S. .	By H. H. the Nawab of Rampur.	20	384	5,812	11,452
11. PUNJAB STATES.						
Bahawalpur—						
Jubilee Female	1. Miss M. Aquino, M.B., B.S., from Jan. to May 1930. 2. Mrs. Hamida Begum from 15th May to 31st Dec.	H. H. The Nawab of Bahawalpur.	22	6,178	7,202	28,046
Jind—						
Victoria Female, Sangrur . .	Mrs. R. Courtenay, L.M.S.	Jind Durbar .	8	1,757	11,634	30,360
Kapurthala—						
Victoria Jubilee	Dr. G. M. Friend Pereira, M.D.	Kapurthala Darbar.	30	592	24,572	45,106

Details regarding Hospitals for Women for the calendar year 1930
—concl.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom appointed.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
11. PUNJAB STATES—contd.						
Nahan—						
Shamsher Zenana	Mrs. A. M. K. Chowdhury, M.B., B.S., L.M.	H. H. the Maharaja of Sermoor.	19	93	6,371	17,674
Patiala—						
Lady Dufferin	Dr. Freany Cama, L.R.C.P. & S. (Edin.).	H. H. The Maharaja Sahib of Patiala.	30	5,552	7,157	15,293
Hendley Female Dispensary	Mrs. L. Stanley, L.M.P.	Do.	..	6,759	15,650	..
Zenana Hospital, Bassi	Mrs. L. Massick	Do.	4	..	296	620
Female Dispensary, Bhatinda	Mrs. V. Abraham	Do.	..	..	2,059	3,406
Female Hospital, Sunam	Miss J. B. Gabriel	Do.	2	34	5,580	10,785
Women's Hospital, Narnaul	Mrs. M. Dean	Do.	..	..	6,311	6,311

ANNEXURE X.

LIST OF SANCTIONED POSTS.

WOMEN'S MEDICAL SERVICE (SENIOR BRANCH).

APPOINTMENTS IN AREAS DIRECTLY UNDER THE GOVERNMENT OF INDIA.

I.—Administrative.

1. Chief Medical Officer, Women's Medical Service, Secretary of the Funds, Miss A. C. Scott, M.B. (London).
2. Personal Assistant to the Chief Medical Officer, Mrs. R. Young, M.B.E., M.B., ch.B. (St. Andrews), B.Sc., W.M.S.

II.—Simla.

3. Medical Superintendent, Lady Reading Hospital, Miss H. M. Franklin, M.B., B.S. (London), till October 6th, 1930, Miss N. Proctor Sims, M.R.C.S., L.R.C.P. (London), offg. from October 7th, 1930.
4. Resident Medical Officer, Lady Reading Hospital, Miss N. Proctor Sims, M.R.C.S., L.R.C.P. (London), from March 27th, 1929.

III.—Delhi.

5. Principal and Professor of Obstetrics and Gynæcology, Mrs. M. O'Brien Beadon, M.B., B.S. (London), L.S.A. from 18th June 1930. *Staff of the Lady Hardinge College.*
6. Professor of Surgery, Miss Hamilton Browne, M.B., ch.M. (Sydney).
7. Professor of Anatomy, Miss K. McDermott, M.B., B.S. (Punjab), from 2nd June 1930.
8. Professor of Medicine, Miss N. Trouton, M.B., B.S. (Lond.), D.T.M. (Calcutta).
9. Professor of Pathology, Miss L. Chatterji, M.B., ch.B. (Aberdeen), D.P.H. (Cantab.), D.T.M. & H. (Lond.).
10. Lecturer on Ophthalmology, Miss Roulston, M.B., ch.B. (Glas.), D.O. (Oxon.), F.R.C.S. (Edin.).
11. Radiologist, Miss Peake, M.R.C.S., L.R.C.P., from 22nd October 1930.
12. Clinical Pathologist, Miss J. C. Gilchrist, M.B., ch.B. (Glasgow).
13. Victoria Zenana Hospital, Medical Officer, Miss H. Keane, L.R.C.P. & S. (Edin.).

IV.—Baluchistan.

14. Medical Officer i/c Dufferin Hospital, Quetta, vacant till Sept. 7th, 1930, Miss E. Wingate, M.B., B.S. (Lond.), L.R.C.P., M.R.C.S. (Eng.), from September 8th, 1930.

V.—North-West Frontier Province.

15. Medical Officer i/c Municipal Zenana Hospital, Dera Ismail Khan, Miss D. P. Bali, M.B., B.S. (Punjab), L.R.C.P. (Lond.), M.R.C.S. (Eng.), from April 3rd, 1930.
16. King Edward Zenana Hospital, Peshawar, vacant.

VI.—Indian States.

17. Cutch State, Medical Officer i/c Zenana Hospital, Miss M. A. D. Naoroji, M.B., ch.B. (Edin.) till 15th November 1930.

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER THE CONTROL OF THE LOCAL GOVERNMENTS.

Madras.

1. Superintendent, Victoria Government Hospital, Miss G. Stapleton, M.D., B.S., London, from 12th June 1930.

Bengal.

2. Resident Medical Officer, Eden Hospital, Calcutta, Miss M. Nolan, M.B., B.Ch. B.A.O. (Dublin), D.T.M. & H. (London), D.P.H. (London).

United Provinces.

3. Senior M. O., W. M. S., and Superintendent, Medical Aid for Women, United Provinces, Miss S. H. Commissariat, F.R.C.S.I., L.M.S. (Bombay) till May 18th and from 29th November 1930. Mrs. Brindley from May 19th to November 28th.
4. Principal, Women's Medical School, Agra, Miss M. V. Webb, L.R.C.P. & S.E., L.F.P. & S.G.
5. Second Medical Woman, Women's Medical School, Agra (tuitional), Miss L. Torrance, M.D., ch.B. (Glasgow).

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER PROVINCIAL DUFFERIN FUND COMMITTEES OR IN PRIVATE INSTITUTIONS.

Madras.

1. Superintendent, Women's Hospital, Vizagapatam, Miss H. Lazarus, M.R.C.S., L.R.C.P. (London), F.R.C.S. (Edin.), M.B., B.S. (Madras), D.G.O. (Lond.) till 19th March 1930. Miss A. Doelhi, M.B., B.S., Bombay, M.B., B.S., London, F.R.C.S., Edinburgh from March 20th, 1930.

Bombay.

2. Superintendent, S. M. V. Hospital, Surat, Mrs. Kamalakar, L.R.C.P. & S.E. L.F.P. & S.G., L.M.S. (Madras) till 29th Nov. 1930.
3. Medical Officer i/c Dufferin Hospital, Shikarpur, Miss G. Mahomed Ali, M.B., B.S. (Lucknow), M.R.C.S., L.R.C.P. (London), till 24th September 1930. Miss B. Thungamma, F.R.C.S., Edin., L.M.S., Madras, from 12th October to 7th December 1930.
4. Superintendent, Dufferin Hospital, Karachi, Miss A. R. H. Grieg, M.B., ch. B. (Edin.).

Bengal.

5. Superintendent, Dufferin Hospital, Calcutta, Miss G. Stapleton, M.D., B.S. (London) till June 3rd, 1930, Miss S. Finch, M.B., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. & H. (London) from June 4th, 1930.
6. Resident Medical Officer, Dufferin Hospital, Calcutta, Miss U. D'Monte, M.B., B.S. (Bombay) of T.R.W.M.S., from 4th June 1930.

United Provinces.

7. Medical Officer i/c Dufferin Hospital, Allahabad. Miss I. Keess, M.R.C.S., L.R.C.P. (London) till 29th March 1930, Miss C. Wischam, M.B. (Calcutta), M.R.C.S., L.R.C.P. (London) from 9th June 1930.
8. Medical Officer i/c Dufferin Hospital, Lucknow, Miss M. C. Murphy, M.R.C.S., L.R.C.P. (Lond.), M.B. (Calcutta) from Dec. 17th, 1929.
9. Medical Officer i/c Dufferin Hospital, Benares, Miss B. Thungamma, F.R.C.S. (Edin.) till 31st March 1930, Miss L. deMenezes, F.R.C.S. (Ireland) from 1st April 1930.
10. Medical Officer i/c Dufferin Hospital, Cawnpore, Miss L. deMenezes, F.R.C.S.I. till 9th April 1930, Miss D. Bolton, M.B. (Calcutta), L.R.C.P., M.R.C.S. (England) from 9th April 1930.

Punjab.

11. Medical Officer i/c Lady Aitchison Hospital, Lahore, Miss E. Wingate, M.B., B.S. (London), L.R.C.P., M.R.C.S. (England) from April to June 15th, 1930, Miss I. Keess, M.R.C.S. (England), L.R.C.P. (London), L.M. & S. (Bombay) from October 1930.

Bihar and Orissa.

12. Superintendent, Raj Dufferin Hospital, Bettiah, Miss E. B. Hollway, M.B., B.S. (London).
13. Superintendent, Lady Elgin Hospital, Gaya, Miss G. Alphonso, M.R.C.S. (Eng.), L.R.C.P. (London), M.B. (Calcutta).

Central Provinces and Berar.

14. Superintendent, Dufferin Hospital, Nagpur, Miss N. R. Mucadam, M.R.C.S., L.R.C.P.A. (London), M.M.S.S.A. (London).
15. Superintendent, Lady Elgin Hospital, Jubbulpore, Miss H. Acheson, M.B., B.S. (London) till 1st December 1930.
16. Superintendent, Women's Hospital, Chhindwara, Miss A. Cama, M.B., B.S. (Bombay), M.R.C.S., L.R.C.P. (London) till June 15th, 1930, Miss Lakshmi Devi, M.B., B.S. (Punjab), L.R.C.P., M.R.C.S. (London), from June 15th, 1930.
17. Superintendent, Lady Hardinge Hospital, Akola, Miss G. Patel, M.B., B.S. (London), D.T.M. (Calcutta).
18. Dufferin Hospital, Amraoti, Miss D. D'Abreu, L.R.C.P., M.R.C.S., D.P.H. till 10th April 1930, Miss J. Singham, M.B. (Calcutta), F.R.C.S. (Edinburgh) from 10th April 1930.

On leave on 31st December 1930.

1. Dr. U. Morton, M.D., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. & H.
2. Dr. H. Lazarus, M.B., B.S. (Madras), M.R., C.S. (England), L.R.C.P. (London), F.R.C.S. (Edin.), D.G.O. (London).
3. Dr. H. M. Franklin, M.B., B.S. (London).
4. Dr. G. J. Campbell, M.B., Ch.B. (Glas.), Cert. Trop. Med. (London).
5. Dr. Cama, M.B., B.S. (Bombay), M.R.C.S., L.R.C.P. (London).
6. Dr. M. A. D. Naoroji, M.B., Ch.B. (Edinburgh).
7. Dr. Kamalakar, L.R.C.P. & S.E., L.F.P. & S.G., L.M.S. (Madras).
8. Dr. H. E. Acheson, M.B., B.S. (London), M.R.C.S., L.R.C.P.

Training Reserve.

4th year—

1. U. K. Scholarship-holder, Miss A. Brooks, M.B., B.S., Punjab.
2. Miss S. Matthew, M.B., B.S., Punjab.

3rd year—

3. Dufferin Hospital, Calcutta, Miss U. D'Monte, M.B.B.S., Bombay.
4. Women's Medical School, Agra, Miss Shrikande, M.B.B.S., Bombay.

2nd year—

5. Aitchison Hospital, Lahore, Miss Patil, M.B.B.S., Bombay.
6. Lady Hardinge Hospital, Akola, Miss N. Reuben, M.B.B.S., Punjab.
7. Lady Hardinge Medical College, Delhi, Miss S. Itty (Temporary), M.B.B.S., Madras.

ANNEXURE XI

SENIORITY LIST

OF

Officers of the Women's Medical Service.

1. CAMPBELL, MISS G. J., M.D., ch.B. (Glas.).
2. SCOTT, MISS A. C., M.B. (London).
3. O'BRIEN BEADON, MRS. M., M.B., B.S. (London), L.S.A.
4. NAOROJI, MISS M. A. D., M.B., ch.B. (Edin.).
5. WEBB, MISS M. V., L.R.C.P. & S.E., L.F.P. & S.G.
6. COMMISSARIAT, MISS S. H., F.R.C.S.I., L.M.S. (Bombay).
7. FRANKLIN, MISS H. M., M.B., B.S. (London).
8. MURPHY, MISS M. C., M.B.C.S. (England), L.R.C.P. (London), M.B. (Calcutta).
9. KAMALAKAR, MRS. D., L.R.C.P. & S.E., L.F.P. & S.G., L.M.S. (Madras).
10. BROWNE, MISS HAMILTON, M.B., ch.M. (Sydney), D.T.M. (Calcutta).
11. LAZARUS, MISS H., M.R.C.S. (England), L.R.C.P. (London), M.B., B.S. (Madras),
F.R.C.S. (Edin.), D.G.O. (London).
12. BRINDLEY, MRS. G. E. M., M.B., ch.B. (Edinburgh).
13. STAPLETON, MISS G., M.D., B.S. (London).
14. PFEIL, MISS E., M.B., B.S., L.R.C.P. (London), M.R.C.S. (England).
15. DEMENEZES, MISS L., F.R.C.S. (Ireland).
16. KEESS, MISS IVY, M.R.C.S. (England), L.R.C.P. (London), L.M. & S. (Bombay).
17. YOUNG, MRS. R., M.B., ch.B. (St. Andrews), B.Sc.
18. GREIG, MISS A. R. H., M.B., ch.B. (Edin.).
19. THUNGAMMA, MISS BOLAR, F.R.C.S. (Edin.), L.M.S. (Madras).
20. TROUTON, MISS M. E., M.B., B.S. (London), L.R.C.S., L.R.C.P., D.T.M. (Calcutta).
21. BOLTON, MISS D., M.B. (Calcutta), L.R.C.P., M.R.C.S. (England).
22. MUCADAM, MISS N. R., M.R.C.S., L.R.C.P. (London), M.M.S.S.A. (London).
23. PATEL, MISS G. P., M.B., B.S. (London), D.T.M. (Calcutta), M.B., B.S. (Bombay).
24. CHATTERJI, MISS L., M.B., ch.B. (Aberdeen), D.P.H. (Cambridge).
25. ROULSTON, MISS R. E., M.B., ch.B. (Glasgow), D.O. (Oxon), F.R.C.S. (Edin.).
26. TORRANCE, MISS L., M.D., ch.B. (Glasgow).
27. DODHI, MISS A., M.B., B.S. (Bombay), M.B., B.S. (London), F.R.C.S. (Edin.).
28. WINGATE, MISS E., M.B., B.S. (London), M.R.C.S., L.R.C.P. (England).
29. MORTON, MISS U., M.D., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. & H.
30. McDERMOTT, MISS K., M.B., B.S. (Punjab).
31. ACHESON, MISS H. E., M.B., B.S. (London), M.R.C.S., L.R.C.P.
32. ALPHONSO, MISS G., M.B. (Calcutta), M.R.C.S., L.R.C.P. (London).

33. CAMA, MISS A., M.B., B.S. (Bombay), M.R.C.S., L.R.C.P. (London).
34. GILCHRIST, MISS J. C., M.B., ch.B. (Glasgow).
35. PROCTOR SIMS, MISS N., M.R.C.S., L.R.C.P. (London).
36. BALI, MISS D. P., M.B., B.S. (Punjab), M.R.C.S., L.R.C.P. (London).
37. WISEHAM, MISS C., M.B. (Calcutta), M.R.C.S., L.R.C.P. (London).
38. CALLENDER, MISS I., M.A. (Cantab), M.R.C.S., L.R.C.P., M.B., B.S. (London).
39. ORKNEY, MISS J., M.B., ch.B. (St. Andrews), D.P.H. (Manchester).

Temporary Members.

1. KEANE, MISS H., L.R.C.P. & S.
2. D'ABREU, MISS D., L.R.C.P., M.R.C.S., D.P.H.
3. NOLAN, MISS M., M.B., B.Ch. (Dublin), B.A.O., D.T.M. & H. (London), D.P.H. (London).
4. SINGHAM, MISS J., M.B. (Calcutta), F.R.C.S. (Edinburgh).
5. FINCH, MISS S., M.B., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. & H. (London).
6. LAKSHMI DEVI, M.B., B.S. (Punjab), L.R.C.P., M.R.C.S. (London).
7. PEAKE, MISS J., M.R.C.S., L.R.C.P. (London).

Training Reserve.

1. BROOKS, MISS E., M.B., B.S. (Punjab).
2. MATTHEW, MISS S., M.B., B.S. (Punjab).
3. SHRIKANDE, MISS S., M.B., B.S. (Bombay).
4. D'MONTE, MISS U., M.B., B.S. (Bombay).
5. REUBEN, MISS N., M.B., B.S. (Punjab).
6. PATIL, MISS, M.B., B.S. (Punjab).
7. ITTY, MISS S., M.B., B.S. (Madras), Temporary.

