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All Through Play

Social Welfare Work

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Editorial

THE Y.M.C.A. COLLEGE OF PHYSICAL EDUCATION BEGINS ITS TWENTIETH YEAR OF SERVICE.

On July 1st the Y.M.C.A. College of Physical Education re-opened for its twentieth year of service. The Honourable Mr. C. J. Varkey, Minister for Education, addressed the students and emphasized that physical education must be thought of as a socializing agency, as well as for its body building and health values. He also urged upon the new entrants to the profession the desirability of visualizing their profession as an opportunity for *service*, and not merely as a job. The Education Minister has done a great service to the cause of physical education in pointing out that as physical education teachers we must realize that we are dealing with personalities as well as with bodies, and that just as great care must be given to the psychological and ethical principles as to physiological and anatomical principles in promoting, organizing, and conducting physical education. We are in full agreement with the Honourable the Minister on this point and on his desire to see the physical education programme include such activities and be guided by such leadership that good social values may be the outcome as well as purely individualistic physical values.

Physical Education must of course attempt by scientific methods to improve the physique and to develop sound health, but it should not stop with these aims and methods. To do so implies a very narrow conception of physical education. The broader more comprehensive view leads us to see man as a whole, and to recognize his emotional needs and interests as well as his purely physical needs. Such a comprehensive programme calls for intelligent high quality leadership, and the Honourable the Minister was quite right when he remarked that the Y.M.C.A. College needs to exercise great care in admitting and in retaining only such men as can be developed into good physical education teachers. We are in whole-hearted agreement with such a policy and do our utmost to uphold it. But there are some traditional hangovers in physical education practices in India which make it extremely difficult to attract high *quality men into the profession.* One of the greatest of these evils is the poor salary scale offered for physical education teachers. In producing quality leadership we have marched a long way beyond the days of illiterate drill masters. But unfortunately salary scales have not kept pace with the march of quality. It is not our intention to call any halt in the quality march and we hope that steps will be taken by Government authorities to improve salary scales that may retain and attract quality.

Another practice that cools the ardour of trained quality leadership is the fact that so many schools and colleges do not give trained leadership an opportunity to develop adequate constructive programmes of Physical Education. When the two above mentioned obstacles are removed we are

convinced that there will be no difficulty in drawing the highest quality of young men into the profession of Physical Education.

The total number of students in attendance for this the twentieth College Year is 77. Of these, 9 are in the Diploma section, 19 in the Higher Grade Government Certificate section, and 49 in the Lower Grade Government Certificate group. The men come from all parts of India, Burma, Ceylon and Siam. The cosmopolitan nature of the student-body and the wide area served by the College is pictured by the following tabulation of students by province or state or country and by the numerous languages represented. The various areas other than Madras and the number of students from each are as follows :—

North West Frontier Province	..	1
Punjab	..	7
Gwalior	..	1
Malerkotla	..	1
Kapurthala	..	1
Alwar	..	1
Bikaner	..	1
United Provinces	..	3
Orissa	..	2
Marathi Area	..	1
Gujarat	..	2
Birar	..	1
Telugu Language Area	..	20
Tamil Language Area	..	26
Kanerese	..	1
Travancore	..	3
Ceylon	..	3
Siam	..	2

The languages represented are :—Pushto, Punjabi, Hindustani, Oria, Gujarati, Marathi, Kanarese, Telugu, Tamil, Malayalam, Singalese. Of these students 33 are specially deputed and 44 are private students.

H.C.B.

The Growth of the Saidapet Health Association

By

Mrs. M. M. Buck, M.A.

The co-ordinated efforts, now known as the Saidapet Health Project, had their beginning in 1933, shortly after the Y.M.C.A. College of Physical Education moved from Madras to Saidapet.

Although Saidapet so closely adjoins Madras that it seems to be a part of the city, it is actually, quite distinct from it. Many of the 33,000 residents work in Madras, but their family and social life centres in Saidapet. It is our aim to share intimately in the life of the community. In Saidapet the College was thus offered an opportunity for community service in a town of convenient size. But in 1932 we knew no one in the town. It was necessary therefore to find in our new home a common interest, in which friendship might naturally develop.

Health associations are a usual feature of Municipal life in India. It is easy to criticise the work they do, but the idea itself is sound. Co-operating in such an effort provides a useful experience for all teachers, but especially for directors of physical education. We decided therefore, to investigate Health Association work as a possible means of becoming acquainted. In the late 1920's such a society had been organized in Saidapet, but it had ceased to function. We had, therefore, an open field. The Collector of the District supplied the names of public spirited men, residents of Saidapet, who were interested in social service work. The women of the town, we found, had not yet developed the courage for such public activities, although they will soon be ready to undertake them.

As complete strangers in Saidapet, we were unaware of its problems. But at the tea party in our house, during which plans for forming a Health Association were first discussed, we were informed that Saidapet had many municipal and social problems; it lacked a municipal water supply for its 33,000 residents; its sanitation depended too largely upon individual initiative, and little progress was being made. Every year there were serious epidemics of smallpox and cholera. Filariasis was unusually prevalent, but the general public did not realize that the defective sanitation provided ideal breeding places for the culex mosquito that carries the disease. It was also stated that a large number of residents were suffering from leprosy. Medical relief was not well co-ordinated. There were a number of private medical practitioners in Saidapet, while Government maintained a large dispensary for out-patients; a Missionary society supported a small dispensary for women and children. The Municipality employed 3 midwives, but there was obviously great need for a more adequate midwifery service.

And so the tale of problems grew, as each person described the need that seemed greatest to him. Finally, it was decided that (1) a Health Association should be formed; (2) it would, at least in the beginning, concentrate upon one disease only, in order that energy might not be dissipated; (3) where needs were so pressing and numerous, it was difficult to choose a line of effort that an inexperienced Health Association might, with some hope of success, undertake. The Public Health Department had for years pushed its smallpox vaccination and cholera inoculation campaigns. They had failed to impress, as the average person still had far more faith in ancient religious ceremonies than in modern attempts to control smallpox and cholera. Filariasis, though an urgent problem, could not be eradicated until the Municipality was able to install adequate drainage. Furthermore, although the cause and mode of infection is well known, the treatment is a bio-chemical problem to be worked out in a laboratory. The need for a cure is urgent and wide spread, but we realized that it was far beyond our scope.

In 1932 much interest had been aroused in leprosy and in other areas of Madras Presidency a vigorous campaign was under way to raise funds for leprosy relief. This move had met with wide and sympathetic response. Leprosy seemed to be a disease in which the public was vitally interested. None of our group knew very much about it, and only one was a doctor. The rest of us knew only that general public opinion seemed to agree that the value of the injections available in free Government dispensaries was questionable. Sometimes they helped people, and sometimes they had no effect; they were always painful, and it required great courage to continue them weekly over a period of several years.

All over India various missionary societies had established settlements in which persons suffering from leprosy were isolated. The largest in South India, the Lady Willingdon Leper Settlement, was located about 30 miles south of Saidapet, in Tirumani, just outside the town of Chingleput. Expert advice from its staff would, therefore, be available to us.

We finally decided to concentrate our efforts upon the relief of leprosy in Saidapet. As all of us were ignorant of the most effective means of approach, we agreed to secure the advice of Dr. Baxter, the Medical Officer at that time in charge of the Tirumani Settlement, and then to make a survey of the actual incidence of leprosy in Saidapet.