ANNEXURE XII.**List of Sanctioned Posts in the Women's Medical Service, Junior Branch.****APPOINTMENTS IN AREAS DIRECTLY UNDER THE GOVERNMENT OF INDIA.***Simla.*

1. House Surgeon, Lady Reading Hospital, Miss M. Barlow, Apothecary (Madras).

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER LOCAL BODIES OR IN PRIVATE INSTITUTIONS.*Bombay.*

2. House Surgeon, S. M. V. Hospital, Surat, Miss Polette Roberts, Cert. Pract. (Punjab).

Punjab.

3. 1st House Surgeon, Lady Aitchison Hospital, Lahore, Miss M. Lee, Cert. Pract. (Lahore).
4. Doctor i/c Zenana Hospital, Rawalpindi, Miss M. E. Franklin, Cert. Pract. (Lahore).

Bihar and Orissa.

5. House Surgeon, Lady Elgin Hospital, Gaya, Miss A. Paul, L.M. & S. (Bombay).

Central Provinces.

6. Doctor i/c Shegaon, Miss U. M. Lobo, L.M. & S. (Bombay).

Seniority List of Officers of the Women's Medical Service, Junior Branch.

1. MISS M. E. FRANKLIN, Cert. Pract. (Lahore).
2. MISS U. M. LOBO, L.M.S. (Bombay).
3. MISS A. C. P. ROBERTS, Cert. Pract. (Punjab).
4. MISS A. PAUL, L.M. & S. (Bombay).
5. MISS M. BARLOW, Apothecary (Madras).
6. MISS M. LEE, Cert. Pract. (Lahore).

ANNEXURE XIII.

Countess of Dufferin's Fund.

The following scholarships, prizes and medals are awarded by the Council of the Countess of Dufferin's Fund :—

SCHOLARSHIPS.

Muir Scholarships.

One of Rs. 30 p. m. tenable at the Medical College, Calcutta.

Two of Rs. 10 p. m. tenable at the Campbell Medical School, Calcutta.

Petit Scholarships.

One of Rs. 30 p. m. tenable at the Medical College, Calcutta.

Gilchrist Scholarships.

Six of Rs. 30 p. m. tenable at the Lady Hardinge Medical College, Delhi.

Council Scholarships.

Ten of Rs. 30 p. m. tenable at the Lady Hardinge Medical College, Delhi.

Three of Rs. 30 p. m. tenable at the Medical College, Madras.

Three of Rs. 30 p. m. tenable at the Medical College, Bombay.

One of Rs. 30 p. m. tenable at the Medical College, Calcutta.

Fawcett Scholarships.

Two of Rs. 30 p. m. tenable at the Lady Hardinge Medical College, Delhi, or any other Medical College in India of the same standard.

These scholarships are offered to undergraduate women students. Application for rules, etc., should be made to the Secretary, Countess of Dufferin's Fund, Viceregal Estate, Simla.

LADY DUFFERIN PRIZE.

One prize of Rs. 25 p. a. for sub-assistant surgeons in the Agra Medical School, to be awarded to the student who, in the annual examination, stands highest in clinical medicine and surgery, provided that she obtains two-third marks, and that her conduct during the past 12 months has been in every way satisfactory.

MEDALS.*M. B. Students.*

One gold Queen-Empress Medal to be awarded for exceptional merit at the discretion of the Council.

Four silver Viceroy's medals to be offered annually to the Medical Colleges of Madras, Bombay, Calcutta and Delhi, for award to the woman student who passes highest in the final M. B. examinations in each of these colleges. These medals shall be awarded by the University authorities.

Sub-Assistant Surgeon Class.

Two silver Viceroy's medals to be offered annually to the Medical Schools at Agra and Ludhiana for the woman student who passes highest in the final qualifying examination, provided she obtains at least 60 per cent. of the available marks. These medals shall be awarded by the Examining Boards.

ANNEXURE XIV.

THE CAUSATION OF STILL-BIRTH IN INDIA.

Prevention is the keynote of modern health propaganda, and in no realm of medicine are preventive methods of greater importance than in midwifery. Apart from the pressing problems of maternal mortality in child-birth, the necessity for safeguarding the life of the unborn child is being increasingly recognised, and the thinking public in India cannot fail to realise the immense, although unknown, annual loss of potential citizens through still-birth and early infantile death.

Since a knowledge of causation is an essential preliminary to adequate preventive measures, a survey of the chief factors involved, was undertaken in certain areas, during the year 1929, under the auspices of the Lady Irwin Research Fund. This survey (which was part of an enquiry into Maternal and Infantile Mortality being carried on at the Haffkine Institute, Bombay, by Dr. Margaret I. Balfour and her colleagues, comprised the detailed examination of 200 cases of still-birth and early infantile death occurring in Bombay, Calcutta, and Madras, together with the classification of over 3,700 similar cases occurring in Women's Hospitals or special wards, in 29 of the largest cities or districts of India during the same year.

The results of this enquiry, which have been embodied in detail in a Report* recently published by the Countess of Dufferin's Fund Council, are briefly summarised in the following notes. It is obvious, of course, that statistics of this type are subject to various limitations, since, for example, the enquiry only lasted for approximately one year, and was necessarily confined to urban areas, pathological examinations being practically unobtainable in rural districts. It is also obvious that certain factors which vary in different parts of India require special consideration. These factors include, for example, social and religious customs, together with diseases of pregnancy (such as eclampsia, 'anæmia of pregnancy' and osteomalacia), which have a definite geographical distribution.

Certain broad facts have issued, however, from the present enquiry, at least indicating the directions in which life-saving efforts most profitably may be put forth.

With reference to both the series of 200 personally-investigated cases, and the All-India Questionnaire, the enquiry was limited to children who had reached viability, *i.e.*, who at their birth were capable of independent existence, and, since religious customs, etc., precluded the examination of consecutive

*"Still-birth and Neo-Natal Death in India: a Preliminary Enquiry" by Christine J. Thomson, M.D., Ph.D. (St. A.). Price One Rupee net. Obtainable from the Countess of Dufferin's Fund Council, Red Cross Building, New Delhi, or through any bookseller.

cases of still-birth and neo-natal death, the pathological series necessarily contained an undue proportion of children dead for some time prior to their birth.

I.—Series of 200 cases.

Considering in the first place, the series of 200 cases,

1. The complications of labour were the primary, or immediate cause of death in 19·5 per cent. of the cases—this percentage being much lower than the figures for All-India, but even then, comprising the largest single group. These complications included deformities of the mother's bones (caused by diseases such as osteomalacia), wrong positions of the child before delivery, such as 'cross-birth', or confinements necessitating the use of instruments. A very large proportion of the mothers whose babies died as a result of malpresentation at the time of birth, had already had one or more children normally—a fact which emphasises the necessity for *every* mother being carefully examined towards the end of pregnancy, so that any abnormal position of the child may be rectified.

A frequent finding in babies dying during, or shortly after birth, is tearing of the semi-fibrous partitions within the skull, which separate the various parts of the brain. This tearing, which is almost always accompanied by hæmorrhage, is indicative of stress during birth, although by no means always fatal *per se*. A fifth of all the babies in the series dying at, or soon after birth, showed such tears, but tearing was nearly three times as frequent in babies born 'feet-first', as in those normally born. It was noteworthy, however, that one-third of all the cases with such tears were apparently natural deliveries. A large number of infants with injuries within the skull also showed severe hæmorrhages in important organs such as the lungs, liver, or supra-renal glands (which are in close proximity to the kidneys).

2. Ante-partum hæmorrhage, which includes bleeding occurring accidentally before delivery, or from an abnormally situated placenta (or 'after-birth'), accounted for 13·5 per cent. of the cases. This complication, which appears to occur somewhat less frequently than in the West, is extremely fatal to the unborn child, tending to cause death from asphyxia due to the want of oxygen normally supplied *via* the maternal blood. The association of accidental hæmorrhage with malaria awaits further investigation.

3. The toxæmias of pregnancy accounted for 15·5 per cent. of the deaths in the series. This term includes diseases of obscure origin chiefly manifesting themselves by evidences of damage to the kidneys. Eclampsia, the most striking of these diseases, is characterised by convulsions, and possesses a striking geographical distribution. In the present enquiry, it accounted, in Calcutta, for ten times as many still-births and early infantile deaths as in

Bombay, and for more than half again as many as in Madras. With reference to the maternal mortality in cases of eclampsia, the figure was 32·14 per cent. for Calcutta, as compared with 9·42 per cent. for Madras. Among hospital births, there was a much higher incidence of the disease among Mohammedans—a finding in accordance with the observations of other workers.

4. Syphilis, one of the great venereal diseases, was specially searched for, as a cause of still-birth and neo-natal death—the methods of enquiry including various series of blood-tests on expectant mothers, together with a detailed investigation of each of the 200 cases, for evidences of the disease. A critical survey of the results obtained, will be found in the main Report, hence only the more important points are summarised here.

With regard to Bombay, out of 372 consecutive maternity cases, 13·6 per cent. of the mothers gave 'positive' blood-reactions for syphilis, while in Madras, out of 1,000 similar cases, 12·5 per cent. were 'positive'. The figure for Calcutta (based, however, on a very small number of cases) was 13·4 per cent.

The incidence of 'positive' blood-tests for women of the hospital class in Glasgow, the largest city in Scotland, was found to be between 9 per cent. and 10 per cent. (J. N. Cruikshank). It will thus be seen that these figures for the great cities (while, of course, requiring further confirmation, or the reverse) do not suggest an excessive proportion of 'positives', as compared with the figure given for a Western city, although they emphasise the necessity for a continued campaign against the inroads of venereal disease. In the present series of 200 cases, the incidence of 'certain' syphilis among the total infants examined, was 14·5 per cent., but including 'probable' and 'possible' cases, the figure was 18·5 per cent. As a 'primary', or immediate cause of death, the disease accounted for only 16·5 per cent. of the series, since in several instances a syphilitic child died during, or after birth, from some cause other than syphilis. This figure of 16·5 per cent. is probably too high, since the series comprised an undue proportion of children who had been dead for some time before birth—a class of case in which syphilis is frequently found.

Although the great majority of syphilitic babies are born macerated (*i.e.*, dead for some time prior to delivery), it is of importance to note that the majority of macerated babies are *not* syphilitic, for, in the present series, only slightly more than one macerated case out of every three was syphilitic—a finding in close accordance with research results in other lands. Only a careful examination of the macerated child, both by the naked eye and by the microscope, can establish the probable presence or absence of the disease.

5. In the present series, only 10·5 per cent. of the still-births and early infantile deaths could be ascribed to tropical diseases *per se*, a surprisingly low figure, in view of the prevalence of such diseases in the East. It must be

remembered, however, that the inquiry was limited for all practical purposes, to urban populations, and therefore did not include malarial regions such as the Punjab.

The incidence of *malaria* (2·5 per cent.) as a primary cause of death was unavoidably under-estimated in the enquiry, since only cases where parasites were found in the maternal blood could legitimately be included. Instances of still-birth or early infantile death classified under the heading of 'maternal fever of unknown origin' (2·5 per cent.) must, in some cases at least, probably have been due to malaria. Eighty-three placentas (or 'after-births') were examined in Bombay for malaria, and of these, 3·6 per cent. showed parasites.

Although '*anæmia of pregnancy*' is one of the most formidable causes of maternal mortality in India, this disease only accounted for 2 per cent. of the deaths in the series. This figure, for various reasons discussed in the Report, is probably an under estimate of the true incidence as, for the year 1928, the percentage was 7·5 in a similar series of cases occurring at the largest maternity hospital in Calcutta.

'Anæmia' (of uncertain origin) accounted for 1 per cent. of the deaths. No still-birth nor early infantile death occurred in the present series from *osteomalacia* (a disease commonly causing deformity of the bones of the mother) but it must be remembered that the majority of the examinations were carried out in Southern India where the disease is very rare. Numbers of cases were of course reported from other parts of India, *via* the Questionnaire.

Dysentery and 'acute enteritis' were responsible for 2·5 per cent. of the cases, while a further 2·5 per cent. were due to acute or chronic maternal disease such as pneumonia, or valvular disease of the heart.

Ancylostomiasis (or hook-worm disease) did not account for any of the deaths under investigation; nor were any of the cases due to kala-azar, beri-beri, or other specifically tropical disease.

6. Eight per cent. of the deaths in the series were due to 'fœtal states'—a term including monstrosities and obscure diseases of the child or its appendages, originating before birth. Syphilis appeared to play no part in the causation of these conditions. A feature of considerable interest in the present enquiry was the relatively large number of cases showing malformation or disease of the urinary tract.

7. Diseases of the placenta (or 'after-birth') accounted primarily for 5·5 per cent. of the deaths. Out of a total of 144 placentas examined, no fewer than 57 showed evidence of gross disease or abnormality. An interesting finding in connection with all the placentas investigated, was the presence of an excess of white blood-cells in no fewer than 10·4 per cent. of the specimens examined.

The subject is worthy of further enquiry, since the placenta is the most important organ of the unborn child.

8. Prematurity *per se* was responsible for 3.5 per cent. of the deaths under investigation, but the Questionnaire figures for All-India (not based, however, on pathological examinations) showed a much higher incidence than this.

In a series of 1,077 consecutive deliveries in Calcutta (including both live-births and still-births), 18.2 per cent. of the total were prematurely born—the proportions, according to community, varying from 9.8 per cent. for Europeans and Anglo-Indians, to 39.4 per cent. for Mohammadans (who, however, formed a very small proportion of the total deliveries). The figures for Hindus and Indian Christians were intermediate, being 23.6 per cent. and 20.4 per cent., respectively.

With reference to still-births and neo-natal deaths only—out of 1,561 cases occurring in Bombay, Madras and Calcutta, the percentages of such children prematurely born, were 64.5, 64.4, and 59.2, for the three cities, respectively.

9. In the present series, 2 per cent. of the cases were due to 'neo-natal states', or diseases occurring shortly after birth, such as 'pneumonia of the new-born'. It should be noted, however, that in certain cases where delivery is unduly prolonged, babies may actually be born suffering from pneumonia.

10. Three per cent. of the cases in the series had to be classified under 'macerated—cause unknown'.

II.—All-India Questionnaire.

This Questionnaire, regarding cases of still-birth and neo-natal death occurring among hospital in-patients for the year 1929, was sent out to all the women's hospitals administered by the Countess of Dufferin's Fund, while additional copies were forwarded to a number of Government and Mission hospitals throughout the country. The data obtained, were relative to 3,715 cases which had not, of course, been subjected to pathological examination, and hence statistics regarding clinically recognisable conditions such as the complications of labour, ante-partum hæmorrhage, eclampsia, and monstrosities, were more scientifically reliable than figures relating to various other conditions.

Percentages dealing with the primary causes of death were found to differ widely for the various districts of India, but the main findings are very briefly summarised, as follows:—

1. In 24 out of the 29 tabulated districts, the figures for deaths due to the complications of labour appeared to be definitely highe

than in the West, while in the remaining five districts (including Bombay, Calcutta, and Madras), the figures closely approximated to Western findings of over 33 per cent. These data are somewhat surprising in a land where child-birth is generally recognised to be easy.

2. Ante-partum hæmorrhage, showed, in general, a much lower incidence than in the West.
3. The same statement holds good for the toxæmias of pregnancy, with several exceptions, notably Calcutta. The percentages for Delhi and Agra were exceptionally small.
4. The very low figures for syphilis, in the Questionnaire returns, were clearly an under-statement, since a considerable proportion of the macerated babies classified under 'cause unknown' must have died from this disease.
5. The incidence of 'acute maternal disease' (mainly tropical) as a primary cause of still-birth and neo-natal death was of course much higher for All-India, than for Western countries—the figures varying from 11 per cent. to 18 per cent. for the great cities, as compared with, for example, a British figure of 2·6 per cent. The highest percentages were found in Karachi and Shikarpur, although the series in both cities was small. Many early infantile deaths occurred in Bombay, as a result of maternal malaria.
6. Deformities and obscure diseases of the dead-born child do not appear to be more prevalent in India than in the West.
7. With reference to prematurity *per se*, the Questionnaire figures tend to show that a considerably higher percentage die from marked prematurity in India than in Western lands. The largest Indian cities showed figures varying from 12 per cent. to 17 per cent., as compared, for example, with 3·2 per cent. for Great Britain.
8. Data relative to 'neo-natal conditions' were obviously of doubtful value in the absence of pathological examinations, but it is of interest to note that of the total early infantile deaths tabulated from all causes, 87·22 per cent. occurred in the first week of life, while 37·88 per cent. took place in the first 24 hours of existence.
9. Practically no All-India Questionnaire cases were returned diagnosed as due to 'placental disease'.
10. The percentage of macerated babies dying from 'causes unknown', varied greatly in the different districts.

With reference to community, in the majority of places, the still-birth rate among Mohammedans was, in general, significantly higher than among Hindus, while, with the exception of Lahore, the figure for 'Christians and others' was the lowest of the three communities.

Additional data regarding the investigation, together with a review of work already carried out in India and in other lands; suggestions for further research; and acknowledgments of the help freely given during the course of the enquiry, will be found in the main Report just published.

The figures adduced show, however, the clamant need for skilled antenatal care of the expectant mother. Only as the public realise the necessity for such care, and consequently demand it, will the still-birth and early infantile death-rate from such generally preventable causes as the complications of labour, eclampsia and syphilis, be substantially diminished.

CHAPTER III.**VICTORIA MEMORIAL SCHOLARSHIPS FUND.**

In the report for 1929 a very brief summary of the four Conferences which had been held under the auspices of the V. M. S. Fund was given. In the early summer of 1930 a full report* of the Conferences was published by the Fund. The report contained three parts, (1) General reports and conclusions, (2) Summary of proceedings of Conferences, and (3) Reprints of the papers read.

Since the conclusions arrived at are of more than passing interest we are reprinting in this report a portion of them :—

“Comparing the different conferences, though each one made a useful contribution to the objects, that given by the Lahore Conference was decidedly the most informative and stimulating. The reason for this is not far to seek. Work along the lines of the V. M. S. Fund for indigenous dais, has been longer established in the Punjab than in any other province. It began indeed, in Amritsar, actually before the V. M. S. Fund was founded. Hence there is a great deal of experience to go on. Secondly the amount of work is larger in that province than elsewhere, and it is better organised. In a good many centres it has been carried on for years by highly qualified medical women, and during the past six or seven years, it has been started in a number of centres by health visitors from the Punjab Health School who had special training in this work and who have seen it carried on in a model way in Lahore.

With a few exceptions in individual places, the work is nowhere so wide spread or so well organised as in the Punjab.

In other areas the work has not been so generally carried on, nor so effectively nor, we might add, with the same enthusiasm. In this connection we should like to record our appreciation of the work done by the medical women in charge of Mission Hospitals. They have been singularly successful in the work and it is largely because they have brought real sympathy and understanding to bear upon the problem and have not carried on the work in a routine manner. In such cases the work has been voluntarily undertaken from a sense of need, and not because a superior officer ordered that it should be done. Teaching carried on with a sense of vocation is very different from that performed as a task, and this difference is noticeable in the work of teaching dais. In Mrs. Tarr's paper read at the Nagpur Conference, she alludes to the difficulty of persuading medical women or others to take up “this distasteful work”. That it is distasteful cannot be denied. It is laborious, slow, disheartening and unproductive of results. Therefore it is only those who attack it with real enthusiasm and vigour who are likely to continue it, or be successful in it.

* Copies of the report can be obtained from the Maternity and Child Welfare Bureau Indian Red Cross Society.

1. Comparing the state of affairs as regards dais' training in 1929 with that in 1917, one cannot but admit that progress appears to have been very slow. The actual amount of work undertaken under the auspices of the V. M. S. Fund naturally cannot increase since we are working with a fixed income. But since we are in general touch with work undertaken by other bodies as well, we can gauge the progress in a general way. During the twelve years which have elapsed between 1917 and 1929 a factor has been introduced which has had a considerable effect on the number of dais under training. This factor is the advent of the Health Visitor. In all training schools for health visitors, which now number 6, the training of indigenous dais is now taught as one of the subjects of the curriculum, except in Madras. Practically all the health visitors leaving these schools, therefore, undertake the training of dais. This means that a considerable number of dais are now being taught, notably in the Punjab, U. P. and C. P. As time goes on and the number of health visitors increases and work in rural areas develops, more and more dais will be under training. This would at first sight seem to be a very encouraging state of affairs. But one has to consider the quality of the training given by the health visitor as teacher before jumping to the conclusion that the spread of health visiting will automatically produce a well trained set of dais.

In the first place the health visitor, part of whose duties it is to train indigenous dais, suffers from that defect as a teacher which we have already indicated, namely she is doing the work as a job without any great enthusiasm for it. It is not meant that good teachers are not found among the health visitors, but on the whole they are very apt to be uninspired.

Then again the gap in education, position and outlook between some health visitors and some dais may not be great enough to give the teacher enough authority and the poorer the education of the health visitor the more lacking as a rule is she in ability to understand the mental outlook and psychology of the dais. Her attitude is apt to be one of contempt and hence anything but conciliatory. The poorer type of health visitor has insufficient education to teach well and frequently also she is not experienced enough in midwifery herself. Some of the health visitors come straight from maternity hospitals and training schools to Health Schools and then pass on to work without any further midwifery experience. Many of the dais have considerable experience from which the more alert among them profit, and naturally they are quick to notice lack of experience in their teacher.

In the Punjab this has been guarded against to some extent by making it a rule under the Central Midwives Board that dais are not accepted as candidates for examination unless they have been taught by a worker holding not less than a midwife's certificate. In the U. P. and C. P. the health visitors

are taught in the vernacular and hence a lower educational standard is required. At the Lucknow Conference doubt was thrown upon the suitability of such teachers for training dais, but the reply was that other teachers were not available. This was unanswerable, but it is a real problem whether such training is of any value and will improve the present state of affairs.

This question of the teacher and her qualifications is one that cannot be immediately solved. It is useless and impossible to expect all first class medical women to give some of their time to teaching of dais, however valuable that teaching undoubtedly has been and is. The health visitor, and, it may be added, the sub-assistant surgeon, does not always prove a success. But it is fair to say that the numbers available for training as health visitors or sub-assistant surgeons are yet so few that the weeding out of the poorer kinds is not yet possible and that when it is, we shall be able to select those who have the necessary qualities for the work.

II. A question which was discussed at each Conference with great earnestness was that of supervision after training. Those familiar with the report of the 1917 review will remember that the view was then expressed that training without supervision subsequently was useless. It goes without saying that if supervision of midwives is a necessity in Western countries with their comparatively high standard, professional level of the midwife, and appreciation by the public, much more will it be so in India. This is not a point on which there is any controversy. The only question is how to secure so desirable an end.

Ultimately it resolves itself into two difficulties (1) personnel and (2) finance. (1) The number of midwives properly trained to undertake the work of inspection or supervision is utterly inadequate at present and likely to remain so for long. In some places health visitors are asked to do the supervision and this is quite a good arrangement, but it occupies a lot of time and so reduces the amount of time for child welfare work proper. If health visitors are to supervise midwives it will be necessary to employ many more which means extra cost. Very few municipalities and practically no rural areas can *afford* supervision. The discussion of the question of supervision was lively at all the conferences (see especially Lahore, Nagpur and Delhi). The Lahore opinion was crystallised in a resolution, and the same occurred at Lucknow, Nagpur and Ajmer.

The question of supervision is of course bound up with that of registration the necessity for which was again emphasised, and resolutions were also passed on this subject. It is an undoubted fact that progress has been made on this vexed question since Bills have been introduced into two legislative

council since 1917, and one has passed into law (Madras). It remains to be seen how effective this legislation will prove.

III. Antenatal work scarcely figured in the 1917 enquiry. Hence this was a new field and a subject which the headquarters staff was particularly anxious to bring before delegates and encourage in connection with dais work. The value of antenatal work in connection with the training of dais can best be realised by reference to the papers read, especially that by Miss M. Raynor, Lahore, where it is highly developed.

From the answers to the questionnaire and from the discussions at the Conferences it was evident that antenatal work is not well developed, either for its own sake, or for the sake of dais' training. We were also bound to conclude that there was not much enthusiasm displayed for beginning it. The arguments for antenatal work for the patient's sake are cogent enough, but when one adds to these the advantage to be gained by the dais, this apathy is not easy to understand. We can only hope that more enthusiasm will develop and the value of the method come to be appreciated. It would seem as if this was a question to bring before provincial branches in some way or another, and that the V. M. S. Fund should lend the weight of its authority in pushing it.

There are two points to be noted in this connection. (1) The teachers must be thoroughly versed in antenatal work else they cannot hope to make their pupils understand its importance. (2) New methods are required for teaching dais. Some delegates at the Conference expressed dissatisfaction with the old methods, but had no alternative to propose. In addition many felt, quite rightly, that lectures alone were comparatively useless and that practical work was needed. This is often difficult when it involves the supervision of a number of cases for each dai under training. While the supervision of actual cases will continue to be necessary for those being taught, the supervision of passed out dais' cases could be cut down if more cases were seen antenally as the teacher would then be able to eliminate the abnormal ones, and make provision for their safe delivery. Antenatal work would provide much material for teaching of a very valuable kind.

IV. The question of teaching dais in rural areas and supervising their work was discussed at length and the needs of the village people strongly expressed (see especially Miss Bose's paper at the Lahore Conference). It was felt that what progress had been achieved was largely limited to the towns but that rural areas remained untouched. Here again the problem is to a large extent one of personnel and finance. The difficulty of giving help to scattered villages is intensified by the fact that trained midwives do not take kindly to work in rural areas and that frequently it is unsafe for them to live alone in such places. More attention is being paid to this question by

district boards who realise the need, but lack of funds is a great stumbling block. In addition supervision of even trained dais under such conditions is a vital necessity, but a matter very difficult to achieve. Progress is bound to be slow, but it is something that the need is beginning to be appreciated.

V. The relation between dais of the really "indigenous" class and those entering the profession from other ranks of society was a question discussed at some of the conferences. Some delegates held that it was better to try to train "other" dais (non-indigenous) whilst others were of opinion that such candidates differed little from indigenous dais. This was especially the case with illiterate women. Where there was some degree of literacy, a better midwife might be produced (see Ajmer Conference Report). Though the work of the V. M. S. Fund is supposed to be confined to indigenous dais, in some places (*e.g.*, Ajmer, Gwalior and Indore) the money is being used to train non-indigenous dais, some literate and some illiterate. In other places the request has been made to use the Fund money to train other dais (B. and O.) Hence we are bound to consider the question, and, as has pointed out before either officially countenance this procedure or not permit it to go on.

Here again supervision seems to be the crux of the matter since many felt that even the trained and certificated literate midwife was capable of any amount of backsliding from lack of supervision (see papers by Dr. Newton and Miss Simon at Lahore).

VI. From the point of view of the V. M. S. Fund perhaps the most interesting and important conclusion which can be drawn from the investigation is the general consensus of opinion that it is absolutely necessary to continue training the indigenous dai. There is no prospect of supplanting her by other trained midwives for years to come. This is especially interesting in view of the fact that in 1917 some were in favour of abandoning the training of these women and concentrating on others. Twelve years have passed, but in spite of some progress we are little nearer doing without the dai than we were. The deduction to be made from this is clearly that we must endeavour to increase the numbers under training, to perfect the training itself, and try to provide some form of supervision to keep the dais up to the standard they have been taught.

In this connection it is interesting to note that Dr. Muthulakhshmi Reddy last winter moved a resolution in the Madras Legislative Council that the training of indigenous dais should be undertaken in the districts of the Presidency. Since Madras has claimed to be in a position to replace the indigenous dai by a trained midwife in a measurable time, this is significant and points to the fact that this claim can only be made for the towns and that the rural areas of Madras, like the rest of India, are still dependent on the dai for obstetrical aid."

After the publication of the report a copy of it was sent to each local Secretary of the V. M. S. Fund and the Secretaries were requested to consider specially the following points:—

1. The Committee desires to point out the great importance of securing *competent* teachers for classes of indigenous dais. It is felt that this has not been sufficiently stressed in the past and that in consequence money and effect have been wasted. The Committee wishes that in future the qualifications of teachers of dais classes should be more carefully scrutinised and grants should only be given when the local committee has satisfied itself that the teacher is thoroughly competent, *e.g.*, she should be experienced in obstetrics herself, should have sufficient personality to influence the dais, and should possess teaching ability.

2. The opinion was strongly expressed at all the conferences that the training of dais without subsequent supervision was useless if not actually harmful. The Central Committee has endorsed this opinion. Up to the present efficient supervision is carried on in very few centres, and scarcely any of the Fund's income is spent on objects such as the provision of maternity supervisors. The Central Committee would like the local committees to give serious consideration to the idea of spending some of their grant on the appointment of a maternity supervisor in a suitable centre in the area, *as an experiment*. It is of opinion that such experiments would be of very great value and would prefer money to be spent in this way rather than to expanding the work further without providing for the supervision of dais already trained.

The scene of an experiment of this kind will naturally have to be very carefully chosen. It should be one where the training has been going on for some considerable time so that there will be a considerable number of dais already trained. The Municipal Committee should be favourable to the control of dais and willing to assist the supervisor by supplying accurate birth lists. The presence of an experienced teacher of dais, *e.g.*, a medical woman would be an additional advantage.

It may be objected that the funds at the disposal of the various centres will not permit of this undertaking such experiments. The Committee feels, however, that some of the present grants for the training of dais might well be cut down to enable such experiments to be carried out. There is no doubt that local bodies such as municipalities and district boards are much more willing than formerly to undertake the expense of training dais and they may be asked to do so.

Enquiries and suggestions for schemes of this kind will be welcomed at the Central Office.

3. The stress now laid on antenatal work in western countries as a means of preventing maternal mortality is generally known. Up to the present this work has not been actively carried on in India. The Central Committee is of opinion that local committees should take up a definite attitude, on this subject. Centres in receipt of grants should be advised that the development of antenatal work is regarded as of great importance, and urged to begin it. Individual centres have in some cases undertaken such work of their own initiative, but it is felt that the time has now come for the matter to become a definite policy of the Fund. In urging centres to begin this work, stress should be laid on the opportunities which antenatal work offers for the training of dais, which is the primary work of the Fund. In this connection reference may be made to the papers of antenatal work published in the Conference Report (see pages 61, 75, 88 and 89).

Since the principles underlying the antenatal work and the methods of using it for the teaching of dais are doubtless not familiar to some of the teachers of dais classes, it is suggested that short intensive courses on this subject might be held at provincial headquarters or other suitable centres, which selected teachers should attend, in order to demonstrate the methods. The central office may be freely consulted on this subject.

Antenatal work is important not merely in relation to dais under training, but in the matter of supervision of the work of passed out dais. The connection between this and the supervision of such dais should be studied and applied where possible.

4. The training and supervision of indigenous dais in rural areas was a matter which was the subject of much discussion at the Conferences. It was felt that the present position was very unsatisfactory in most areas, but the practical difficulties involved were very great. In reviewing the position the Central Committee feels that the function of the V. M. S. Fund is to encourage *experiments* in rural areas. These experiments should be in the hands of experienced workers and should be closely watched. At present experience of satisfactory and successful schemes is lacking, and it leads to work being taken up without due appreciation of the waste of money and effort. Experiments as suggested above, would be exceedingly valuable to others taking up rural work, since in this way it would be possible to supply schemes of proved value to those new to the work.

The Executive Committee is prepared to suggest methods of carrying out such experiments, or advise on schemes which may be prepared locally. No scheme is suggested now as no one scheme is likely to be applicable in all the areas where the V. M. S. Fund is at work.

This request has not met with the response which we had hoped for, but this only seems to make it more necessary to put fresh life into the Fund in various ways that have been suggested. Direct action has not been taken by the Fund as yet on any of these questions. This is due to the fact that the Fund was about to be transferred to the Maternity and Child Welfare Bureau, Indian Red Cross Society and it was considered that any steps to be taken would be more properly dealt with by the new Organisation. It is hoped that next year's report will show some fresh activities on the part of the Fund.

The individual reports are not very different from those which have been printed at different times in the past. We are sorry to note that the majority of Committees are still content with the filling in of the prescribed form. While we certainly desire to have the information which the form gives, it does not furnish the living touch which a more personal report can supply.

Hyderabad, Decan. The training of dais in this Branch is undertaken at the Victoria Zenana Hospital. A request has been made, however, that the grant should be transferred to the new Infant Welfare Centre which is being built in Hyderabad. The reasons given are that the dais trained at the Victoria Zenana Hospital are practically all absorbed by the hospital itself and that a larger number of really indigenous dais could be trained from the Infant Welfare Centre. The transfer of the grant is under consideration. 13 dais were under training in the year 1930. The cases of the dais outside the Institution are not supervised which is a very great weakness.

Bhopal. The amount formerly contributed to Sehore has now been transferred to Bhopal. 6 dais are under training who receive stipends of Rs. 7 p. m. The dais conduct cases in the Lady Lansdowne Hospital but there is no provision for supervision of the cases, if any, conducted by dais outside the hospital.

Indore. The report from Indore shows considerable activity and we are glad to note that dais have been sent from 7 Indian States. The course at the King Edward Hospital now lasts 2 years; this is a very great move. Colonel Tyrrell reports as follows :—

“ During the year 1930 there were 46 nurses on the roll including 7 from Rajgarh and 1 from Barwani. These 8 were supported by the States. 7 passed and 1 failed.

Of the 46 others 16 sat for examination—12 passed and 4 failed. Two of the failures continued and passed the Midwifery examination in January this year, the remaining two did not continue.

Of the remaining 30, 4 were dismissed for misconduct (two after completing 1 year of training) one left to be married, after 11 months training.