We realized the enormous difficulties ahead and had, in 1932, no real hope of being able to undertake any constructive action in controlling the disease; but we did hope to use the recently aroused public interest in leprosy as a lever to lift the health level of the town of Saidapet. Thus, quite by accident, we stumbled upon an important principle in public health work; that it is wise to begin with a disease in which the public is most interested, and to use that interest as a lever with all of the other problems. Ignorant as we then were of the many unanswered questions which baffled the leprosy specia-

list, we did realize that the disease is probably tied up with many other health problems. Therefore, since leprosy, and what to do about it, was the main interest in Saidapet, we decided to ignore, for the moment, all other conditions and began with leprosy. At our first meeting we organized ourselves into 'The Saidapet Skin and Leprosy Relief Association'. The only doctor in our group, Dr. P. Sundaresa Rao, was elected Secretary, and has tirelessly carried on that work since, without a break. His patience and his spirit of service have been invaluable.

Our first move was to discover the scope of the problem. Inquiry at the Government Dispensary was discouraging. The Medical Officer informed us that there were only nine cases of leprosy in Saidapet. Five of these were burnt out cases, for whom nothing could be done ; the other four he was treating with the usual injections. The Government Census had just been completed. It recorded 30 cases of leprosy in Saidapet but we were told by Government officials that we could safely treble that figure.

It seemed obvious that we must make a survey of the town, visiting every home with a doctor qualified to diagnose leprosy. Now, seven years later, when we have completed seven surveys, it is difficult to remember our anxiety and distress over the first one. It seemed reasonable to make a survey, as we had no idea of the actual incidence of the disease and believed that the ancient fear of leprosy might have led to an exaggerated estimate of its prevalence in Saidapet.

We planned to issue simple propaganda leaflets informing the town of the formation of The Saidapet Skin and Leprosy Relief Association, and its purpose. Then it was proposed to draw up a daily schedule for our Association members, giving each one of us days when we would accompany the survey party, and help in its work. The kind promise of help was secured from men and women doctors familiar with the diagnosis of leprosy and able to give us fixed days when they could help. It was decided to divide the survey party into two groups; the propaganda committee, to go first explaining the purpose and method; the examination party to follow and attempt to examine every person in each house. This plan was simple, but we thought it would be effective. Having drawn it up in detail we circulated it widely among doctors, public health workers, and social service experts. They unanimously condemned it and agreed that the social stigma attached to leprosy was so great, we would be certain to fail if we attempted a house to house leprosy survey. No one would welcome us, and we were told furthermore that we should arouse such great indignation by hinting that any family had a case of leprosy that it would be impossible to attempt thereafter, any other form of health work, and our association would quickly die a natural death. A case of leprosy in the family is concealed, as it is a barrier not only in securing a job, but in arranging marriages for the other children. Any other disease may be tolerated, but to have a case of leprosy in the family, jeopardizes its social and economic opportunities.

This advice was so persistent and so dogmatic, it required much courage to proceed. We knew of no method other than a survey to inform us of the actual incidence of leprosy in Saidapet. Accordingly, we finally agreed to follow our original plan. The first morning was a memorable one, as the doctors registered eight cases, and in every house we were met with such kindness and hospitality that the morning's work exceeded our highest hopes.

Thereafter, every day but Sunday and Christmas day, the work went on. It proved to be a very heavy burden for all of us, as interest steadily increased, requiring us to spend a longer time in each home. In the majority of the families detailed conversations were necessary. We were always very careful to explain that the association was new, the survey entirely experimental, and that we had no idea what we could do in the way of remedial measures, as expert advice must be secured. All of this required time, and all of us except the doctors had jobs as teachers or clerks, and could give only certain hours. We began every day at 6-30 A.M. and worked until 8-30 A.M. It was useless to continue after 8-30 in any case, as children left for school and adults for work. In spite of this we actually visited and examined the residents in 3,000 homes. As the work proceeded we had spells of great activity when several doctors were able to help us. At other times only one doctor was present and progress was slow.

When the survey was completed our work was checked, and results analyzed by the Medical Officer at the Lady Willingdon Leper Settlement. Even so, we hesitated to share our findings, they were so startling, and so far exceeded anything hitherto recorded.

A total of 456 cases were registered by our doctors. It was realized that in addition to these a very large percentage had absented themselves in order to escape detection. Analysis of the survey revealed that 2½ times more children than adults were suffering from the disease. Our problem was therefore colossal and it was difficult to plan a scheme of work.

Throughout India, the prevailing method of treatment has been to isolate persons suffering from leprosy. Now it costs Rs. 10 monthly to maintain a patient in a leprosy sanatorium. Even if it were possible to isolate all of the Saidapet patients, the required funds could not be found. Furthermore, to remove so many wage-earners from needy families would completely dislocate the economic structure of Saidapet. As a stop gap measure, while we discussed ways and means, the survey medical officer, Dr. Rajagopalan, was available at the Government Dispensary, on fixed days, to give treatment by injection to all who wished it. This was merely a temporary effort.

During the survey requests for a Maternity Centre had been insistent. This was clearly a real need which we could help to meet. Our request to the Red Cross Society secured very generous help in staff and money, and

we started a Health Centre. In the beginning, very little use was made of our facilities, because of suddenly aroused barber mid-wife opposition, and it was difficult to find any reason to be encouraged. The strength of this opposition can scarcely be realised except by those who through birth or long residence in India, know the traditional importance and place these women have. From time immemorial the barber's wife has been the village midwife. Her knowledge and technique are still primitive, and with all the vigour of a primitive woman, she attempts to hold her place. It is so strengthened by superstition and ancient social custom, that even those who wish to take advantage of modern medical methods find it difficult to shake off her influence. But finally this opposition largely spent itself, and we are extremely proud of the work the Health Centre has done. Hundreds of women have attended our Ante-natal Clinics, and have been cared for by our nurse and health visitors during child birth. It required four years to overcome the strong enmity of the barber midwife, and to secure public recognition for our work, but we are now well established and our work steadily increases.

From May 1st 1938 to April 30th, 1939, the register in the Health Centre shows :—

Number of women attending Ante-natal Clinics	..	1,575
Number of cases attended during child birth :		
In the Centre 146, in homes 62	..	208
Number of babies still-born or died	..	6
Number of mothers died	..	Nil

It will be seen that a large number of mothers make use of our Ante-natal Clinic, then assured that their case is normal, at the last moment they fall an easy prey to the ministrations of the barber mid-wife. But our influence steadily increases.

As with all of our work the Health Centre was undertaken because it was clearly the next step forward. It developed public confidence in our good intention when we were unable to do much about leprosy. Valuable in itself, it has had a remarkable effect upon the leprosy work. To all patients in the leprosy clinic we make no promises. They are told that the doctors cannot guarantee a cure, although they do everything in their power. But as they are still experimenting, they can only ask for patient co-operation and regular attendance at the clinic.

The injections for leprosy are painful, and improvement is frequently very slow. The clinic staff must constantly visit in the homes explaining this, and persuading the patients to be faithful, and to be prepared to take the treatment for years. In developing this faith and patience the Health Centre is invaluable. The women attending its Ante-natal Clinic have after a few months a lovely baby, born under better care than they had ever dreamed

possible. We use modern methods in the Ante-natal Clinic, which are not always understood, but the mothers are delighted with their babies. This is a result from one kind of Clinic attendance which helps to develop faith in all of our work, and assists enormously in securing regular attendance in our leprosy clinic.

But in 1933-34 very slow progress was being made. Then in 1935 Dr. R. G. Cochrane providentially arrived to take charge of the Lady Willingdon Leper Settlement. Already long experienced in leprosy work, he came with the idea, new to India, of isolating only the open cases, and for all others providing a treatment centre in their own town. Thus he hoped not only to secure much more effective treatment, but to make possible *a study of leprosy in the situation in which it occurred.* Dr. Cochrane wished to establish two such research centres, one urban and other rural. Saidapet provided, immediately, the urban area.