Two left after short periods of training.

Five left on account of domestic difficulties.

The remainder are still in training.

Women are applying for admission in far greater number than can be accepted, 10 had to be refused admission in November. Those in training are showing an increasing aptitude for nursing, and a very keen interest in their training, and also in their lectures and ward work. The minimum course has now been fixed at two years, which will mean that fewer women will be trained ; but, they will be more thorough and efficient in their work. In the first year they are taught Home Nursing, Hygiene, First Aid and a little midwifery, and in the second year general nursing and Midwifery.

The two years' training gives them more time to acquire clean habits and ways.

The States of Central India and Rajputana are taking advantage of the training here and sending women in. At present there are women from the following States :—Dhar, Rewa, Datia, Rajgarh, Barwani, Nathdwara and Udaipur.

Each nurse who passes her Midwifery examination is presented with an equipped tin box containing 2 bowls, a pair of scissors, a nail brush, soap and box, 2 towels, 2 aprons and a pound of cotton wool. This enables them to carry on outside with a certain degree of comfort and in the same habits and ways in which they have been trained here."

The work at Ajmer chiefly consists in the work of the Maternity Home Rajput- which is reported on along with the Lady Chelmsford League work on page——, ana. As noted there it is a great satisfaction that the work of the Home is increasing and thus affording better facilities in the training of the midwifery pupils.

There are 8 probationers in the class, but it is rather disquieting to know Baroda. that none of them are really indigenous dais. Instruction is given at the Jamnabai Maternity Home, but cases are also conducted in the City under supervision. We are glad to note that a revision class for passed out dais is held twice a month at which a short lecture is given, cases are discussed and midwifery boxes inspected and cleaned.

No less than 102 indigenous dais are under training ; they are apparently Gwalior. divided into 20 classes ; such small classes ought to make for efficiency in teaching. It is not stated what proportion of these dais are in the Mofussil and what proportion at headquarters. Supervision of cases is undertaken by the Lady Superintendent of the Maternity Home at headquarters and in the Mofussil by the nurses attached to the various hospitals and dispensaries. We have no information as yet as to whether the proposal to enforce the registra- tion of dais in Gwalior State has been carried out or not.

Gondal.

The number of dais trained at Gondal appears to remain at 2, and the State does not appear to contribute anything towards the cost of training.

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The work of the Lady Bolton Dais Training Centre continued as usual. Miss Mackenzie went on tour of the districts in April to secure pupils for the next class. She found what we have noted before that there is hardly any means of securing supervision of passed out dais unless they are working in a hospital or in Army work.

Miss Mackenzie writes as follows :—

“ The dais of the 1929-30 class completed their course in April 1930, and were examined by the Punjab Central Midwives Board. Of the 9 dais, 5 passed and 4 failed. Two of the latter were much below the average standard necessary for such a course. The present 1930-31 class has 8 candidates, 6 of whom are fairly promising.

The co-operation of the staff of the Municipal Zenana Hospital in their training is as usual of much value. A 9th candidate was presented for the class, but too late for inclusion this year.”

Banga-
lore.

The Honorary Secretary informs us that the circular letter sent to all Committees quoted above was considered by the Committee, and that work is to be carried on on the lines suggested. In accordance with this the training of really indigenous dais has been started and is reported on as follows :—

“ As the Association receives an annual grant from the Victoria Memorial Fund, which is meant purely for training indigenous dais, an attempt was made for the first time during this year to have regular bi-weekly classes of indigenous dais of the station. A remuneration of 4 as. per lecture is paid to each dai. A batch of 5 dais was selected and is having classes regularly under the Municipal lady doctor since June 1930. To get co-operation with the indigenous dais and to have their cases under our supervision a remuneration of 8 as. per case reported by them is paid to them. It is expected that this important branch of work will do much more in the near future.”

Govern-
ors' Pro-
vinces.
Bombay,
Hydera-
bad, Sind.

Miss Piggott carries on her good work with unabated energy. If all Centres displayed the initiative and energy found in Hyderabad Sind, the dai problem might not appear so depressingly insuperable. Miss Piggott's report is published as a booklet entitled “ Further Sowing in Sindh ”, from which we take the following quotations :—

“ The year has been one of interest and, I hope, the means of spreading knowledge. We visited every district in Sindh except Nawabshah.”

When we get to know the people we find how anxious they are for the dais to be taken in hand. They say sadly : " We have suffered much by their administrations." Once the women grasp that the dais are really to blame there will be a change. But they cannot take the initiative, they wait and look for a lead, so surely it behoves the men to make a move. They will find once they do so there will be many to help them to go forward. I reiterate that the sad, sad apathy of the men is largely to blame for the condition of things.

Registration we *must* have, as without it the dais do not care what happens, knowing they cannot be touched. How many years will it take to replace these ignorant but powerful women, many of whom are surprisingly intelligent ? The only way is to provide for their improvement and see that they take advantage of it. In the districts, they think our dais from headquarters so wonderful, that they fall at their feet and pay them the greatest respect. We always rub it in that they too could change as these have changed, having been like them in the old days, before they learnt anything but only inherited the work. This always surprises the hearers.

A good deal of antenatal work has been done, trained dais bringing in their patients from far off towns and villages. Many places have no dais whatever and the women manage for themselves. In a village a patient had been left for 3 days, when a trained dai was thought of and sent for from a distant town. As soon as she saw the case she knew it was not one for her to deal with, so she advised them to take the patient to the nearest hospital. This being *only* 50 miles away the poor thing had no chance of recovery, and after she had been there a few days she expired. In her village there was not even an untrained dai, as there they possess brave women who think themselves equal to any emergency. This is another instance of a trained dai being able to recognise danger. Two points we always drive home during the training, the danger of dirt and the danger of delay in the recognition of abnormal conditions.

During 1930 :—

- 46 towns and villages have been visited.
- 227 lectures have been given.
- 8,299 have attended them.
- 67 dais have been improved.
- 46 have attended classes throughout the year.
- 11 dais have received certificates.

We are now concentrating on the best dai in each place and bringing her in for thorough training. This plan will ensure at least one reliable dai in her village.

We are most grateful for all who have helped us and hope they will continue their interest and support in the future."

Bengal.
Dacca.

The Dacca Maternity and Child Welfare Trust reports as follows :—

" During the year 1930, the institution had under training 27 indigenous dais, and two pupil midwives. The staff attended 1,139 cases during confinement or immediately after confinement, representing 29·8 per cent. of all the registered births in the city. Propaganda work continued throughout the year with the help of the medical officer and the health visitors. As in the previous year a Baby Show, a small Health Exhibition, and a series of public lectures on " Health Subjects " were organised by the Trust during the year. Cinema films dealing with maternity and health subjects were exhibited free by the Trust to crowded audiences.

The present staff consists of two health visitors, one medical officer (sub assistant surgeon) and 6 qualified midwives (one of whom qualified as a health visitor in the Bengal Health School).

There were 14 maternal deaths among the centre cases, *i.e.*, a maternal mortality rate 12·3 per thousand births. There were 40 infant deaths among the centre cases within 10 days of birth, *i.e.*, an infant mortality rate of 34 per 1,000 births."

The Trust has now secured the services of two American ladies belonging to the Society of Catholic Medical Mission in Dacca. They are both trained nurses. We are sure that this will mean increased efficiency in the teaching of dais.

Bihar &
Orissa.

The training of dais continues in the Maternity Centres of Patna, Cuttack and Balasore. 88 were trained during the year and 51 are still under training. Apart from that great difficulty seems to be experienced in getting indigenous dais to come for training. More than half of the V. M. S. grant to Bihar and Orissa is still spend on stipends for pupil nurses at the Lady Elgin Zenana Hospital, Gaya. The Local Government provided a sum of Rs. 3,000 in the budget for the training of indigenous dais. " The object of this grant was to encourage local bodies and charitable organisations to train indigenous dais at certain selected institutions where sufficient clinical material is available. It was proposed to pay each dai a stipend of Rs. 15 per mensem during the course."

It is very sad to have to quote from the report this quotation :—

" The bulk of this grant will it is feared lapse for want of requisition."

It is always difficult to get dais to leave their homes practices, and in a backward Province like Bihar and Orissa especially so. The Committee, hopes however, to work out a scheme in

connection with the suggestions made by the Central Committee as a result of the Conferences.

The following is the report from the Central Provinces :—

Central
Provinces.

“ In almost all the Centres dais’ training is going on. The classes generally consist of 8 dais and are limited to 12. The rules in force are given below.

The course consists of 100 classes of which the dai must attend 75 before appearing for examination. Stipends at the rate of annas two per class are paid monthly, and the dai’s thumb impression is taken as a receipt. Registers are maintained and accounts kept. The training is under the general supervision of the Lady doctor who undertakes the Antenatal Clinics. Teaching material is lent and assistance is given from the Central Committee.

The examinations, that terminate the course, are conducted by doctors and fees are given.

A capitation fee is given to the health worker for every dai who is registered.

Dais who have attended 75 per cent. of the classes and passed the examination are registered and every effort is made to get them preference of practice. Their cases are supervised by the health worker who are provided to undertake any maternity work, except in supervision of dais’ class. When any dai has 20 supervised cases to her credit, both the supervisor and the dai receive a reward.

The syllabus recommended by the Victoria Memorial Scholarships Fund is followed.

Another revised scheme regarding training of indigenous dais on the lines suggested in the resolutions passed at the Conference in January 1930 is being drafted out in consultation with the Director of Public Health, Central Provinces and Dr. Ruth Young.”

The V. M. S. Fund in these Provinces has been amalgamated with the United United Provinces Branch of the Chelmsford League ; this is now also amalgamating with the Red Cross Society, no separate Committee, therefore exists for the V. M. S. Fund. Work for indigenous dais is, however, carried out side by side with maternity and child welfare in the various branches working in the Province.

VICTORIA MEMORIAL SCHOLARSHIPS FUND.

Practically the only source of income of this fund is interest on its investments amounting to Rs. 7,95,000 on 1st January 1930. Out of this, it has to meet its share of the expenses of the Central Office and a small contribution of Rs. 250 to the Lady Chelmsford League towards propaganda. The main outlay is educational on the training of dais.

The expenditure is usually shown under three separate heads—Indian States, Areas other than Governors' Provinces and Governors' Provinces.

In 1930, non-recurring grants of Rs. 1,200 and Rs. 500 were made to Assam and Rajkot respectively.

The actual expenditure during the year was Rs. 4,000 less than the budget, the savings being due mainly to the fact that out of a provision of Rs. 5,000 for reserve for additional grants, only Rs. 2,000 were utilised during the year.

During the year, the securities have depreciated to the extent of Rs. 51,000 on cost price, the depreciation in $3\frac{1}{2}\%$ Government Securities alone being about Rs. 30,000.

It was decided during the year to transfer the administration of this fund to the Managing Body of the Indian Red Cross Society with effect from the 1st January 1931. The assets of the Fund amounting in cash and securities to about Rs. 8 lakhs were consequently transferred to the Society on the last day of the year under report.

G. KAULA,

Acting Honorary Treasurer.

ANNEXURE XV.

ANNEX

Annual Account of the Victoria

Income.

No.	Items.		Receipts, 1930.	Budget, 1930.
			Rs. A. P.	Rs.
1	Opening Balance —	Rs. A. P.		
	Investments	7,95,196 5 6		
	Cash	7,239 11 8	8,02,436 1 2	7,240
2	Interest on Investments	.	40,862 8 0	40,870
3	Sale of literature	.	219 11 0	290
4	Miscellaneous	.	11 6 0	..
	TOTAL .		8,43,529 10 2	48,400

URE XV.
Memorial Scholarships Fund, 1930.

Expenditure.

No.	Items.	Expenditure, 1930.		Budget, 1930.
		Rs.	A. P.	Rs.
1	Contribution towards Central Office expenses . . .	4,500	0 0	4,500
2	Contribution to the L. C. League towards Propaganda . . .	250	0 0	250
3	Expenditure in Indian States—			
	(a) Hyderabad	1,100	0 0	1,100
	(b) Baroda	800	0 0	800
	(c) Gwalior	3,500	0 0	3,500
	(d) Central Indian States—			
	(1) Bhopal and Sehore	660	0 0	660
	(2) Indore	4,450	0 0	4,450
	(e) Rajputana	3,742	0 0	3,742
	(f) Bombay States—Gondal	300	0 0	300
	(g) Rajkot	500	0 0	..
4	Expenditure in other than Governors' Provinces—			
	(a) Delhi	835	2 0	1,200
	(b) North-West Frontier Province	2,100	0 0	2,700
	(c) Baluchistan	960	0 0	960
	(d) Bangalore	500	0 0	500
5	Expenditure in Governors' Provinces—			
	(a) Bombay (Hyderabad)	1,200	0 0	1,200
	(b) Bengal (Dacca)	2,000	0 0	2,000
	(c) United Provinces	3,300	0 0	3,300
	(d) Punjab	3,407	0 0	3,407
	(e) Bihar and Orissa	2,580	0 0	2,580
	(f) Central Provinces	1,188	0 0	1,188
	(g) Assam	1,200	0 0	..
	(h) Reserve for additional grants . . . . .	.....		5,000
6	Miscellaneous—			
	(a) Expenses of Conferences to investigate the man- ner in which grants to Centres are being ex- pended	335	0 0	..
	(b) Other items	55	7 0	63
		39,462	9 0	43,400
7	Balance transferred to the Indian Red Cross Society—			
	(a) Investments as per statement Rs. A. P. attached 7,95,196 5 6			
	(b) Cash 8,870 11 8	8,04,067	1 2	5,000
	TOTAL	8,43,529	10 2	48,400

G. KAULA,
Acting Honorary Treasurer.

Examined and found correct.

PRICE WATERHOUSE, PEAT & Co.,
Chartered Accountants.
Auditors.

CAWNPORE,
 5th March 1931.

**Statement of Investments of the Victoria Memorial Scholarships
Fund on 31st December 1930.**

Assets.				Face value.	Cost.	Market value.
				Rs. A. P.	Rs. A. P.	Rs. A. P.
1.	3½% G. P. Notes 1842-43	.	.	700 0 0	93,847 1 6	444 1 0
2.	Do. 1854-55	.	.	11,000 0 0		6,978 2 0
3.	Do. 1865	.	.	83,800 0 0		53,160 10 0
4.	Do. 1879	.	.	1,500 0 0		951 9 0
5.	Do. 1900-01	.	.	3,000 0 0		1,903 2 0
6.	4½% Rangoon Municipal Debentures 1904	.	.	2,59,500 0 0	2,85,450 0 0	2,50,417 8 0
7.	5% Government of India Loan 1939-44	.	.	42,700 0 0	41,205 8 0	39,924 8 0
8.	6½% Bombay Development Loan 1935	.	.	3,20,000 0 0	3,20,000 0 0	3,35,200 0 0
9.	5% Government of India Loan 1945-55	.	.	55,000 0 0	54,693 12 0	55,309 6 0
				7,77,200 0 0	7,95,196 5 6	7,44,288 14 0
CASH				8,870 11 8	8,870 11 8	
Total				7,86,070 11 8	8,04,067 1 2	

G. KAULA,
Acting Honorary Treasurer.

CHAPTER IV.

The Lady Chelmsford All-India League for Maternity and Child Welfare 1930.

It is our custom to divide the report on the working of the League into three headings, namely :—

1. Health Schools.
2. Work of Centres.
3. Propaganda.

Health Schools.—The report on Health Schools this year contains some disquieting features though individual schools are continuing to do good work. Our office maintains touch with all the health schools in India though grants in aid are only given to four out of the seven. In past years we have had to regret the fact that suitable candidates were difficult to obtain for training. This is not a difficulty to the same extent as formerly. With the progress of girls' education, more candidates have become available and there is a greater interest in health work than formerly. The difficulty which is facing us in the future is to secure employment for those trained, and where they are employed to ensure that the work, pay and conditions are suitable. There are signs that in some provinces the numbers trained are in excess of the number which can be employed. It would not be true to say that they are in excess of the number *needed* as that will not be the case for many years to come. But the demand by local bodies or charitable associations for the services of workers appears in some cases to have been fulfilled and the remaining areas either cannot or will not employ health visitors. Many bodies ask for health visitors on a scale on which it is impossible to supply the right type of properly trained workers. The difficulties in which many Provinces are finding themselves now, owing to economic depression, will tend to increase rather than decrease these difficulties, and the temptation to employ less highly paid workers will be great. While agreeing that all possible economy should be effected, we also feel that the whole health work of the future will be jeopardized if unsuitable workers are employed. It is difficult at present for employing bodies to comprehend the real significance of preventive health work, and if poorly educated workers are employed they will not be able to convince their Committees of the value of pure health work. It would be better to see existing centres maintained without expansion for a year or two, than for expansion to take place along the lines of the employment of poorly equipped and poorly paid workers in new centres.

The co-operation of all health schools in order to maintain standards both for training and subsequent employment of workers is urgently required at

this time, and our touch with all the health schools enables us to help along these lines even though we do not aid each one of the centres financially.