The work since Dr. Cochrane's arrival :—It is difficult to compress six years work into a brief statement as we have cast a wide net in our effort to solve the health problems of Saidapet. Until 1938 we did not issue reports, as we were well aware of the singularity of our work. Until its foundation appeared to be solid, we dared not share news of its progress. Now, in 1939, although no report can be made of startling discoveries, we are convinced that the work we are doing is sound. But it is growing so rapidly we are no longer able to deal satisfactorily with certain aspects of it, and must ask for help. We have two urgent needs:

1. A Health Education Specialist.
2. Financial assistance.

These two needs are urgent, because, having discovered the high incidence of leprosy in Saidapet, our work naturally falls into two parts :

1. Remedial measures for all cases.
2. An attempt to answer the question ; ' Why is there so much leprosy in Saidapet ? '

If we answer this question for Saidapet, we may answer it for the world.

Remedial measures.—Dr. Cochrane quickly decided to use the Saidapet Skin and Leprosy Relief Association as a co-operating unit and to make Saidapet his urban centre *for a study of leprosy in the situation in which it arises.* A clinic under our control was the first need. Fortunately the King George V Silver Jubilee Fund had just been raised. From it a gift of Rs. 6,000 was made, with which we built the King George V Silver Jubilee Children's Leprosy Clinic. Private gifts purchased the equipment and laboratory apparatus.

Then in order to stress the positive side of our work, we changed the name of our organisation from the Skin and Leprosy Relief Association to ' The Saidapet Health Association ', and co-ordinated all work under the title ' The Saidapet Health Project ', which unites the efforts of :

1. The Silver Jubilee Children's Clinic :

(A) The Clinic is open daily, except Sundays, from 7-30 a.m. ; 525 children are registered. It must be noted that these are all *children.* Adults are treated at the Government Dispensary Leprosy Clinic, with which our staff assists. Each child has an appointed day to attend. They are divided into 3 groups; one for treatment; one for observation; and one for the nutrition experiment. Very close contact is kept with the homes and each staff member has a daily routine of house visiting.

(B) Dr. C. G. Pundit, Director of King Institute, Guindy, and Dr. Akroyd, Director, Nutrition Research Department, Pasteur Institute, Coonoor, are working in close collaboration with Dr. Cochrane. Dr. Pundit is co-operating in the experiments with the Rhesus monkeys, housed at King Institute, Guindy. Dr. Akroyd directed the Nutrition Survey carried out last year by the Y. M. C. A. College Students. He also directs the Nutrition experiments at the Clinic. We are extremely fortunate in having two scientists of such repute working in co-operation with us. King Institute is situated about half a mile from our Clinic. It is the Government Research Laboratory for Madras Presidency, as well as the manufacturing depot for vaccines, etc. The Pasteur Institute also covers a wide range of activities. It is a great advantage to have the co-operation, in leprosy research, of such notable laboratories which are studying all tropical diseases and diet deficiencies, as well as remaining in touch with developments in temperate climates.

Without the help of these two scientists and their laboratories, the Saidapet work could not expand, as we consider our work important because it is not merely treatment. It directs all treatment and observation *toward research,* which is again constantly checked by treatment and observation. Dr. Cochrane is not familiar with any other place in which laboratories with such staff and equipment and wide interests are available, and so closely adjoin an area in which there are so many cases of all types of leprosy, but childhood and adult.

2. The Saidapet Health Centre :

The second form of activity is the Saidapet Health Centre. Samples of its records, etc., are attached. As has been stated, the centre is valuable because in itself it meets a great need. We cannot claim even a fair percentage of perfection for our maternity work. We have pursued it against the determined oppositions of the barber midwife, whose very good livelihood we are destroying. We have also required a very long time to convince the public that our interest was not merely in helping with child birth. We have not yet dared to say frankly that we think the economic structure of Saidapet cannot adequately care for all of the babies born every year. But we do say that we can help the mothers to have better babies, to give birth to them more easily and to take better care of them. *But* if we are to help them, the mothers must obey our rules. We have limited our area and will take no case outside it. Nor, unless the case arrives at our door with,

actually, only a few moments to spare, will we take a case that has not attended our ante-natal clinic. Under no circumstances whatever will we take a case begun by a barber midwife, and which she has abandoned because of complications.

These rules have placed us in many difficult situations. It has been necessary to defend ourselves against the criticism of some of the most influential men in Saidapet. But we have insisted that it is not just one or two babies but all of Saidapet, and all of its health problems, that concerns us.

The maternity work has been extremely difficult. But from July 1st, we shall enter a new era when Dr. Helen Ebenezer joins our staff as Resident Medical Officer for the Health Centre. Widely experienced in the care of women and children, in the Mission Hospital for Women and Children, Vellore, she will be able to cope with all of the medical problems of the mothers attending the leprosy clinic.

3. Mambalam Village Work :

These two centres supply us with cases and give us access to the homes. But if the study of leprosy was to be complete it was necessary to secure and maintain very close contact with all of the children at Saidapet. An experimental street play programme proved to be of much value and Xavier Absalom, a former student of the Y.M.C.A. College was taken on the staff of the Saidapet Health Project, with responsibility for arranging play programmes in the Municipal Schools of Saidapet. His work led to the expansion of our programme to include a third centre, the Mambalam Cheri (we call it Mambalam Village).

The research on the control of leprosy has been made on a comparative basis between age, sex, occupation, etc., etc. Work in Mambalam Village gives us an excellent opportunity to study an isolated group, nearly all of whom work actively outdoors all day. We had thought this community would offer an excellent control group, fairly free from the disease. The leprosy survey just being completed gives us about two per cent. and the village thus offers a valuable area for comparative study incidence.

In Mambalam Village we have 100 per cent co-operation in all of our work, and as it is an isolated community, so we may now make an interesting attempt to eradicate disease from among the 208 families resident there, while we are working with them toward a more stable economic and a richer social life.

The Children's Clinic, the Health Centre, and the work in Mambalam Village have all been undertaken to fill a great need. Then, this year, it was clear that we must add another responsibility and attempt to understand the extent of the tuberculosis problem. Again, we were fortunate in being situated within available reach of the U. M. Tuberculosis Sanatorium Madanapalle the outstanding one of its kind in India. Its staff had been anxious

to discover how much tuberculosis there is in a typical South Indian Community but had been deterred by fear that public co-operation could not be secured. They gladly accepted our invitation to conduct a survey in Saidapet. Our financial burden is increasingly heavy and we could not undertake an expense exceeding Rs. 2,000. The survey did not therefore cover all of the town, but was confined to typical areas. The report indicates the gravity of the tuberculosis situation in Saidapet. Later on we hope to visit every home; but it is difficult to arrange for the doctors to be absent from Madanapalle; the X-ray examinations are very costly, and not easy to arrange. We now hope to secure funds from The King Emperor's Anti-Tuberculosis Fund campaign, which has just ended. We shall ask for a grant with which to build an up-to-date Tuberculosis Clinic, just next to the Children's Leprosy Clinic. On the outskirts of Saidapet, on land which has been given to the Saidapet Health Association, we wish to build a simple colony for men, women and children. It must be a preventorium as well as a sanatorium. Its great advantage will be, we hope, that as we are reducing the control of leprosy to terms the average person can understand and does not fear, so we shall demonstrate, *in the situation in which it arises,* the means within the reach of the average person for controlling and eradicating tuberculosis.

CONCLUSION

To us at least, our future programme is clear. All of our work centres in leprosy control. Saidapet, so heavily infected with it in all its forms, is a town of convenient size for experimentation. All such experiments have four aspects: Medical, Research, Survey, Social Service and Financial.

Medical.—This aspect gives us no concern, as Dr. Cochrane is Chief Medical Officer, and directs all of the work. He has the co-operation of Dr. C. G. Pundit, Director, King Institute, Guindy and of Dr. Akroyd, Nutrition Research Department, Pasteur Institute, Coonoor. The assistance of their laboratories is readily available. The Tuberculosis problem will be studied and remedial measures planned by Dr. Frimodt Moller of the Union Mission Tuberculosis Sanatorium, Arogyavaram, Mandanapalle, South India. There is the problem of Dr. Cochrane's proposed absence upon Home leave in 1940. If the Health Education Specialist mentioned hereafter, is secured, this difficulty will be overcome.

Research.—Research in leprosy continues under the guidance of the specialist mentioned above. There is the need for a Bio-Chemist for further work, which no one in Saidapet is qualified to undertake. In addition to the problem of leprosy, there is constantly in our ears the piteous appeals to supply a remedy for filariasis. Again Saidapet offers a remarkable area for study. The high way pious Peter Uscan built 300 years ago, as an approach to Marmalong Bridge, cut off the natural drainage of Saidapet to the river. Nor for another five years will the Municipality be able to begin the installation of a sewage system. Meanwhile the culex mosquito flourishes and filariasis steadily increases.

We are informed that research has established that the filarial worm is composed up to about 33 per cent of a fat that is peculiarly difficult to dissolve. It has been impossible to date, to interest any of the great pharmaceutical firms in the possibility of sending a bio-chemist to Madras to concentrate upon the problem. But we have determined not to slacken our efforts until the need is met. The disease cannot but arouse pity, it so criples and handicaps the unfortunate victim, as leg, or hand, or both, steadily increase their swollen weight. The disease is widespread over many areas of South India, and although much spadework has been done, a cure has not been found. To discover a formula that will destroy the fatty worms without damage to the lymphatics is a challenge big enough, we hope, to arouse the interest of those able to recruit and support a scientist who will solve the problem.

Survey.—As all of our work in Saidapet has been experimental, we have sometimes made accidental discoveries. One of these has been the value of students in making surveys. Political animosities, communal suspicion and discord, fear of increased taxation, the seclusion of women, etc., etc. are some of the many conditions making it difficult to carry on accurate social investigation in India. We have accidentally discovered that students, or any rate, Y.M.C.A. College students, do excellent and trustworthy survey work. Perhaps it is because they are students, or it may be that our play programme has developed a friendly atmosphere; or the fact that as future physical directors they are learning how to deal with children, and have therefore a pleasant and successful approach. At present we are not able to explain exactly why we succeed, but we do know that our surveys are increasingly satisfactory. In 1933 it was exceedingly difficult to secure information, and we could not be certain that it was accurate. But now, the survey work is so interesting and hospitality so generous, we fear that the students will form an entirely incorrect impression of the ease with which survey work is planned and carried out. At any rate we are gradually securing, through the student's work, a complete picture of one South Indian town. In order to make sure of our ground, we have this year, undertaken our most ambitious survey. The copy included in this file will indicate the detailed study we are attempting to make of Saidapet. While our major aims is to eradicate leprosy, there are an increasing number of minor aims.

Social Service.—As with the rest of the world today, Saidapet is caught in an economic conflict. There is much confusion between traditional and modern social and educational ideas. Old loyalties have been lost and firm new ones not yet developed. In the midst of all this uncertainty *it is not enough merely to save life.* We must also try to secure and increase opportunities for the people to enjoy an abundant life. Thus every year our problem widens in scope, and it is now beyond our untrained capabilities, if all of its possibilities are to be developed.

Another point also deserves consideration. We believe Saidapet increases in importance because it is a typical small town, and the technique we develop here may be used all over India. The students of the Y.M.C.A. College are a cosmopolitan group, sent to us from all schools and colleges throughout India, Burma and Ceylon. In the past 20 years 850 men have attended the one year course. Properly trained and experience in Health Education work, their influence might be tremendously increased. But there is in India, as yet, no Health Education Specialist. We have Public Health Directors, and various phases of the work have been undertaken, but Health Education in its new and best sense is as yet unknown. For such work none of the present staff of the Y.M.C.A. College have the necessary qualifications. We have, these last seven years, proceeded by means of trial and error as we have attempted to tie up the educational process to every day life. Establishing hospitals will not we think, greatly affect every day life. We are familiar with many hospitals in India, splendidly equipped and staffed. But they have had, apparently, no influence whatever upon the conditions in the town that produce the illness the hospital staff bend every energy to cure. From the wards the patients return to their homes, unaware of any need for change in the health and sanitation habits of the town.

Hospitals are necessary. But the type of work we are trying to do in Saidapet is also necessary. As we could only learn what to do, by doing it, we began with the need Saidapet felt most keenly, and have used methods that fitted in with the environment. The Children's Leprosy Clinic is not only a treatment and research clinic, but is also an informal social centre. Its happy atmosphere is largely due to the personality of Dr. S. Rajagopalan. In 1933 when we were about to begin the survey we appealed to our friend Major General Sir Cuthbert Sprawson, then Surgeon General to the Government of Madras, to, help us in finding a doctor qualified to diagnose leprosy. He had been watching Dr. Rajagopalan as he worked in a hospital leprosy clinic, and recommended him as the best person he knew for our particular and difficult work. His choice has been remarkably justified. Dr. Rajagopalan not only carries on his work as Medical Officer of the Clinic, but has built himself into the life of the community with astonishing success.

Again the Health Centre is not only a place for securing medical advice and aid; it is also an increasingly useful meeting place for women. The evening dispensary we have just opened in Mambalam Village is a happy daily occasion, under the care of Miss Maisie Job. She too, though a recent addition to our staff, is making an important and friendly place for herself. In fact we feel that one of the most useful achievements of the Saidapet Health Project is its removal of the dread fear of doctors and hospitals. Our centres are not places which one enters in desperation, as a last resort, but are looked upon as some of the most attractive buildings in Saidapet to which we all go for good cheer and help. Under the guidance of Dr. Rajagopalan, Dr. P. Sundaresa Rao, Miss Maisie Job and Mr. Xavier Absalom this happy

atmosphere is steadily developing. The arrival of Dr. Helen Ebenezer in July will greatly increase it.

These staff members are full time workers, and they have no time for surveys. We have been able to conduct surveys only in our spare time, first because they were so obviously needed for the good of Saidapet, and second because they could be valuable preparatory experiences for our students. But now we urgently need help, as the work has grown beyond us. The Saidapet work would, in any case, aside from its research value, be valuable as a Health Education Project. The providential arrival of Dr. Cochrane and the remarkable scientific co-operation he has secured for his work, mark the Saidapet Health Project, we feel, as an effort for the adequate staffing and financial support of which we may look now with confidence and justification to the friendship and generosity of philanthropists.

Special Service.—Space does not permit an adequate description of the social service programme for which we have laid firm foundations in Mambalam village this last year, through the evening dispensary, the night school, and the play programme. Following the 1939 survey, we plan to expand this work and also to develop a second programme centering around the families of the Margam Iyer School pupils.

Financial:—The people of Saidapet are doing all within their power to lift themselves out of their difficulties. We are delighted with their gifts to the Health Association, and for the fees, however, minute, which they pay to the Health Centre. The King George V Memorial Fund has given the Silver Jubilee Children's Clinic. The British Empire Leprosy Relief Association is assisting with the Clinic Budget; the King Emperor's Anti-Tuberculosis Fund, just now completed, will underwrite shortly the proposed Tuberculosis Centre. It will, if our plans are followed, be as unique as the leprosy clinic. Although preventoria are so well known elsewhere, nothing of that kind has as yet, been done here.

All of this is the type of work so well known in the U.S.A. Tuberculosis prevention and care are already well understood there. India sorely needs the type of work, and we hope to present our case until a philanthropist or a Foundation will be convinced of the opportunity and find the funds to help us. We require:

(1) A Health Education Specialist on the staff of the Y.M.C.A., College of Physical Education. He would use Saidapet as his laboratory. In time he would be able to help not only our students but those in Teachers' College, Saidapet. It is essential that this expert be a part of the Y.M.C.A. College Staff, so that he may be an integral part of the educational process that has made the College a partner in the comunity life of Saidapet.