Lady Reading Health School, Delhi.—As mentioned in our last report 8 students were studying at this school on January 1st, 1930. Of these 6 were successful in the final examination. Two were referred in one or more subjects; one of these has now been successful in obtaining her diploma, while the other decided to abandon health work. In October 1930 no less than 14 students presented themselves; though our accommodation is really only for 12 pupils, experience of the past has been so frequently that prospective students failed to materialize, that we felt justified in admitting the extra number. Contrary to expectation, all 14 students presented themselves on the opening date of the course; the number has now, however, been reduced to 12, as one left for health reasons and another one was not intellectually fitted to take the course. Of the 12 students, no less than three have come to us from Burma, two are stipendiary students from Madras and two are from the Deccan so that altogether our pupils are very cosmopolitan. They all seem to live together happily however, and are keenly interested in their work.

At the Delhi Health and Baby Week held in January 1930 the Health School again ran a stall mainly concerned with dietetics for Toddlers. This offers a very useful opportunity for training the students in propaganda work and organisation and they rose to the occasion very creditably. Some of the materials used for this exhibit are permanently housed in the Health School.

We regret to have to report that Miss Blakeney who was appointed Superintendent of this School in 1928 has been forced to resign owing to ill health. During her two years service at this School Miss Blakeney effected many improvements in the organisation of the work which have had a permanent effect on the School. Miss Blakeney never spared herself in her devotion to the work and it was a matter of regret to us that she was not able to continue in the post.

Miss Blakeney has been replaced by Miss M. E. Rawson as Superintendent. Miss Rawson has had considerable experience of life and work in India being Nursing Superintendent of a Mission Hospital near Delhi for a good many years. Miss Rawson has also experience of life in village in India. She obtained her diploma as a Health Visitor from the College of Nursing, London. We are sure that Miss Rawson's previous experience, as well as her enthusiasm for the work, guarantees her success as Superintendent of the Health School.

The work of the Ram Chand Lohia Infant Welfare Centre continues as usual. Miss Ranjit Singh was replaced by Miss Benjamin, who formerly worked at the Centre when it opened, last April. Miss Benjamin was welcomed by her old patients with enthusiasm and is doing excellent work.

Ram Chand Lohia Infant Welfare Centre.*Summary of the work done in the year 1930.*

<i>Clinic.</i>			<i>Home Visiting.</i>		
Consultation visits	..	53	Antenatal 1st visits	..	135
Antenatal 1st visits	..	110	Antenatal revisits	..	823
Antenatal revisits	..	385	Confinements	..	49
Infant 1st visits	..	84	Post-natal visits	..	302
Infant revisits	..	1,508	Infant 1st visits	..	313
Toddlers 1st visits	..	28	Infant revisits	..	2,125
Toddlers revisits	..	2,366	Toddlers 1st visits	..	59
			Toddlers revisits	..	1,878
			Friendly visits	..	190
Total .. 4,534			Total .. 5,874		
No. of children died in 1930 .. 28			Maternal mortality Nil.		

CLINIC.—Daily Average attendance.

January	..	..	..	..	..	60·75
February	..	..	..	..	..	45·12
March	..	..	..	..	..	47·8
April	..	..	..	..	..	41·7
May	..	..	..	..	..	36·1
June	..	..	..	..	..	39·66
July	..	..	..	..	..	33·7
August	..	..	..	..	..	40·4
September	..	..	..	..	..	36·6
October	..	..	..	..	..	43·2
November	..	..	..	..	..	54
December	..	..	..	..	..	68·6

News of old pupils will be found among reports from individual Centres, of course many are also working in places not assisted by the Lady Chelmsford League. Mrs. Burgess returned from England last summer and was appointed Organiser, under the Sind Branch of the Indian Red Cross Society. She spends most of her time touring and has already made an impression in the backward districts. Miss Thomas, a former pupil of the School, is now studying at Bedford College, London. Miss Thomas's passage is being paid by the Burma Branch of the Red Cross Society and she will be returning to work in Burma. She is enjoying her work in London, and we are sure she is getting the full benefit from the course. It is hoped that a scholarship will be available for the session 1931-32 also.

Bengal Training School for Health Welfare Workers.—In Mrs. Cottle's absence Dr. Alice Headwards acted as Secretary of this School, she reports as follows :—

“ The 6th session of the Training School commenced on February 15th, 1930.

There were 3 students in the English course and 2 for the Vernacular, one student, Mrs. Gorey, came as a private student, and another Miss Deori was sent with a stipend from Bogra with the hope that she would return there for Welfare Work when qualified. Unfortunately her health broke down after an attack of bronchitis and she was unable to finish the examinations. The results of the final examinations were satisfactory ; both Vernacular students passed, and both English students passed also, one of them (Mrs. Gorey) gaining an “ A ” grade certificate, Miss Deori's marks in the half of the examination for which she was able to sit qualified her for the “ A ” grade certificate so it was particularly unfortunate that she would not finish. The two qualified vernacular students have already started work in Welfare Centres in the districts, and it is hoped to find posts for the other two in the mills.

Mrs. Cottle was away in England and Dr. A. M. Headwards acted as Secretary during her absence, Mrs. Harman continued as Lady Superintendent during the year.

The Indian Jute Mill Association have requested the Board of Management of the Training School to formulate a scheme for the establishment of Welfare Centres in groups of mills and creches in individual mills. A Sub-Committee has been appointed with Dr. Headwards as Secretary.

This is a very encouraging proposal as it is felt that a scheme which will cover the whole Jute Mill area will be far more satisfactory than the establishment of one or two individual clinics.

The proposed Bustee Welfare Centre in Titaghur has not developed yet, owing, we are told, to difficulties in persuading the people who live on a portion of the land selected to move.

The proposed Centre in the Clive Mill is also delayed owing to inability to find quarters for the health visitor.

If the scheme of the Indian Jute Mills Association develops we hope to be able to overcome all these difficulties.

These Welfare Centres will need to be staffed with trained Health Visitors and it is earnestly hoped that women of the right type will offer themselves for training.”

The proposal of the Indian Jute Mills Association for the establishment of Welfare Centres in groups of mills is a very interesting one and we earnestly hope that the result will be concrete proposals for child welfare work in the

Mill areas. The three Centres already established have had time to demonstrate their worth to the owners, and expansion is required. It is obviously much better to have the work expanded on definite lines which will make for both economy and efficiency. If the scheme comes into being there will be a demand for workers, and such a demand will naturally be met from the Bengal Training School. We can only echo Dr. Headward's hope that women of the right type will offer themselves for training.

Madras Training School for Health Visitors.—In our last report we were very glad to be able to say that the Madras Health School had been re-started on a very satisfactory basis. The following is taken from the Report :—

"The School opened with 7 students, one of whom left of her own accord a month later. The remaining 6 students worked well during the full course and took a great interest in their work. One was a private pupil who, although her home was a mile from the centre and two miles from the school, rarely missed attendance.

All the lecturers and examiners were specialists in their subjects and hold responsible positions in Madras. Besides the lectures in the school, many demonstration lectures were given in factories, dairies, bakeries, water works, etc., conducted by the Superintendent.

With the permission of the Indian Red Cross Society, the school was housed in the top flat of the Red Cross Buildings, the school occupying one side, and the Superintendent the other. These quarters were certainly inadequate and the conditions not ideal, but accommodation was difficult to get; it was necessary to make a start and the 5 students living in bore many minor discomforts without complaining, which proved a fair test of the right spirit in which they took their work. It is hoped that for the next session, there will be a suitable building with a model centre attached, and negotiations to procure a house to this effect are at present being made. The Secretary of the Lady Chelmsford All-India League after visiting the school wrote 'I was much impressed by Miss Hacker's attitude towards the work itself. This is very important in one who is training students as the right point of view must be conveyed to them. One so often sees this lost sight of in actual practice, and it is very important that girls who are training as health visitors should understand it thoroughly and see how to put it into practice. Much as I should like to see the Health School housed in larger and more suitable quarters and with a model working centre, I feel that the right spirit in teaching is the primary need in a Health School and that this last has been secured in the Training School for health visitors, Madras.'

There was no centre attached to the School but the Maternity and Child Welfare Division Indian Red Cross Society put four of their centres at the

disposal of the school and these were visited each day. It was found however that this was not satisfactory from the teaching point of view, and after the first all the students attended one centre with its surrounding houses and the results both in teaching and experience proved much more satisfactory. The centre chosen for this purpose was almost two miles away and not being a model one the accommodation was limited and there were many difficulties to overcome, but judging by the satisfactory results both in practical and theoretical work these disadvantages proved to be excellent training.

The course ran for 10 months from July to April and the syllabus followed that of the Delhi Health School as far as was practicable in South India.

The results of the preliminary examinations in September were most encouraging. All the students passed with the exception of two who were referred in Physiology, but passed well at the second attempt a month later. The results of the Final Examinations in April were also excellent, all the students passing and one procuring First Class. A recognised Government Diploma is awarded to each successful candidate.

Of the six students trained, five are now occupying positions. Two District Boards, Vizagapatam and Chingleput, selected candidates and paid their stipends for the course. The Government Hospital for Women and Children, Madras, has employed two students and one is working under the Madras and Southern Mahratta Railway at Perambur where a new model centre is being opened. The remaining student who was the private pupil did not wish to take up any definite position, but proposed working among the people round her home.

It is very sad to have to report that with such a good beginning the school had to be closed. Miss Hacker was forced to resign owing to ill health and no one suitable could be found to replace her. The authorities therefore decided to close the School for the year. They granted two stipends for students to enable them to train at Delhi. The future of this School is again somewhat uncertain. The Madras Government budgetted a grant for the session 1930-31, but they did not renew it for 1931-32, and the Child Welfare Division does not feel it is feasible to finance the School from their funds without Government aid. One hopeful feature of the case, however, is that Government has now appointed a medical woman as Assistant to the Director of Public Health of the Province. We cannot help feeling that this is sure to mean a step forward in child welfare work in the Province. Dr. Vera Singh Chinappa has been appointed to the post. She has much experience of child welfare work and it is inevitable that expansion will bring with it a demand for properly trained workers. We have always felt that the appointment of a woman assistant to the Director of Public Health was the first step towards the proper organisation

of child welfare work in any Province and we are extremely pleased that the appointment has been made in such an important Province as Madras.

United Provinces.—The following is the report of the United Provinces Health Training School :—

“ In September 1929 the second year of the school opened with 10 students and at the same time the Ganeshgunj Maternity and Child Welfare Centre was taken over from the Local League. At that time there were no midwives attached to the Centre, all confinement cases were attended by the Health School students under the supervision of the Superintendent. The same year in the month of October the Provincial Maternity Training Centre was transferred to Lucknow from Allahabad and is located in the same vicinity as the Health School and has entire charge of confinement cases in Ganeshgunj Ward, these cases are taken up by the Health School after 10 days and visited by the staff regularly. The students are taught to conduct clinics and do house visiting by turns.

In the first term the students are taken by the Superintendent to the Provincial Hygiene Institute museum for practical demonstrations in Elementary Anatomy and Elementary Physiology.

Till last year the antenatal, maternity and child care was included in the second term and practical cookery in the first. This year there will be three terms as usual but the examination will be held at the end of the third term instead of second term, *i.e.*, in May ; since last year the practical work is included from the very beginning.

Out of the 10 students admitted in September 1929 (one of whom was a private candidate) 8 passed and 2 failed in Antenatal Maternity and Child Care, who can reappear this year. This year 8 students were selected but two had to leave as they were not found competent enough to continue. The remaining 6 appearing for the health visitors examination first part, in the last week of November and all of them have passed. The examination is recognised by the State Medical Faculty which grants them a certificate and the school is directly under the administrative control of the Assistant Director of Public Health, Provincial Hygiene Institute, U. P., Lucknow.

Welfare clinics are conducted every day from 7-30 A.M. to 11-30 A.M. Minor ailments of mothers and babies are treated here specially the cases conducted by the staff attached to the Provincial Training Centre. The main object of the out-patient Department is to train the probationer midwives of the Provincial Training Centre in sick nursing and treatment of children. The Health School staff is very keen on prenatal work and the expectant mothers are induced to come to the Centre as frequently as they conveniently can, here their urine is tested, the pelvic measurements are taken and they are

advised in general. These cases are also visited by the staff in their own homes. Although no regular sewing classes are held at present for mothers, as most of these know it, but if anyone is keen on learning to knit and prepare garments for babies it is taught to her. Arrangements are being made for regular classes very soon ; for those mothers who do not know it.

Thrice a week clinic dispensary is conducted by the Superintendent in the morning and house visiting after 11-30 A.M. up to 2 P.M. and then the Superintendent lectures the students in the afternoon, the other 3 days are devoted by her to house visiting and inspecting the Hazratganj Centre once a week, which is also under her supervision. There is one Delhi trained Health Visitor and three trained resident midwives.

(1) The following is the statement showing the work done by the staff of the Health School from 1st January 1930 to 15th December 1930.

(2) Statement showing the work done by the Hazratganj Centre from 1st February 1930 to 15th December 1930.

(1) *Ganeshganj Centre.*

Total No. of antenatal cases attended in the out-patient Department	395
Total No. of infants and toddlers attended in the out-patient Department	3,549
Total No. of mothers and others attended in the out-patient Department	3,222
Cases confined in the Ganeshganj Centre	4
Total No. of antenatal cases visited by the staff in their own homes	1,333
Total No. of visits paid by the staff in their own homes ..	15,134
Total No. of antenatal cases on the roll	287

(2) *Hazratganj Centre.*

Total No. of antenatal cases attended the clinic	26
Total No. of infants and toddlers attended the clinic ..	246
Total No. of mothers attended the clinic	18
Total No. of antenatal cases visited by the staff in their own homes	497
Total No. of visits paid by the staff to infants and toddlers in their own homes	11,503
Total No. of cases conducted by the staff in their own homes	283 "

Dr. Young was appointed examiner in Maternity and Child Welfare by the State Medical Faculty. She found the students had attained a good standard of efficiency, but recommended that the examination in this subject be held after the students had gone through their practical training. The State Medical Faculty has accepted this recommendation.

Dr. Young has also been appointed examiner to the Punjab Health School in Maternity and Child Welfare. This proves a useful means of contact between the School and our office.

Reports of Branches and Centres.

In the autumn the Child Welfare Division appointed a special Committee to re-consider the policy of the Division. This they did in a most courageous manner. They have frankly faced the difficulties in the present situation and have tried to draw up a policy which will enable sound work to be done within the means of the Division. Among other things they consider that it is impossible for the Division to run the Health School entirely without Government aid. They deprecate the policy of giving small grants to inefficient mofussil centres; they would like to establish a model centre in Madras which would be an example to the whole Province. We are glad to know that with regard to the latter proposal it may be rendered possible through a donation of sufficient money by an anonymous donor for the establishment of such a Centre. The following is the report from the Madras Branch :—

“ Maternity and Child Welfare work has been gradually increasing in this Presidency. There are now 22 centres in Madras, 12 run by the Madras Corporation, 5 under the Maternity and Child Welfare Division of the Indian Red Cross Society, and 5 affiliated to it. This Division has been running Baby Welcomes in those parts of the city where such an amenity was otherwise unavailable. In the mofussil the numbers have increased from 65 to 73 and appeals for grants have been received from various people who intend to start centres in the near future. Owing to the change of policy of the Division fewer grants are now given, the money thus saved being spent on the training of Health Visitors. This had induced the local people to depend on their own resources and make the centres self supporting. The number of centres getting a grant during the year under report was 22.

Activities.—The Child Welfare centres are very popular. Mothers have been encouraged to bathe their own children at the centres. They also come for a bath after the morning hours and some ladies in charge have been giving a free supply of soap-nuts and oil. The occasional treats given by the latter are eagerly looked forward to by those who attend regularly. More attention has been paid to mothers and sewing classes have been run for their benefit. Ragi conjee is supplied to ill-nourished and expectant mothers. Two of the Madras hospitals are holding antenatal clinics and some mothers have been sent to these regularly. The Maternity hospitals are becoming more and more popular and little persuasion is now required to send delivery cases to them. Orange juice has been given to necessary children and a marked improvement has been noticed in their health. Cod liver oil has been provided to rickety children.

**Visiting
Doctors.**

Visiting Doctors.—Doctors Miss Hardy and Mrs. John, two fully qualified and experienced doctors, have been employed as consultants to this Division. They pay a fortnightly visit to each of the five centres where the mothers and children are collected for examination and treatment. Advice is given and, when necessary, treatment is carried on at the centres. Worm powder and other medicines are distributed. The mothers are asked to go to hospitals for medicines or treatment for themselves or their children.

**Health
Visitor.**

Health Visitor.—The health visitor, Mrs. Benjamin, pays daily visits to the centres and gives advice to expectant mothers. Early in the year she visited 13 mofussil centres and her reports were taken into consideration at the Committee specially formed to sanction grants to up-country centres.