(2) Assistance. Our financial burden is heavy. If the entire budget of the Saidapet Health Project could be undertaken for a five year period the

relief would be beyond description. The results would be seen we believe, not only in Saidapet, but throughout Asia, as students and medical men are increasingly coming here to see what is being done. It may be too much to hope that our research may actually find a cure for leprosy and for filariasis, but what we do in Saidapet might help toward that end. We are encouraged by remembering that in the past, other diseases have been conquered by the same sort of unpretentious work, done by the same ordinary sort of people *who attempted to study a disease in the situation in which it developed,* and who did not falter in their purpose although they found the work slow, and difficult, and frequently discouraging. We shall continue, even though we have no help except from Saidapet. But if others more fortunate than ourselves are moved to work with us, though they are far away, we shall be glad and grateful to share the privilege with them.

Anti-Tuberculosis Campaign

By

G. F. Andrews, M.A., Ph.D.,

Senior Physical Director, Madras.

"To-day the death rate from tuberculosis is just a little more than one fifth of what it was at the beginning of the century. Whereas in 1900 there were 195 deaths from tuberculosis per 100,000 of total population living in the Original Death Registration States, it is estimated, on the basis of data so far available for 1938, that the corresponding death rate for this year will be about 43 per 100,000. As a result of this remarkable decrease in the death rate, about 200,000 persons will be alive on December 31st who, during the current year, would have succumbed to tuberculosis if the rate of 1900 still prevailed."

Concentrated efforts of public health workers, both private and governmental, have produced results in the campaign against tuberculosis that reach far beyond the reduction in the death rate alone. Socially and economically, the gains to the country have been enormous. Innumerable homes have been saved from poverty and disruption. Many thousands, at the most productive ages of their lives, who otherwise would have been sufferers from the white plague, are now working side by side, with us, in the daily tasks that are essential to the business of the community. Shall we, on the basis of these achievements, relax our efforts against tuberculosis? The answer is obvious; the battle is not over until the victory is complete. Our weapons are additional clinical facilities for diagnosis, more beds for open cases in communities where needed, a continued campaign of instruction regarding the treatment and life habits of those afflicted, better work facilities for arrested cases, and, last but not least, better living standards for the masses of people."

The foregoing is from an article on "Is Tuberculosis Dying Out?" in the October 1938 Statistical Bulletin of the Metropolitan Life Insurance Co., New York. If it has been possible in the U.S.A. to reduce the death rate from tuberculosis to as low a figure as 43 per 100,000 in 1938 and to an anticipated lower figure of 37 in 100,000 in 1940, the campaign against this disease in India should certainly be continued vigorously. "Clinical facilities for diagnosis, more beds for open cases where needed, a continued campaign of instruction regarding the treatment and life habits of those afflicted, better work facilities for arrested cases, and last but not least better living standards for the masses of people" are the weapons to be used in the campaign.

All Through Play

By

Xavier Absalom,

Director, Recreation, Saidapet Health Association.

In one of our theory classes in my school days in the Y.M.C.A. College we were told that we would be selfish individuals if we do not give others what we can really afford. These words often came before me whenever I ate, studied or played. It is after all the meaning of true education that stood before me—namely "Education is the transformation of knowledge to skill, short of which knowledge is half grown and education incomplete." In other words one would not be educated unless and until he transforms the knowledge he has gained through books and experiences, to skill.

In my own case I can afford to give something at least in the shape of useful recreation, and social work. Thanks to the Y.M.C.A. College for its marvellous training!

Nearly two years ago I went to Saidapet Jhone's Road Mango tope, and threw out a few new foot-balls. In less than half an hour, there was a group of half-clad weaklings, who learned for the first time that footballs were brought for their use. At first some of them spoke of the price of it, some of the colour, and some dared a third step, to carry it and found to their surprise that it was much lighter than what they had expected. Soon a few games were played and the little boys (mostly weavers) went home immensely pleased with the evening's programme.

Very soon I picked out some obliging leaders and conducted street plays. In one street we had a collection of 150 boys and girls who ran out of their homes the moment they saw me coming. Parents watched and betted with their friends, when they saw the interesting relay games played by their children. Some parents shouted and jumped in their houses and became children again for a time. Space and traffic did not permit conducting circle games. We could only have a variety of relay games played on either sides of the road, allowing traffic, etc., to pass in the centre. Cows often seemed to enjoy our games and took part in them several times. Games would be conducted according to the age group, physical condition of the children and the temperature of the day. Some would like to play longer, but with some excuse or other, I often stopped the play, not because the children were naughty but because I knew through friendly contact when I visited some of the parents during the day, that their children never got enough to eat, and the little they had would be merely filling but not strength-giving; and I knew the more they played, the more hungry they would feel.

It is well-known that the caste system is overdeveloped in Saidapet. There were times when some educated high class people in Saidapet punished their children because they joined in our street play with children of lower caste. It was a great pity to see their children jumping in their homes when they saw other children enjoying a fine game.

Knowing that it would be useless to speak to such wise parents, I adopted another plan. I conducted just the type of games the caste children had played and would like to play. Soon it was possible to get them from jumps in their houses to jumps on our line with other children. Knowing my "pied-piper's ways," the parents incited some people to puncture my motor-cycle tyres and open the petrol tank so that they might get rid of me, the "root of all the mischief." But, those days are gone! my field of work is bigger, better and brighter!

There are about 18 schools or more in Saidapet Municipality and none has a physical instructor. With the permission of the Municipal Commissioner, I now conduct play programmes in eight co-operating schools. Of these, only one has a playground which boasts two foot-ball fields for two hundred boys. Soon Mr. Buck very kindly gave us space for a public playground on the Y.M.C.A. College grounds, for which on behalf of the children and myself we extend grateful thanks. Our public playground is open Mondays, Wednesdays and Thursdays, 3 to 6 p.m. On other evenings, we have street play. The equipment on our playground is the best. We have 5 Horizontal Bars, 3 adjustable horizontal bars, a vaulting horse, two teeter ladders; seven swings; 3 climbing ropes, roman rings of two sizes, trapees, 6 sea-saws; a giant stride; a basketball and playground court and a fine football ground. We have had children numbering up to 205 girls and boys on one evening. Our thanks are also due to the many College students who help us as leaders in our play programmes.

We also have play and social work carried on in a little village consisting of 208 families, mostly brick coolies. This Village is situated between Saidapet and Old Mambalam. It is a Cheri community who are most enthusiastic, co-operative and ever ready to extend their interest. Being the lowest caste, it is a most neglected, hard-pressed village, surrounded by caste people. There is but one tap, about 10 oil street lamps and no latrines for the entire 208 families.

We first conducted games as our usual method of introduction. Soon boy leaders were picked who had had some camps with us for light training in leadership. We now have ten leaders, two from each of the five lanes in the village, plus the village Munsif and the chief of the village (the eldest man in the village) to decide on village cases. The children gather on Saturday mornings and we have clean-up-campaigns.

Soon the necessity of a night school was felt. Permission of the Municipal Commissioner was secured, a petromax light was donated by Dr. Josephine Rathbone and the night school was opened by Mr. Buck. In about 9 months our boys at the night school could read and write Tamil and English with fair proficiency. Our boys were soon engaged as peons in the Imperial Bank of India, two printing presses, the Engineering College, Teachers' College and in the Y.M.C.A. College.

Gradually our scope of work expanded and the village now has a day school conducted in a huge hut fashioned after our Y.M.C.A. College huts. This very promising school was opened by Mrs. Buck nearly three weeks ago. We now have on our rolls 150 children. We have a new time table; 8-30 a.m. bath, giving a cake of sunlight soap to each child; 9-10 a.m. the school starts with common prayers followed by a cigarette tinful of ragi cungi prepared in the school. After this we give the children a spoonful of coconut oil for their heads. With these three activities, our hygiene class begins. We believe in learning by doing.