**Baby
Show.**

Baby Show.—In January the Division organised in the Red Cross Buildings, a Baby Show for the babies attending the 5 centres under its charge. Special arrangements were made in the grounds to accommodate the 150 mother and 350 babies and children, who were given an enjoyable treat. Tea was kindly provided for the guests by Mrs. Wathen, the Honorary Secretary. Lady Beatrix Stanley presided over the function and distributed the large number of prizes among mothers of the successful babies."

**United
Provinces.**

Dr. Commissariat reports as follows :—

"During the year under review the League continued to make progress. There were held during the year one meeting of the Council (Governing Body), 4 meetings of the Executive Committee and one joint meeting of the Provincial Committee of the Red Cross Society and the Executive Committee of the Provincial League in which the question of amalgamation of these bodies, as suggested by the Central Council of the League was considered.

The question of amalgamation in these Provinces has been under consideration since 1929 and informal talks with the representatives of the Indian Red Cross Society have taken place.

The number of Maternity and Child Welfare centres has also increased. At present there are centres in all the district head quarters excepting Etawah and Jaunpur but these districts also are now considering the question of starting centres in their respective districts and it is to be hoped that these districts will also have centres early next year.

A scheme for providing midwives in rural areas was also drawn up, but for want of funds it could not be introduced.

The finances of the local branches have not improved during the year, the chief cause being general economic depression.

The educative work has progressed well. The Health School which was under the charge of Dr. D. F. Dass, turned out 8 successful Health Visitors out of 10 who appeared in the examination. All candidates who were successful have secured posts. The Provincial Training Centre for midwives and the Hazratganj Centre of the Lucknow branch are attached to the Health School for clinical work.

It is proposed to introduce next year a course for Diploma in Domestic Hygiene as suggested by the V. M. S. Fund Conference held in Lucknow last year.

The training for probationer midwives has shown good results. During the year 77 candidates appeared in the examination prescribed by the State Medical Faculty, U. P., and 57 came out successful. Almost all have been posted in the Provinces. There were also 3 candidates of Tehri Government for Village Women's training and all of them passed out.

Propaganda work was also carried out by holding Health Weeks in 22 districts and the Honorary Secretary attended almost all of them. Maternity and Child Welfare models and cinema films on public Health Subjects were shown. The Provincial League has now got a cinema and film of its own. A lorry has been purchased and it is proposed that next year intensive propaganda by means of models and cinema film will be done in rural areas under the auspices of the Hygiene Publicity Bureau.

Propaganda against the administration of opium to babies was done by the staff of the local branches and it is reported that satisfactory progress has been made and the practice is now on the decrease.

The Honorary Secretary visited practically all the centres in the Provinces and checked the work of the staff by paying house to house visits."

With regard to the proposal to introduce a course for the Diploma in Domestic Science, it may be explained that this proposal is the result of a Resolution passed at a Conference of the Victoria Memorial Scholarship Fund held in Lucknow in December 1929. At that Conference the opinion was expressed that what was needed for future work in the Province was a supply of sub-assistant surgeons qualified for health work. To render this possible a copy of the Resolution was sent to the State Medical Faculty of the Province asking them to undertake the institution of such a diploma. The Faculty received the proposal with enthusiasm and appointed a Sub-Committee to draw up plans for the course. This has now been done and the course approved of, it now only remains to finance this scheme. It is possible that this may be possible during the coming year. It is proposed that those undertaking this course should have not only a training in child welfare, but a special course in obstetrics to fit them to undertake the conduct of antenatal clinics,

training of dais and to enable them to meet obstetric emergencies. It will be interesting to watch the development of this scheme.

**Bihar and
Orissa.**

Although we do not give direct financial aid to the child welfare work in Bihar and Orissa, we are nevertheless very interested in the development of the work in that Province. We endeavour to help by means of advice and also by supplying workers. We hope that the day will come when workers can be sent for training from the Province to Delhi. Up till now this has not been possible owing to the backwardness of women's education in the Province. Until this difficulty can be overcome a big step forward will be difficult. In the meantime it is satisfactory that work is springing up in various places which may be regarded as oases. The appointment of a health visitor by the Bhowra Colliery and the appointment of a maternity supervisor by the Jharia Mines Board of Health are very important steps. Once the value of the work is impressed both on the authorities and the general public, we cannot doubt but that it will start a field of usefulness. The same holds good for the work which has been opened in one of the Feudatory States.

The following is the report :—

“ Child welfare work in the Province is conducted by the Bihar and Orissa Maternity and Child Welfare Society with the assistance of local working committees formed or recognised by the Society. The personnel of the Managing Committee of this Society remained the same as before except that Mrs. Caldwell was appointed a nominated member in place of Mrs. P. K. Sen resigned Mr. G. E. Owen, I.C.S., continued as President of the Propaganda Sub-Committee.

This Society is now affiliated to the Bihar and Orissa Council of Women and Mrs. Caldwell is its representative on the Council.

There were three meetings of the Managing Committee held during the year; the first in January, the second in March and the last in September. The first two of them were presided over by Lady Stephenson and the last by Mrs. Sifton.

The income of the Society amounted to Rs. 6,361-6-0 excluding an opening balance of Rs. 7,940-14-0. The local Government was kind enough to continue its grant of Rs. 5,000. It is now proposed to raise it to Rs. 9,000 from 1931-32.

The opening balance included the proceeds amounting to Rs. 5,254 of a Fete held in Government House at Patna in 1929. A sum of Rs. 4,000 out of it has since been invested with the Lady Stephenson Child Welfare Trust Fund and the balance of Rs. 1,254 has been made over to the Centres at Patna for emergent expenses.

The expenditure amounted to Rs. 8,219-6-6. This included among other charges grants aggregating to Rs. 5,481 to the Child Welfare Centres at Patna and Gulzarbagh, Rs. 1,500 to the Maternity Centre at Cuttack and Rs. 600 to the Centre at Monghyr. The year closed with a balance of Rs. 228-13-6.

The Lady Stephenson [Child Welfare Trust Fund founded by Lady Stephenson for the maintenance of the Child Welfare Centre at Patna City stands now at Rs. 48,800 duly invested in shares and securities Rs. 6,508 and odd is still in the current account with the Imperial Bank. Of this Rs. 4,000 has been contracted for further investment and the balance will be brought forward for current expenses. No expenditure has yet been incurred out of this Fund and the cost of maintenance of the City Centre for which this Trust Fund was created has been met so far from the Provincial Fund.

The year opened with 5 centres, viz. :—

Patna City,
Gulzarbagh,
Cuttack,
Monghyr,
Balasore.

A new centre at Patna West was added during the year. The cost of its equipment and maintenance was met from a grant from the Hon'ble Sir Ganesh Datta Singh, Kt., Minister in charge Local Self-Government Department.

The centres at the Patna City and Gulzarbagh are held in suitable buildings specially built for the purpose. That at Monghyr is located in a well furnished house presented by Raja Devaki Nandan Prasad Singh of Monghyr. That at the Patna West is conducted in a ground floor of a house acquired for the purpose by Sir Ganesh. That at Cuttack is held in a rented house and that at Balasore in the local hospital.

The building at the Patna City was subject to inundation during rains and so some protection works have been carried out during the year at a cost of Rs. 81. A pucca drain has been provided in the centre at Gulzarbagh. Electric connections have been installed in them at a cost of Rs. 1,130 a major part of which was met from a fund raised by Mrs. Mackenzie a member of the local working committee. A scheme for providing a drainage system in the City centre at a cost of Rs. 749 is now under consideration. The Commissioner of the Patna Division has very kindly sanctioned a grant of Rs. 600 towards it and it is hoped to carry it out within March next.

The centres at Cuttack and Monghyr are in charge of lady doctors. The rest are all in charge of qualified lady health visitors. Each centre has

a number of midwives or nurses to help the visitors in addition to other necessary menial staff.

The table below shows the work done in these centres :—

	Attendance average daily.	Total Attendance.
Patna City.. .. .	51	13,418
Gulzarbagh	43	12,000 about
Patna West (4 months)	36	3,641
Cuttack	7	617
Monghyr	..	8,103

The centre at Balasore primarily trains indigenous and other dais and affords attendance to labour cases in their own homes. During the year 21 dais were trained here and 41 labour cases were attended to free of charge.

In the Cuttack centre also the midwives and nurses there attended 39 labour cases a month on an average.

The usual work of these centres consisted of distribution of Codliver Oil, milk, barley, warm kurtas, etc. The children were regularly weighed and given baths. Minor ailments were attended to and those requiring hospital treatment were sent to local hospitals. In some of them sewing classes were held and a number of mothers and children were taught the art of making kurtas, etc. Classes for the training of dais were held regularly and 88 indigenous dais were taught in them, 51 dais are still on the roll. A certain amount of antenatal work is also done in them and expectant mothers are given the necessary advice, etc.

In the centre at Patna West in addition to the works enumerated above two widows receive training in the care of children. They attend the centre daily for a week in turn. The girl orphans of a Hindi Orphanage at Patna also founded by Sir Ganesh, attend the centre daily.

The Provincial branch of the Indian Red Cross Society has appointed a lady health visitor for campaign against Tuberculosis in the city of Patna. Orphan children of patients dying of Tuberculosis are being sent by this lady health visitor to these centres for care. Two such orphans are at present being reared up in the Patna Centre.

Besides these centres, a Maternity supervisor with 6 trained midwives are entertained by Government at Patna. The town is divided into circles

each incharge of a midwife, the maternity supervisor being at the head of all. A small fee for each case is paid to the indigenous dais for calling midwives to cases. Difficult and interesting cases are induced to be admitted to the local hospital. The cost of their conveyance, etc., amounts to Rs. 100 a month and this is met by Government. These patients are thus not only given the best available medical aid but also serve as clinical materials for the students of the local medical college.

In Patna Feudatory State a centre is worked in charge of two qualified health visitors at the cost of the State. The pay of one of the health visitors is however borne by the Maternity and Child Welfare Bureau, New Delhi. The Centre is reported to have begun well.

Special midwives, for attending delivery cases in their own homes are entertained in Gardanibagh by the Patna Administrative Committee, at Purulia from a local Victoria Memorial Scholarships Fund and at Puri by the local bodies. 95 labour cases were attended to during the year by the midwives in Gardanibagh, 67 in Purulia and 73 in Puri.

The problem of providing maternity relief for women employees in Dhanbad and Jharia Coalfields received anxious attention of the local Government during the year. A meeting was held with the additional Deputy Commissioner, Dhanbad, the Chief Medical Officer of the Mines Board of Health, and with the Inspector-General of Civil Hospitals, Bihar and Orissa and it was proposed to appoint four midwives working under a Maternity Supervisor in four contiguous circles to begin with. It was also considered desirable to establish a training Maternity Centre with a Maternity Supervisor, two midwives, a cook and a sweeper. The idea is to equip a building with a few beds to treat abnormal labour cases with the aid of the Government Assistant Surgeon there. The owner of a Colliery in this area now employs a Maternity Supervisor and another a midwife. The Mines Board now proposes to entertain a Maternity Supervisor and to ask three other sets of Collieries to employ a midwife each.

Propaganda.—In August 1929, the Propaganda Sub-Committee issued a circular letter to all Municipalities and District Boards giving practical hints on the subject of Maternity and Child Welfare Organisation and the employment of Health Visitors. Several literatures and pamphlets were also circulated therewith. Apart from enquiries from a few of these local bodies, none of them is known to have taken any practical step towards the object. The Sub-Committee now proposes to issue a further appeal to them.

In conclusion it is with great pleasure that I note here that His Excellency the Viceroy and Governor General of India was pleased during the year to award the Kaisar-i-Hind Medal of the second class to Mrs. Duncan White, the Superintendent of the Patna City Centre.

The Superintendent, Patna Feudatory State has submitted a more detailed report from which we take the following extracts.

Mrs. Aldridge says. "I beg to submit the following report on the work of the Health Visitors Department during the period 6th October 1929 to 30th November 1930.

I was appointed for work in Patna State in September 1929. Having reported my arrival to the Superintendent of the State at Bolangir, I proceeded to Belpara in Patnagarh Sub-Division at a distance of 38 miles from Headquarters where the entire Belpara Police out-post jurisdiction comprising 114 villages scattered over an area of 92 square miles was entrusted to my charge.

I begun work on the 6th October and as a preliminary visited the families of the Police staff and after that the families of the Gountias and tenants of Belpara and the surrounding villages irrespective of caste or creed, explaining the nature of my work and inviting assistance wherever it was needed.

Villages were visited regularly once a week and lectures given on Hygiene, Maternity, Child Welfare, Epidemic diseases and village sanitation, illustrated by lantern slides kindly lent by the Superintendent. I am glad to say that the lectures were attended by entire villages and listened to with attention. It was not long before friendly relations were established and my advice put into practice. Calls then began to be made on my services. My first labour case occurred at Belpara on 31st October. It was followed by numerous introductions to relations in a similar condition and thereafter by incessant calls at all homes of the day and night.

The following figures show the nature and extent of the work done within the circle. As I was single handed for most of the period intensive work could be done only in 11 villages the rest of the area being attended occasionally.

Antenatal cases first visit	..	..	..	..	424
Antenatal cases revisit	..	..	..	..	1,516
Confinements	..	..	..	..	225
Post natal visit	..	..	..	..	576
Infants first visit	..	..	..	..	440
Infants revisit	..	..	..	..	10,132
Toddlers first visit	..	..	..	..	71
Toddlers revisit	..	..	..	..	1,421
Friendly visits	..	..	..	..	8,882

In addition to my regular duties I was entrusted with the training of a class of local women as dhais on stipend of Rs. 3 each per month. Owing to the nature of the work, there was great difficulty in obtaining candidates only 3 of whom could be secured at first. They are all good caste women one being

a Rajput. After six months practical training they are now employed under my supervision by a group of 18 villages who contribute to their salary at Rs. 6 each p. m.

The class at present consists of 9 new women and girls, one of whom is a young Brahmin widow. They accompany us on our tour and attend all our lectures and cases. They are also being taught to sew and knit and are sent for two hours daily for tuition at the local girls school. They live under my eye in the out offices attached to my bungalow.

Sewing classes are held twice weekly at my bungalow for the bigger pupils of the girls school and lantern lectures are given to them and the boys on health and hygiene."

Since the Lady Chelmsford League Branch has ceased to exist in the Punjab, no report has been sent in. Friendly touch has, however, been maintained with the office of the Inspectress of Health Centres and the Health School as mentioned before.

The report for Rajputana shows that work is progressing favourably in a very difficult area. We are specially rejoiced to see that the numbers at the Ajmer Maternity Home have increased. This is extremely satisfactory, not merely for the sake of the people at Ajmer, but on account of the training in midwifery it is giving to dais at this Home.

The report is as follows :—

1. During the year under report branches at the following centres functioned :—

Indian States.

Jaipur.
Jodhpur.
Bharatpur.
Tonk.
Kotah.

Ajmer-Merwara.

Ajmer.
Beawar.
Nasirabad.
Kekri.

Jaipur.—The institution is reported to have worked very well under the supervision of a graduate of the Reading Health School and a Health visitor
H49CFD

In April, just before the disturbances began, both the Honorary Secretary and the Honorary Medical Officer went on leave, and as usual during the hot weather, all lady members of the Committee were away from Peshawar. The Staff not only remained at their posts and continued to move about Cantonments, spending many hours daily in the married lines, reassuring the frightened women during the period of alarm, but refused to take leave due to them, until conditions were quieter and Dr. Glanville could return to Peshawar.

On comparing the statistics of out-patients and in-patients with those of the two preceding years, one notices a slight drop from those of 1929, but considering the very unsettled conditions during the last nine months of 1930, and the fact that regiments have been moved and many of the women sent to their villages, one feels that the figures are very satisfactory.

The Committee would like to record a high tribute to Miss C. Massey and Miss E. Mark for their devotion to duty and for maintaining a high ideal of service.

The results of the year's work, carried on under abnormal conditions, prove to what a extent they have gained the confidence of the women and of their husbands, the Indian Officers and men of Peshawar garrison. The Hospital wards are situated practically on the wire, well within sound of all the firing which occurred, and when the trouble started, the new wall round the extended premises was not completed, and even that protection was lacking. We are grateful to the military authorities for providing a guard at night to protect the Hospital and Staff quarters until the wall could be completed.

The extension of premises which was foreshadowed in our last report, was carried out early in the year, and we owe a debt of gratitude to the ex-Commander-in-Chief, Field Marshal Sir William Birdwood, for his moral and practical support, which made this extension possible, also for a special grant of Rs. 2,500 which enabled us to build the necessary wall.

We also owe grateful thanks to the Lady Chelmsford League for a special grant of Rs. 1,000 for extra equipment and furniture.

The Welfare Centres in married lines continue to be popular and well attended. In addition to the bi-weekly opening of each Centre, home visiting has been reorganised and developed. A worker visits each home and teaches practical hygiene, with the result that preventive measures have once again proved their value. This year we have had no dying or infectious cases brought to the wards at the last minute, having hidden themselves in the lines until all hope was past. Illnesses have been nipped in the bud, and a higher standard of health and hygiene has grown up.