There is a class in the morning for those who know nothing, from 9 to 11-30; for those who know something, from 2 to 4 p.m., for those who go out for cooly work we have a class from 7 to 9 p.m. On Sunday mornings the school is opened for reading newspapers, and indoor games. We have our own prohibition scheme—we pay our village labourers who work in our Y.M.C.A. College playground right in their wives' hands at their homes.

Our thanks are due first to Mrs. Buck for her unfailing good spirit and help. She is behind the scenes in all our social and recreational work. Without her kind sympathy and never-ending help—I make bold to say—Saidapet would not have had the children's clinic, health unit, day and night school, dispensary in Mambalam Village or the amount of help for our social work.

Our thanks are due to the Maharani of Bobbili, and to the many well wishers who have helped us with kind gifts. Let me emphasize that all this work has developed through play—What a valuable gift is play!

Report on the Social Welfare Work by the Students of the University in Bangalore, During the year 1938-39

By

M. G. Vijayasarathi, B. Sc.,

Superintendant of Physical Education, Central College, University of Bangalore.

The University Union was the central organisation for the work in Bangalore and the other University Institutions in Bangalore participated in the work.

The work was divided into two parts:—Urban and Rural. For Urban work some of the slum areas within the Municipal limits of Bangalore City were selected. For rural work, Gurukulashram, Kengeri, was selected as the centre of activity.

WORK IN THE SLUMS

Welfare work was undertaken in the following slum areas: (i) Sreeramapuram Labour Colony, (ii) Binny Mill Area and (iii) Koracharapalya, near the Vokkaligara Sangha Hostel. A batch of volunteers (about 7 students) was put in charge of each area for intensive work. The work was commenced rathed late in the year and the work was done only during the month of December 1938. During this period of one month, 20 visits were paid by these volunteers. Each batch had programmed to visit the area assigned to it three times in a week (two evenings and on the morning of Sundays). The main features of the welfare work carried out in these areas are:—delivering lantern lectures on health, sanitation, and prohibition; giving talks (both individual and groups) on these subjects; cleaning the roads and the drains on the occasion of every visit and giving baths to the children of the locality using carbolic soap and cold water. This service was much appreciated by the people of the locality.

RURAL WORK

The welfare work in the rural parts was undertaken in the following manner during the year;—

1. Week-end camps (Saturday and Sundays);
2. One week's camp (during the Christmas Holidays);
3. One month's camp (During the Summer Holidays);

For this purpose, the Union selected "Gurukula" at Kengeri (a residential educational institution on the model of Shanthinikethan of Tagore, situated nine miles from Bangalore) as its centre of activity.

1. *Week-end camps.*

During the month of November 1938, two week-end camps were organised. A batch of 25 volunteers for each camp were selected from several institutions. The volunteers used to leave Bangalore on Saturday afternoon and return on Sunday night. Within these two days, the volunteers, with the assistance of the inmates of the Gurukulashram, visited selected villages adjoining the Ashram (one batch of about 8 volunteers for each village). The following was the programme of work for the week-end camps:—

Saturday:

2-50 P.M	Departure from Bangalore.
3-10 P.M.	Arrival at Kengeri by train.
3-40 P.M.	Arrival at Gurukulashram.
3-45— 4-15 P.M.	Lunch and division into batches.
4-30— 6-30 P.M.	Village work: General Survey.
6-30— 7 P.M.	Evening prayer.
7 — 7-40 P.M.	Dinner.
8 P.M.	Meeting at Kengeri (Lantern lectures).
10 P.M.	Return to the Ashram and rest.

Sunday:

6 A.M.	Morning bell.
6 — 6-30 A.M.	Morning ablutions.
6-30—7 A.M.	Prayer.
7 — 7-30 A.M.	Breakfast.
7-30—11-30 A.M.	Village visits—work relating to sanitation.
11-30—12 noon	Bath.
12 noon —3 P.M.	Dinner and rest.
3 —5 P.M.	Meeting of the volunteers and discussions at the Ashram.
5-30 P.M.	Departure from the Ashram.
6-40 P.M.	Arrival at Bangalore.

The actual work done in the villages during these camps was:—General survey of the villages about the social, economic and sanitary conditions and improvement in the sanitary conditions of these places by cleaning the roads and the drains, digging soak pits, collecting and removing the garbage in certain localities and closing the insanitary drains and pits in front of the dwelling houses. In the evenings talks were given to the village folk on health and sanitation, and later in the evening lantern lectures were delivered. Folk songs (by means of gramaphone music) were also arranged for entertaining the village people. The villages selected for this work were (i) Kengeri, (ii) Vadagerahalli and (iii) Kodappanapalya, all near about Gurukulashram.

2. *One week's camp*: A week's camp was organised from the 24th to 31st of December 1938. The week was opened by Rajasevasakta Dr. B. K. Narayana Rao, B.A. M.B.C.M., L.R.C.P., M.R.C.S., D.P.H., D.O., Senior Surgeon with the Government of Mysore. The following was the programme of work for each day:

6 A.M.	Rising bell.
6-30 A.M.	Morning ablutions.
6-30—7 A.M.	Congregational prayer.
7 —7-30 A.M.	Breakfast.
7-30—11 A.M.	Village work.
11 —12 NOON	Bath.
12 NOON 3 P.M.	Dinner and rest.
3- —3-30 P.M.	Spinning classes.
3-30—6 P.M.	Lectures and discussions.
6 —6-30 P.M.	Evening prayer.
6-30—7 P.M.	Supper.
7-30—9-30 P.M.	Village work (Lantern lectures, Bhajanas, etc.).

The work was continued in the same three villages and each village was in charge of a batch of volunteers, about 5 to 7 in number (15 volunteers were selected for the camp including four student members deputed by the University Union, Mysore).

The main features of the village work done during this camp was as follows:

Mornings were devoted for the improvement of sanitary conditions such as cleaning the roads and the drains, digging soak pits, collecting and removing the garbage from the locality, closing the insanitary drains and the pits near the dwelling houses and giving talks (individual and groups) on health and sanitation.

In the afternoons spinning classes were held and lectures on important topics were delivered mainly for the benefit of the volunteers. The following lectures were organised:

Subject	*Lecturer*
1. Culture ..	Mr. D. V. Gundappa, M.L.C.
2. Christ and His Life ..	,, R. R. Keithahn, M.A., B.D.
3. Agriculture ..	,, R. S. Iyengar (Hebbal School)
4. Rural Health and Sanitation ..	Dr. T. Chandrasakharaiya, B.A., B.A., M.B.B.S., D.P.H.

5.	Rural Education	Mr. Raghavachar, Headmaster, Malvalli High School.
6.	Rural Debt and Co-operation	Mr. M. D. Venkata Urs., B.A.,
7.	Technic of Rural Service ..	„ T. Krishnamurthy, M.A., B.Sc., (Mysore).
8.	Kurgahalli Experiment ..	Miss Seethamma, B.A., (Mysore).
9.	Temperance Reform and Better living ..	Rev. Brockbanks, Tumkur.

In the evening, rural games for children were organised, in the villages (this was with the assistance of Mr. A. C. Das, Director of Physical Education, Y.M.C.A., Bangalore). Later in the evenings, lantern lectures on health, sanitation, and prohibition were delivered in these villages by turns. Bhajanas were conducted in which the village folk also participated. On one of the evenings, the volunteers enacted a Kannada play (Kambli Seve) in the premises of the Ashram and a Camp fire was also organised, in which many of the villagers participated. One other evening, a symposium on "My Hero" was held in which all the volunteers participated. Mr. A. Seshagiri Rao, B.A., B.L., Retired District Judge, presided on this occasion.

While the work was going on, the Dewan Saheb was pleased to visit one of these villages and he gave helpful suggestions regarding the welfare work.

3. *One month's camp.*

Introduction: The idea of a Summer Rural Settlement was first suggested by the University which made a special grant for the purpose. This camp was organised under the joint auspices of the University Unions of Bangalore and Mysore, under the direct supervision of the University Union, Bangalore. The camp was opened by Dr. M. A. Sampathkumaran, M.A., Ph.D., President of the University Union, Bangalore; on 10th April 1939. The camp was for a period of one month from 10th April to 10th May 1939. The following was the programme of work for each day:—

6 — A.M.	Rising bell.
6-30— A.M.	Morning ablutions.
6-30—7 A.M.	Congregational prayer.
7 —7-30 A.M.	Breakfast.
7-30—11 A.M.	(Village work—Sanitation and Hygiene, cleaning the villages, the houses and surroundings, construction of soak pits and bore-hole latrines.

11 A.M.—12 NOON	Bath.
12 NOON	Dinner.
12-30—3 P.M.	Rest.
3 —4-30 P.M.	Spinning classes and discussions.
4-30—6-30 P.M.	Rural games.
6-30—7 P.M.	Congregational prayer.
7 P.M.	Supper.
7-30—9-30 P.M.	Village work (Lantern and cinema lectures, on health, sanitation and prohibition etc., Dramas, Bhajanas etc., and camp fires.

Location: Kengeri Ashram was selected as the settlement for the special conveniences this Ashram possessed for conducting such a camp. Its close vicinity to Bangalore, its fine and convenient buildings which could comfortably accommodate fifty workers, its beautiful location on the banks of the rivulet, ಪ್ಯಮಕ್ಕಾಕ್ಷ its easy reach within a five-mile radius of nearly 30 villages, its equipment for rural welfare work acquired by a constant service of the villagers for the last 10 years, the expert direction that could be had from Swami Viswanandaji, who is the Secretary of the Gurukulashram, were sufficient attractions to locate the camp in this place. The services of Mr. A. G. Nagaraj B.Sc., of the Social Workers Settlement, Bangalore, who had the experience of conducting a similar camp in December last, was also available to organise the work of this camp.

Campers: There were in all 14 campers (of them 5 were from Bangalore, (2 from the Intermediate College and 3 from the University Union) and 9 from the University Union, Mysore). Three villages, Doddabele, Kenchanahalli and Devagere which are 2, 4 and 5 miles respectively from the Ashram were selected as rural welfare centres for this camp. The campers were divided into three batches, one for each village, working under an elected leader from among themselves. The campers also elected a general Housemaster, who was in charge of the duties of the campers in the Ashram.

Training: The first week was mostly spent in getting training and getting familiar with the villagers round about. Seven of the members who could sing were given intensive training in Bharatha Reading by Sri K. G. Sampathkumaracharya, B.A., B.T., Bharatha reading and Bhajana songs are an attractive introduction to the village public. Mr. K. Srinivasacharlu, M.A., B.T., was kind enough to come there for a day and explain the principles and use of the Adult Literacy charts, prepared by him for the Wesleyan Mission Press. Spinning of cotton was taught to all the campers, by the Ashram Khadi propagandist. The campers visited the rural welfare centre at Closepet and spent the whole day in studying the programme and method

of work followed by the centre. The Health Officer in charge of the work explained in detail the nature of the welfare work and took our members to neighbouring villages to see the work done. The sanitary department sent the bore-hole machines with an instructor to demonstrate how a bore-hole latrine is made. Mr. N. Kasturi, M.A., B.L., came from Mysore with a group of students and together with our members rehearsed two dramas మంత్రానుచరనవధి and కంటిదాము which were staged in two of the villages. The doctor of the Kengeri dispensary, Mr. N. Mahadeva Sastri, took several classes on rural home-nursing giving practical training to the campers in his dispensary for a few days.

Welfare work: The first thing that the campers did and had to do was to get familiar with the villagers and know their headman. The Amildar had kindly instructed the village officers to give the campers their co-operation and help. Each party went with gramaphone records and lantern slides, displayed lantern slides about prohibition, village implements old and new, and malaria, and explained to them the details. They displayed their newly acquired knowledge of Bharatha reading and sang a few devotional songs which they knew. Special efforts were made to win over the Chairmen and the members of the Panchayat. In this mission, our members were to a large extent successful. The villagers of Kambipur however were very distrustful. A few days and even a full night's persuation could not draw their confidence in the workers or in their work. The result was, that that partly immediately changed their centre to a neighbouring village. It has been the experience of the campers every where that the small farmers have readily appreciated and welcomed the workers, while the "big men" of the village joined later after considerable hesitation. In one place, the patel of the village who is also the chairman of the local panchayat, subjected the members of the party to a regular cross-examination for over two hours, before he allowed them to set their feet in his village. A few days later, seeing the workers come along daily walking long distances and considering no work—even sweeping—was mean for them, the same patel made bold to express his doubt with the leader, if all the members of his party were orphans 'without parents and guardians' who come there as paid workers.' A very large body of the villagers were easily won over by the patience and sociability of the campers, whose suggestions have been carried out willingly by the villagers.

Sanitation: Sanitation is the first item on which solid work has been done. Our campers visited every house in their village and suggested to the farmers necessary improvements making their houses clean. Soakage pits were made, where the soil allowed their making. The village sites in these parts, being situated on rocky hard soil more pits could not be constructed. The alternative of collecting the waste water in pots and emptying them daily in manure pits, was suggested. The main entrance to the village and the

other village roads were levelled and cleaned. The campers as far as possible got the work done by the villagers themselves under their guidance. The value of keeping the village roads and their immediate neighbourhood free from the deposit of the night-soil was stressed on the villagers. A bore-hole latrine as a demonstration was programmed to be made for each village, but since cement slabs necessary for closing the mouth of the pits were not available in time, the plan could not be carried out. Some of the rich and intelligent farmers, agreed to install this type of latrine for themselves later on. Attention was given to advise the farmers to keep the inside of their houses also sanitary. It should be mentioned however that the general standard of sanitation inside the houses in these parts is fairly satisfactory. The pictorial charts supplied by the Department of Health and the pamphlets published by the Indian Red Cross Society were very helpful in this Health Campaign. The children of the village who could read, were made to read these charts and books to their parents and later, they were displayed in prominent places to draw the attention of the villagers to these health problems. The problem of providing the villagers with some pure drinking water is not a serious one in these parts.

Games: Games with the children of the village was an effective method of getting the sympathy of the villagers, besides being an important part of the rural reconstruction. These games like, kho-kho, chedugudu, drop the handketha were exceedingly popular. The entry of the workers into the village was a sign for all the children to gather in the game field. In some villages, the open space near the schools was cleared of bushes, levelled and made to appear cheerful by planting a few trees. Children attending these games were advised to clean their teeth, wash their clothes and dress their hair, which things were done in their eagerness to secure admission to participate in these games. Mr. B. Srikantia of the National Institute of Physical Education, Bangalore, very kindly volunteered to give demonstrations of Physical culture and group dances by his talented party of boy and girl athletes. Two performances took place which drew great appreciation from the ryots, many of whom urged our workers to start wrestling houses (కుస్తీ) in their villages and teach their children games and dances. The enthusiasm of these youths was directed to form youth leagues క్రీడాసంఘ which may be turned as permanent centres for rural reconstruction.

Spinning: The campers introduced 16 charkas in these three villages. The Kengeri Ashram had just started a spinning centre and our members helped them to popularise the charka. It is too early to predict the popularity of this industry in these parts. For one reason, Kengeri and its surroundings are not a starving tract. Landless labourers and poor farmers can find an easy market for their labour in the neighbouring estates, in the carpet weaving factories at Kengeri, in toddy tapping business which is a

flourishing trade in these parts, and in the City of Bangalore, which is within a few hours walking distance from these villages. Carpet weaving and poultry farming are already important and profitable subsidiary occupations. Besides, this particular month was not very opportune for propaganda of any type. The busy season for the ryot commences soon after the April rains. He has to plough, weed and manure his land to keep ready for the showers in May to sow early in June. The whole day the farmer will be busy on his field, returns home after 6 p.m. exhaused and longing for rest. Unemployment is least in this season—(which does not mean that there is no poverty).