The ante-natal work has also developed and is one of the most important branches of our work, 155 expectant mothers are under supervision and 196 of last year's babies are also watched and their mothers advised.

The indigenous dais working in the lines are trained and supervised and some of them can now do very good work.

There have been no changes in the senior staff.

Dr. R. E. Glanville, our Honorary Medical Officer, continues to give her invaluable services, and Dr. Massey and Sister Mark have done splendid work and deserve the highest credit.

There have been many changes in the Committee, the inevitable changes in a military station. We have lost our President, Lady Godwin, who has left Peshawar on her husband's promotion, and Mrs. Coleridge has now taken her place. Mrs. Skinner, the Honorary Secretary has also unfortunately left Peshawar, but her post has now been filled by Mrs. Haughton.

We are very grateful to Colonel L. M. Brassey, I. M. S., our Honorary Treasurer, for all he has done, not only in his capacity as Treasurer, but also for his thought and care for the staff during the troublous hot weather months, when he was the only member of the Committee left in Peshawar to whom they could turn.

Summary of Work done during 1930.

The following is a brief summary of the work done during 1930, details of which will be found in Appendices "A" and "B".

No. of patients treated at Out-patient Centres	3,348
Revisits	13,346
Total Attendances	16,694
In-Patients	559
Ante-natal cases	155
Midwifery cases	84

Finance.—In this connection we owe grateful thanks to the units in Peshawar for continued support, amounting to Rs. 3,127 during the year, to the Lady Chelmsford league for the generous grant of Rs. 2,000 and for a special grant of Rs. 1,000, and to the Provincial Branch of the Indian Red Cross Society for Rs. 160 a month.

We are also most grateful to Mrs. Bampton for a sum of Rs. 311 collected at an entertainment at the Club, and to the Arts and Crafts Committee for part proceeds of the Exhibition Rs. 39-7-6.

Report on the working of the Welfare Scheme of the Notified Area Committee, Mardan, for the year 1930.

"The Health Work of the Notified Area Committee of Mardan was started by the appointment of a Health Visitor of the Lady Chelmsford League of Delhi in February 1929 through the efforts of Major Kennedy, the then Civil Surgeon of Mardan. At first there was the usual opposition to the entering of homes and to the attendance of Purdah women at the Centre. The work,

Labour cases 229 compared with 145 in 1929 and 66 in 1928. Death in Home—4—2 were due to sepsis, 1 to heart failure secondary to anæmia and 1 to shock after hæmorrhage. In all these cases the patients were brought in too late.

Visits to child welfare centre during the year under

report	New 1,024	Old 2,936
Ditto ditto in 1929	New 950	Old 2,792
Visits to patients' homes	3,715	

Magic lantern lectures on infant welfare 2, on Flies 2, on Mosquitoes 2, on consumption (for Dais' class) 1.

The following operations were performed in the maternity home by the Doctors in 1930 :—

Forceps delivery	6
Podalic version (Transverse cases)	2
Curettage (incomplete abortions)	3
Removal of adherent Placenta	5
Packing (for placenta prævia)	4
Removal of Central Placenta Praevia and foetus	1
Total	21

The labour cases were classed as under :—

Normal	162
Breech	13
Transverse	6
Placenta Praevia	9
Adherent Placenta	5
Eclampsia	2
Forceps	6
Hydramnios	6
Premature Labour	20
	229
Sent to Women's Mission Hospital for operation	14

243

Mrs. Fields assistant matron, and Helen Andrews, staff nurse left on July 1st, Mrs. C. Brooks came as assistant matron on 15th August 1930. Moti Bai one of the trained dais has been kept on as staff dai.

This year's report shows a remarkable increase in the amount of work done and reflect great credit on the work of Miss O'Neill and her assistants. The whole of the staff is doing well.

Beawar.—This institution was supervised by Mrs. Paulus, a local passed midwife with a female attendant to go with her in her rounds with an ordinary medicine and appliances box and to assist her in her work. The local dais are given lectures by means of demonstration and pictures and they are given 0-2-0 for attendance at each lecture. The total number of visits made by the Lady Health Visitor was 11,960 of which 134 were confinement cases during the year 1930. The working year of the institution runs from 1st October to 30th September and Appendix B will show with full particulars the work done during the year commencing from 1st October 1929 to 30th September 1930. The institution is reported to be doing satisfactorily and shows signs of improvement.

Nasirabad and Kekri.—Monthly meetings were held at which talks on the following subjects were given :—

1. A healthy baby, points observed in judging of babies.
2. Small-pox.
3. Personal Hygiene and cleanliness.
4. Tuberculosis.
5. How to prepare a feeding bottle.
6. Removal of social evils and bad old customs.
7. Training of children, games and songs for children.
8. Burns, bites and cuts.
9. Duties of women for removal of ignorance and disease.

Last February (1929) Baby day was organised at both the places with the help of Indians and Europeans.

Cinema films were shown on subjects connected with the maternity and welfare work.

Grants given by the League are used in organising Baby Day, on various prizes, on patients food and medicines. Besides these grants Rs. 85 were given by the Kekri Municipality for Kekri and Rs. 75 by the Cantonment Board, Nasirabad, for Nasirabad, in addition to donations from the local inhabitants.

NORTH WEST FRONTIER PROVINCE.

PESHAWAR.

Indian Troops Child Welfare.

The Indian Troops Child Welfare has now completed its third year, and it is a matter of great satisfaction that in spite of extremely unsettled conditions in Peshawar, due to civil disobedience and trans-frontier activities, the work has been carried on and continued to develop.

North-West
Frontier
Province.

and the branch has proved very popular. There were 3 centres located at the following places :—

1. Telipara.
2. Ramgunj.
3. Infantry and Transport.

Every class of people especially the poorer class reaped benefit from the institution. Efforts are being made to educate Dais who are occasionally given lectures on Sanitary, Maternity and Welfare subjects.

It is highly gratifying to note that maternity practice in the city is extending and the Health Visitor and her assistant midwives are very frequently required to attend confinements at the houses of the people who are beginning to see how more skilfully they are served by the workers of this institution than by the local indigenous Dais.

The National Baby Week was celebrated early in January 1930 and it proved a great success, improvement was visible in general health and cleanliness. The Health Exhibition was a great success, it was open for women for 3 days and there was a large gathering. In addition to the Exhibition there were Cinema shows and other entertainments.

The attached statement Appendix A will show the work done.

Jodhpur.—The work done at this centre will be visible from the subjoined table, as compared with the preceding year.

					1929.	1930.
(1) Attendance	..	..	..	..	12,017	12,235
(2) Revisits	..	..	..	..	11,782	12,050
(3) <i>New patients</i> —						
(a) Infants	..	..	..	..	151	109
(b) Toddlers	..	..	..	..	84	76
(c) Adults	..	..	..	..	190	144
					425	329
(4) Anti-natal cases clinic visits	..	..	..	..	15	43
(5) Post-natal visits	..	..	..	..	143	486
(6) Maternity cases	..	..	..	..	12	52

One additional nurse has been added for attending maternity cases as the work has increased during the year under report.

Bharatpur.—It was only in November 1930 that a Maternity Health Supervisor was engaged by the Municipal Board and her duties are chiefly to go about among the female population and advise generally as to the care and bringing up of infants and to attend and supervise labour cases at the homes of the people without remuneration. It is expected that her services will be appreciated by the public in due course.

Tonk.—Miss J. David, Matron, has been in charge of the Maternity Home since 6th February 1930 during the year under report. The institution proved very useful to the population. The total expenditure on the maintenance of the institution was Rs. 1,832-2-0 on account of pay, house-rent, cost of medicines, contingencies and etc.

The total number of cases attended was 4,840, which consisted of 93 in-door of pregnant women and 59 confinements outside the hospital and 4,688 out-door patients. The total fees realised was only a sum of Rs. 60-10-0.

Kotah.—There were 150 babies on the Register of this centre. These babies are called once a month at the centre to be weighed and looked after. They were given prizes every quarter. Besides twelve magic lantern lectures were given during the year and the average attendance at each lecture was over 200 persons. The lectures were very much appreciated. A trained Dai is engaged as Health Visitor who goes all round the city and gives lecture on Hygiene. At first this did not meet with any appreciation but in course of time gained the confidence of the public. There is a complaint of shortage of funds.

Ajmer.—The report deals with Baby Day, Maternity Home and Dai Training Class. **Ajmer-Merwara.**

Baby Day.—The Baby Day was held on the 12th February 1930 and 310 Babies attended, of these only 238 were judged and the rest were refused admission as they were not vaccinated. This showed an increase of 39 as compared with the preceding year's figure. There were fewer entries in the sewing competition but the quality of work was much better. The show was overcrowded and the entertainments were highly appreciated. The Exhibits were in three sections:—I. Ante-natal, Natal and Post-natal. II. Diseases and III. Hygiene. Women in crowds visited these exhibits and showed much interest. Some 21 women from the surrounding villages visited the scene, which they greatly appreciated. The children's sports proved a success and the cinema show during the year under report was held in the Town Hall. This was attended by about 300 women who were able to follow explanation of the films. This year a sum of Rs. 713-13-9 was realised by selling of flags and subscriptions from the gentry of the city. The financial position was very satisfactory as there was a net profit of Rs. 650 of which Rs. 500 were given to the Dai Training Class for the purchase of a Magic Lantern and slides for the giving of health lectures.

Maternity Home.—No. of in-patients (including both labour cases and diseases of pregnancy) total 319 compared with 175 in 1929 and 65 in 1928.

however, progressed as shewn by the statistics of 1 year and 9 months of work to 16th December 1930 :—

1. Attendances at the Centre numbering	..	..	7,236
2. Visits to homes	..	..	1,780
3. First visits of ante-natal cases	..	..	220
4. Dais Classes	..	..	167
5. Dais Attendances	..	..	1,078

Of the dais in training at these classes three passed the Lahore Examination in 1930. The opposition to the supervising of Midwifery Cases in Pathan homes has considerably lessened and very few doors are now slammed in the Health Visitor's face on her visits through the mohallas of Hoti-Mardan.

The Notified Area Committee is fully satisfied with Mrs. Bellew's work, and the results achieved by her are excellent. The Committee, however, never really wanted the Health Centre and the members have now decided to close it down, and in its place to open a Female Dispensary with a Lady Doctor in charge—an institution which, they feel, will more fully meet the needs of the people."

The remark in the report of the Notified Area Committee of Mardan is a little sad as it indicates that health work has been imperfectly understood. The question of health work in places where the medical needs of women are not supplied is a very difficult one to which we will allude later in this report.

The Guides Health Welfare Centre, Mardan.

The following figures give briefly an idea of the work carried out during the year 1930, under report :—

1. *Patients treated.*—4,817.—Monthly average 400.
2. *Visits paid to Homes.*—2,333.—Monthly average 200.
3. *Baths.*—

May 1930	..	..	..	..	..	20
June 1930	..	..	..	..	..	42
July 1930	..	..	..	..	..	151
August 1930	..	..	..	..	..	194
September 1930	..	..	..	..	..	132
October 1930	..	..	..	..	..	8
Total						547

This includes only the baths of Pathan, Sikh and Hindu children. We did not have any baths of sweeper converts (Christian) children; as the

former objected to bathing in the same bathroom. We have only two compartments in our bathroom, one used by Mohammedans, and the other by Sikh and Hindu children.

4. *Children vaccinated by Health Visitor :—*

March 1930	..	..	..	..	..	91
November 1930	..	..	..	..	..	13
Total						104

5. *Midwifery cases.—*

Conducted by Health Visitor	..	..	..	..	20
Conducted by Dais..	..	..	..	..	45
Total				..	65

Out of these cases only two babies have died ; during the puerperium period, their mothers having put oven dust and dirty mustard oil, over their babies umbilical cords instead of the Dusting powder which we give—no mother has died, nor has suffered from fever even.

6. *Number of Dais on the Roll* 7.—We have three Mohammedans, two Hindus and two Christians ; who are yet under training ; and I hope to send up at least four, for the Punjab Central Midwives Board Examination in April 1931. We have their class once a week at present ; and give them annas 2 a head for every attendance.

7. *We have on the Roll :—*

Page 151—

Pregnant women	..	..	..	..	..	40
Toddlers (from 18 months to 5 years)	..	..	..	..	..	200
Infants (from birth to 18 months)	..	..	..	..	..	150

8. Owing to Civil Disturbances in the Summer and the fact that the 2/13th F. F. Rifles are still away from Mardan—fewer families have been in Mardan this year.”

Dera Ismail Khan.—

The following is the report of the Infant and Maternal Welfare work for 1930 :—

The Centre.—Attendance at the Centre has been maintained at an average of 17-21 as against 7-15 last year. There has been an increase in ante-natal attendance, and so a larger number of such cases has been under the supervision of the Health worker. Dr. Bali, in charge of the Municipal Zenana Hospital, has co-operated with the Centre by giving one morning a week to seeing pre-natal cases brought to her by the Health worker. This has ensured a safe delivery for some cases which were threatened with complications.

- (5) The day nursery at the Peninsular Tobacco Company was maintained as last year. The welfare centre and the cooly lines were periodically visited by the lady health visitor and the lady doctor. (1) The lady doctor gave necessary advice and treatment to expectant mothers who could not attend our clinics. Some of the waiting mothers attended the ante-natal clinics at the Fraser Town welfare centre. (2) A special nurse was supplied and maintained by the company itself to carry on the work at the nursery. Daily average of children for the year, 1st January—1st December 1930. (3) Total attendance of children who attended the centre 10,800.
- (6) Welfare work was also done at the Indian Military Followers Lines and the military area at the Gun Troop. 94 women attended the weekly clinics and 20 confinement cases were conducted. This work is also done by the municipal lady doctor, lady health visitors and midwives.

Contributions were received as follows :—

	Rs.	a.	p.
(1) Lady Chelmsford League	600	0	0
(2) Victoria Memorial Scholarships Fund	500	0	0
Total ..	1,100	0	0

Expenditure.

(1) Stipends to pupil nurses	276	0	0
(2) Bonus paid to dais for attending dai classes during the Baby Week	87	8	0
(3) Rewards paid to dais for attending classes every week ..	71	4	0
(4) Purchase of a dummy (abdomen for dai classes) ..	45	9	0
(5) Purchase of frocks for Baby Week	568	12	0
(6) Printing charges of 6th Annual Report of the Association ..	37	12	0
(7) Overspent amount for the previous Baby Week paid to Municipality	31	0	0
Total ..	1,117	13	0

Simla.

A report of the work at Simla has also been sent to us. This Centre is no longer aided by the Chelmsford League, it is practically entirely supported by the Simla Municipality and is therefore a good example of the enterprise of a local body in health work. The care of mothers during child birth is the most striking feature of the Simla work and absorbs a large portion of the time

and energy of the staff, making it impossible to carry on a great amount of child welfare work proper. We are glad to know that there is a great deal of co-operation with the Lady Reading Hospital in the matter of maternity cases, but the position with regard to ante-natal clinics is not clear. It would appear that the ante-natal clinic is carried on by the staff without the attendance of a medical woman. This seems a pity, since there is an ante-natal clinic held in connection with the outpatient department of the Hospital. A closer connection between the hospital and child welfare clinic would also seem to be advisable.

As mentioned before there is constant touch between our office and work throughout all parts of India owing to the fact that old pupils of the Delhi Health School are working in various centres and write to us freely for help and advice, this help and advice we give to the fullest extent in our power.

It is not possible to leave this part of the Report without commenting on the new position of the League. As noted elsewhere, the League has now become part of the new Maternity and Child Welfare Bureau, which also includes the Victoria memorial Scholarships Fund, and the Child Welfare work of the Indian Red Cross Society. This amalgamation increases the scope of work of the Bureau, and we are confident it will mean a step forward to child welfare work throughout India. Amalgamation between the Red Cross Society and Lady Chelmsford League has taken place in several Provinces already, and is contemplated elsewhere; such co-operation means economy of personnel and effort while it also means increased efficiency. It is gratifying to know that the amalgamation is approved of by the Foundress, Lady Chelmsford, and others connected with the League in its earlier stages. Dr. Ruth Young who has been connected with the work of the League and the Victoria Memorial Scholarships Fund for several years past in the Dufferin Office has become Director of the new Bureau.

Propaganda.—Under this heading we are forced to make the same remark which was made last year, namely, that new literature is required. The production of new material was rendered more difficult than usual, during the year under review, owing to the fact that it was found advisable to wait until the new Bureau was instituted, before undertaking much in the way of new literature or new propaganda material. In addition Dr. Scott's absence on furlough for nearly 5 months increased the work of the remaining staff. Several reprints which became necessary were carried out, and in addition, a new publication, "Ante-natal Work in India" by Dr. R. Young was issued. The Journal was issued as usual, but from 1931 it will be combined with the Red Cross Journal. Though we are sorry that it is not possible to continue

Through the whole of this long period Miss Williams has taken the entire charge of our Clinic in Gangamacherry. Has kept most careful accounts of the evening on which this Clinic was open.

I find 170 children have been in constant attendance. The Clinic was opened once a week in the evenings for about $1\frac{1}{2}$ hours. The usual course of procedure was for Miss Williams and one or two of her students who were Girl Guides, to sit in one of our two rooms and give picture talks on health subjects and short talks on some moral subject to the children. Songs were also taught and stories told. From this class the children were called one by one to see the Doctor in the second room where also mothers could obtain medical advice. If the Doctor was unable to be present, the children were washed, their hair combed, eyes washed, etc., by the Girl Guides. Once a week the Lady Doctor and Miss Williams walked through the village talking in a friendly manner to mothers whom they knew. In this way a great deal of practical advice was given and a very friendly relationship established. The interior of the houses was also inspected. It is with the greatest regret that we have to accept Miss Williams' resignation from our Association. She has been an invaluable worker, indeed, one whom we cannot replace. Her command of the language and her knowledge of the customs of the poor in this district have set her above price. We can only offer her our sincere thanks and all good wishes for the future and a very happy holiday at home.

The following figures give some idea of the amount of work carried out by Miss Williams between July 1929 and December 1929—Gangamacherry.

Number of children examined	..	..	..	..	1,355
Number of children treated	..	..	..	..	478
Number of times clinic opened	..	..	..	..	75
Number of visits paid in the village	..	..	..	..	72

about twelve to twenty houses visited at each visit to the village.

The following is the report of the Maternity and Child Welfare Association, Civil and Military Station, Bangalore :—

The report covers the period from 1st January to 31st December 1930.

During the year under report, there were a few important changes in the personnel of the Association. Mrs. S. E. Pears, who always took a keen interest in the welfare work, left Bangalore in the middle of the year and Mrs. N. Burke, the Residency took over the presidentship of the Association from October 1930.

The post of the honorary secretary was being temporarily held by the President of the Municipal Commission, Mr. G. H. Cooke, M.C., I.C.S., in the absence of a Health Officer. When Dr. M. R. Goverdhan was appointed as the Health Officer of the Station, he assumed charge of the secretaryship of the Association from the middle of March 1930.

There were four meetings of the Executive Committee at the Residency, Mrs. S. E. Pears and Mrs. N. Burke presiding.

The work of the Association was carried on in close association with the Child Welfare section of the Health Department of the Municipal Commission and comprised the undermentioned items of social and general welfare work :—

- (1) The annual Baby Week was not celebrated this year, as unfortunately an epidemic of cholera broke out in February 1930 and it was therefore recommended by the Committee that it be postponed to next year when both the Baby Week and the Health Exhibition be combined and got up simultaneously.
- (2) Several ladies of the Committee kindly visited the various municipal welfare centres throughout the year and gave useful advice from time to time.
- (3) Two Indian pupils were selected for training in midwifery and sick nursing at the Lady Curzon Hospital, Bangalore Cantonment, with a stipend of Rs. 15 per mensem. But one candidate had to leave the course on the recommendation of the Superintendent of the Hospital for disciplinary measure.
- (4) *Training of indigenous dais.*—In the month of January 1930, as a part programme of Baby Week a batch of 12 dais were given a course in elementary midwifery training, at the end of which they were examined and certified and they were paid a remuneration of annas eight per attendance. The total cost was Rs. 87-8-0.

As the Association receives an annual grant from the Victoria Memorial Fund, which is meant purely for training indigenous dais, an attempt was made for the first time during this year to have regular bi-weekly classes of indigenous dais of the Station. A remuneration of annas 4 per lecture is paid to each dai. A batch of five dais was selected and is having classes regularly under the municipal lady doctor since June 1930. To get co-operation with the indigenous dais and to have their cases under our supervision a remuneration of annas 8 per case reported by them is paid to them. It is expected that this important branch of work will improve much more in the near future.

A larger number of infants and toddlers have revisited the Centre. The Food Fund instituted in April, has been of great benefit.

Ostelin has been supplied to six children, and milk, suji, and egg flip to newly weaned toddlers. Milk was also supplied to one expectant and one nursing mother.

The sewing class organised by the Ladies Committee early in the year, did some useful work, and stimulated attendance at the Centre.

Home Visiting.—102 new ante-natal cases have been seen in their homes. Of these 73 were seen late in pregnancy, so only 29 were put on the Centre cards and 246 revisits paid to them, with the 47 new ante-natal cases seen at the Centre, the total number on the cards for the year were 76. 17 confinements were supervised. The cases reported by the city dais have also been visited by the health worker or centre dai. Supervision of city dais' cases cannot be very thorough without a larger staff, but the amount of supervision given keeps the health worker in touch with the city dais, is a restraining influence on them, and in some individual cases gets the health worker in contact with the mothers who need help, or who are likely to benefit by health teaching and become regular Centre visitors.

A much larger number of infants and toddlers have been revisited in their homes. It is not possible for one worker to revisit thoroughly such a large area as the city. As an experiment one near by district has been visited weekly, and the result has been a quickened interest from that district in Health teaching and a larger Centre attendance from there.

Dai work.—The city dais have attended classes regularly twice a week and reported their cases. They continue to bring abnormal cases into hospital, with a few exceptions.

The Lady Boltan Dais Training Centre for the North West Frontier Province.

The dais of the 1929-30 class completed their course in April 1930, and were examined by the Punjab Central Midwives Board. Of the 9 dais, 5 passed and 4 failed. Two of the latter were much below the average standard necessary for such a course. The present 1930-31 class has 8 candidates, six of whom are fairly promising.

The co-operation of the staff of the Municipal Zenana Hospital in their training is as usual of much value. 9th candidate was presented for the class, but too late for inclusion this year.

Military Work.—Regular weekly visits have been paid throughout the year in the Signal Unit at the Fort. Visiting in the 22-M.-T.-Lines ceased in May with the departure of the families, and has begun again in December on their return.

The Indian officers of the Signals Unit and of the Indian Troops Hospital co-operated with the health worker this year, which increased the value of the work.

There were two cases of rickets, one of which died, so it was thought absolutely necessary to begin treatment for the other even though funds were not forthcoming. The health worker supplied milk and eggs for a short period with much benefit to one case of rickets in a weakly babe.

The exact dosage of ostenlin was taken down every week and given in charge of the wife of one of the sepoy, who gave it out daily. This worked satisfactorily with the supervision of the Indian Officers.

Maternity and Child Welfare Association, Bangalore City.

The period now under review dates from July 1928 to January 1930.

The Association gratefully acknowledges subscriptions from the Amateur Dramatic Association of Bangalore City of Rs. 156-5-6 and from Messrs. Binny and Co., Managing Agents, Bangalore Woollen, Cotton and Silk Mills, Ltd., of Rs. 300 also grants from the Mysore State Branch of the Indian Red Cross Society of Rs. 50 and the Lady Chelmsford All-India League of Rs. 600.

The monthly numbers at the creche remain fairly constant. They average daily attendance 12 infants. A few of these have been with us from our opening day in November 1928.

The Hall is large and conveniently situated for working mothers as it lies opposite the gates of our large City Mills. There is a small compound which the City Municipality has lately enclosed with a wall and gate and we are hoping to begin work on making this into a garden this season. The children are now growing big enough to run about, and require some out of doors play ground. Our next enterprise must be in this direction.

We wish to call the attention of our subscribers to our need for a light shelter from the sun, made of bamboos and plaited palm leave screens where the children might play during the morning. Owing to the fact that there is no form of shelter at all in our compound, they have to remain indoors all day.

Nurse Abigail has been with us from our first day and it is with great regret that I have now to mention that she is leaving us at the end of May. She is about to be married and we wish her happiness and success in her new life.

She has done excellent work and all the Committee have felt confidence in her ability.

to issue a separate child welfare Journal for India, the smallness of circulation did not justify the continued publication of a separate magazine. Efficiency in the matter of propaganda work really demands the services of one specially trained or with special aptitude for the work, as it is immensely difficult to carry on such new work in addition to the ordinary work of the office, which increases year by year.

Help continues to be given for Baby Weeks in various centres, but perhaps, owing to the political situation, fewer Baby Weeks appear to be held. This is probably only a temporary setback, for Baby Weeks, as a means of securing interest and drawing attention to the needs of women and children, have still their part to play in child welfare work in India.

The need which we have referred to in the last two or three Reports, for a training for medical women in health work, seems about to be met. As mentioned before, under the Report of the United Provinces, there are plans for the beginning of a course for sub-assistant surgeons in health work in Lucknow. The new Hygiene Institute at Calcutta is to be opened in January 1932. One of the sections of this Institute will be Maternity and Child Welfare, and we understand that the authorities contemplate giving a course for medical men and women in that branch of public health work. If this comes about it will be a great advantage to health work for women and children in India, and we shall no longer labour under the difficulty that we have no trained personnel for posts which are opening up for women doctors all over India. It is quite impossible for posts in health work to be filled satisfactorily, unless by doctors with special training in health work. No one would dream of appointing a doctor in charge of an X-Ray Institute who had not had special training in that branch of medical work, yet at the present time doctors are appointed to maternity and child welfare posts who have had neither training nor experience in such work. This is just as inadvisable as the former, but up till now it has not been possible to avoid doing it.

ANNEXURE XVI.**Lady Chelmsford League Fund.**

The main source of income of this fund is the interest on its investments which amounted to about Rs. 9,07,000 on the 1st January 1930. The Government of India make a fixed contribution of Rs. 6,000 to the Lady Reading Health School, the expenses of which are met by the fund. There are other minor receipts from donations and subscriptions and usually there is a small receipt of about Rs. 1,000 from the sale proceeds of the publications of the League. There are also certain fees paid by the students of the school and occasionally stipends are refunded by the students under the rules governing them.

The main expenditure from this fund is on account of grants to Health Schools and to Infant Welfare Centres, the total of which during 1930 amounted to Rs. 22,000. In addition, the fund meets the whole cost of running the Lady Reading Health School and makes an allowance of Rs. 200 a month to Dr. Young for secretarial work in connection with it. The balance of the expenditure is on propaganda. A sum of Rs. 2,000 is also charged off as depreciation on the buildings and equipment which is written off to capital annually.

A sum of Rs. 6,000 was temporarily set aside and placed on fixed deposit during the year.

The expenditure during the year was Rs. 8,000 less than the budget, the savings due mainly to the fact that the entire sum of Rs. 3,500 provided for unforeseen grants remained unutilised while a sum of Rs. 2,000 was saved owing to the closing down of the Madras Health School till July 1931. About Rs. 2,000 were also saved under propaganda.

There has been a very slight appreciation of the securities as compared with their cost during the year.

This is the last time that the accounts of this fund will appear in the Annual Report of the National Association. The General Body of the League decided to dissolve it with effect from the 31st day of December 1930 and to transfer its property to the Indian Red Cross Society after satisfaction of all debts and liabilities. In the absence of any liabilities, the total assets of the League amounting approximately to eleven lakhs of rupees have been transferred to the Indian Red Cross Society on the 31st December 1930.

The Executive Committee of the League decided to absorb the National Baby Week Council and its funds in the League with effect from the 1st December 1930. The Annual Accounts of the League for 1930 consequently embody the transactions relating to the National Baby Week hitherto shown separately in the Annual Reports. This activity has however since been transferred to the Indian Red Cross Society as part of the larger transfer referred to above.

G. KAULA,
Acting Honorary Treasurer.

Annual Account of the Lady Chelmsford All-India League Fund Income.

National Baby

Items.	Amount.	Total.
	Rs. A. P.	Rs. A. P.
1. Opening Balance—		
Investments—		
Lady Chelmsford League	Rs. 9,06,809 5 10	
National Baby Week	15,908 3 6	9,22,717 9 4
Cost of Buildings		1,15,659 9 0
Equipment—		
Lady Chelmsford League	9,906 1 7	
National Baby Week	182 4 0	10,088 5 7
Fixed Deposit (Baby Week)		2,106 0 0
Savings Bank (Baby Week)		4,450 11 6
Stock of literature (Baby Week)		15,052 5 6
Cash—		
Lady Chelmsford League	17,920 0 0	
National Baby Week	3,988 11 9	21,908 11 9
2. Interest on Investments—		
Lady Chelmsford League	52,759 14 7	
National Baby Week	887 3 4	53,647 1 11
3. Donations and subscriptions . . . . .	....	366 0 0
4. Contributions—		
(a) From the Government of India for the Lady Reading Health School.	6,000 0 0	
(b) From the V. M. S. Fund for Propaganda	250 0 0	
(c) From the Delhi Health and Baby Week	100 0 0	
(d) From the Delhi Municipality	200 0 0	6,550 0 0
5. Sale proceeds of publications . . . . .	....	990 7 0
6. Miscellaneous—		
(a) Refund of stipends	982 0 0	
(b) Tuition Fee	675 0 0	
(c) Other items	250 4 0	1,907 4 0
TOTAL . . . . .	....	11,55,444 1 7

LADY CHELMSFORD ALL-INDIA LEAGUE FUND ACCOUNT.

(including those of the Lady Reading Health School and the
Expenditure.
Week), 1930.

Items.	Amount.	Total.
	Rs. A. P.	Rs. A. P.
1. Contribution towards Central Office expenses . . . . .	....	15,750 0 0
2. Propaganda—		
(a) Publications	1,346 12 0	
(b) Travelling expenses	570 1 0	1,916 13 0
3. Secretarial Allowance of Dr. Young . . . . .	....	1,909 11 0
4. Grants to Health Schools—		
(a) Delhi—		
Lady Reading Health School	17,534 13 6	
(b) Governors' Provinces—		
(i) Bengal Health School	4,000 0 0	
(ii) United Provinces Health School	3,350 0 0	
(iii) Madras Health School	3,000 0 0	27,884 13 6
5. Grants to Centres—		
(i) Infant Welfare Centre, Delhi	1,790 7 6	
(ii) North-West Frontier Province.	4,692 8 0	
(iii) Rajputana	1,800 0 0	
(iv) Bangalore	1,200 0 0	
(v) Mysore	500 0 0	
(vi) Sambalpur	1,800 0 0	11,782 15 6
6. Contribution to the Provident Fund . . . . .	....	183 12 0
7. National Baby Week—		
(a) Salaries.	1,485 0 0	
(b) Office move	84 6 0	
(c) Contingencies	992 5 9	
(d) 10 per cent. depreciation on literature	1,505 4 0	
(e) 10 per cent. depreciation on equipment	18 4 0	4,085 3 9
8. Miscellaneous—		
(a) Stipends and Prizes	422 7 0	
(b) Sonapur Medal	70 0 0	
(c) Other items	221 7 2	
(d) 1 per cent. depreciation on buildings	1,156 9 0	
(e) 10 per cent. depreciation on equipment	990 10 0	2,861 1 2
9. Balance transferred to the Indian Red Cross Society as per enclosed statement . . . . .	....	10,89,069 11 8
TOTAL . . . . .	....	11,55,444 1 7

G. KAULA,

Acting Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

Chartered Accountants,

Auditors.

CAWNPORE,

5th March 1931.

Statement of the Balance of the Lady Chelmsford All-India League Fund (including the Lady Reading Health School and the National Baby Week) on 31st December 1930.

Assets.	Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% G. P. Notes, 1854-55	2,000 0 0	1,180 0 0	1,268 12 0
2. 4½% Loan, 1955-60	24,000 0 0	22,560 0 0	19,965 0 0
3. 5% Government of India Loan, 1945-55	63,900 0 0	64,458 8 9	64,259 7 0
4. 5% Government of India Loan, 1939-44	3,36,100 0 0	3,24,336 8 0	3,14,253 8 0
5. 6½% Bombay Development Loan, 1935	4,90,000 0 0	4,99,237 8 7	5,13,275 0 0
6. 4% Loan, 1934-37	11,000 0 0	10,945 0 0	9,817 8 0
	9,27,000 0 0	9,22,717 9 4	9,22,839 3 0
7. Fixed Deposit—			
Lady Chelmsford League	Rs. 6,000		
National Baby Week	2,106	8,106 0 0	8,106 0 0
8. Savings Bank (National Baby Week)	4,584 3 6	4,584 3 6	
9. Stock of literature (National Baby Week)	11,348 13 8	11,348 13 8	
10. Equipment (National Baby Week)	164 0 0	164 0 0	
Lady Reading Health School—			
(1) Depreciated value of building	Rs. 90,296 0 0	..	..
(2) Furniture and equipment	8,619 1 7	98,915 1 7	98,915 1 7
R. S. Nanak Chand L. W. Centre—			
(1) Depreciated value of building	24,207 0 0	..	..
(2) Furniture and equipment	296 6 0	24,503 6 0	24,503 6 0
CASH		18,730 9 7	18,730 9 7
TOTAL	10,93,352 2 4	10,89,069 11 8	

G. KAULA,
Acting Honorary Treasurer.