Adult Literacy Campaign: The adults in every one of the three villages were found to be extremely anxious to learn to read and write, but their heavy work on their fields came in the way of attending in large numbers our classes regularly. The months of December, January, February and March appear to be the best period to carry on rapid reconstruction work among adults in villages in these parts. The campers had 26 students in all. The progress made by each student was noted by our workers to enable the authors of the method to judge the utility of the scheme.

Other work: The campers revived Bhajana mandirs in these villages, which goes a long way in bringing about solidarity among the farmers. The house-to-house visits that the campers paid in their areas and the long and intimate conversations which they had often with the members of the household, helped them to get a real insight into the economic and social conditions of the village. For many campers, this was the first occasion in their lives in such close relationship with rural families. The campers paid visits to a few neighbouring estates, the owners of which very kindly took them round and explained the economies of their estate management.

Visits and discussions: The campers had an unique opportunity to come in contact with greater minds, experienced workers and discuss with them problems connected with rural welfare work. The Vice-Chancellor very kindly paid a visit to the camp and perused the programme and the work of the campers. Mr. T. Ramachandra, M.L.C., visited the camp in the last week and expressed his satisfaction at the work done. Mr. T. Krishna Murthy, M.A., B.Sc., Secretary, University Union, Mysore, lived in the camp with the campers for a week and visited the welfare centres. Dr. T. Chandrasekharaiya, B.A., M.B.B.S., D.P.H., Health Officer in charge of the Closepet Rural Welfare Centre enaged our campers for half a day explaining and discussing welfare problems. The Agricultural Inspector was a frequent visitor to the camp. Mr. K. Sampathgiri Rao, M.A., presided at a discussion meeting on the "New Education." Rajadharmaprasakta Mr. A. Shankaranarayana Rao, M.A., B.L., delivered an inspiring talk on "The qualities of social service workers." Mr. K. Venkataramiah, B.A., gave a talk on "Khadi industry and how the University students can help rural reconstruction." Swami Viswanandaji presided at the weekly meetings of the campers when

their experiences of the previous week were reviewed and the programme for the next week chalked out. Dr. M. A. Sampathkumaran, M.A., Ph.D., President of the University Union, Bangalore together with Mr. V. Sithapathirathnam, Vice-President and Mr. M. G. Vijayasarathi, B.Sc., Staff Secretary and Chairman of the Social Welfare Committee visited the camp three times during the month, and perused the work done by the volunteers.

Conclusion: The thirty days' camp appeared to be all over in a day. The campers and Ashramites have both benefited themselves and the rural families around them. The campers willingly obeyed the Ashram discipline, rising early, participating in the morning and evening prayers, and doing the cleaning, washing and lighting of their rooms themselves. They enjoyed the simple but healthy food menu of the Ashram. They tracked with missionary zeal long distances to their village centres during day and during nights, often having attacks from scorpians and serpants which is a peculiar menace of a few villages in these parts. They ungrudgingly applied their physical and mental labour in the service of the villages they were put in charge of. They enjoyed good health and pleasant spirits during their stay at the Camp. Only one camper had to go home in the last week due to illness and two more left the camp at the same time being called back to their homes by the serious illness of their parents. The campers, every one of them, enjoyed their stay during this period. The Summer camp was a great success.

A Recognition that Physical Education has taken its Rightful Place in General Education

By

G. F. Andrews, M.A., Ph.D.,

Senior Physical Director, Madras.

On February 27, Dr. Jesse Feiring Williams, M.D., Head of the Department of Health and Physical Education in Teachers College, Columbia University was the recipient of the honorary degree of Doctor of Science from Rollins College. Dr. Thurston Adams, Associate Professor of Physical Education at Rollins College writes on this as follows : *

" This February, 1939, is a highlight ; not only to an outstanding leader of our profession, Dr. Jesse Feiring Williams, but for physical education as a whole. On February 27, at Rollins College, Winter Park, Florida, Dr. Williams received the honorary degree of Doctor of Science (D.Sc.) for pioneering leadership in the profession of physical education; this honour to an outstanding man is of far reaching significance ; it is a recognition that physical education has taken its rightful place, in the minds of our colleagues, alongside the older profession of the arts, in general education.

" The latter part of February is the annual Founders Week at Rollins. During this week, many outstanding and distinguished persons are invited to take part in a programme devoted to intellectual and cultural pursuits. The personnel of this year's program was no exception to that of other years ; there were authors, poets, publishers, cartoonists, educators, composers, etc. The awarding of honorary degrees took place on the last day of the festivities. Among those receiving degrees, in addition to Dr. Williams, were Charles Seymour, President of Yale University ; Arthur Hays Sulzberger, publisher of *The New York Times ; Marjorie* Kinnam Rawlings, author of *The Yearling, South Moon Under,* and others.

" At the awarding of his degree, Dr. Williams was presented to President Hamilton Holt of Rollins College by Dr. John Palmer Gavit, a trustee of Rollins, and a noted writer and newspaper man. Dr. Gavit's presentation of Dr. Williams was :

> ' Mr. President : It is my high privilege to present to you, with recommendation of the degree *honoris causa* of Doctor of Science, Jesse Feiring Williams, M.D., Head of the Department of Health and Physical Education in Teachers College, Columbia University.
>
> ' Born fifty-three years ago at Kenton, Ohio, educational product of the public schools of that place ; Bachelor of Arts (1909) of Oberlin College ; Doctor of Medicine (1915) of the College of Physicians and Surgeons, Columbia University, Dr. Williams has devoted his professional career chiefly to the cause of health and physical education as indispensable in the development of personality, and during the past ten years to the training of teachers inspired and equipped to further that cause. His whole career is eloquent of his spirit and convictions.....as athlete, coach, instructor, in New York School for the Blind, professor in the University of Cincinnati, officer in the Medical Corps of the Army, head of recreation Hospitals for the American Red Cross, instructor, assistant professor in Teachers College.
>
> ' Incidentally he has directed or participated in impressive surveys of school systems and educational situations in many American cities —even one in the Philippine Islands.
>
> ' His output of books, public lectures, and articles in periodicals is enormous. Many of his books are standard text books in schools and colleges. He has been President of the American Physical Education Association ; and the College Physical Education Association ; in 1935-36 he was Visiting Professor of the Carnegie Endowment of International Peace accredited to the Universities of Latin America. Last month he received the coveted Gulick Award.
>
> ' His interest in education is inborn and unquenchable ; but always it contemplates the all-round development, not of the " intellect " alone, nor the physical body alone, but of mind, body, spirit as a unified and indivisible whole. It is peculiarly fitting that now, as Rollins College intensifies its efforts in precisely that direction, it should give special recognition to a man par excellance leader and teacher and inspiration in that field.'

" The citation by President Holt was as follows :

> 'JESSE FEIRING WILLIAMS : Doctor of Medicine, author, athlete, trainer of athletes, and teacher of teachers, friend and inspirer of young people in their search for significance, unity; and purpose in life ; battling pioneer in the effort to break down old scholastic barriers and to make education serve its true threefold purpose....
>
> ' For your labors to give human roots and human meaning to scholarship and to enlist its values in the real life of to-day; at the same time to elevate health and sane recreation to their place in the scheme of education ; especially of the spirit which actuated your life..... Rollins College confers upon you the degree of Doctor of Science, and admits you to all its rights and privileges.' "

The writer of this article, an old student of Dr. Williams, extends his congratulations to Dr. Williams and is glad to give publicity to the above. Health and Physical Education is yet to find its rightful place in general education in India. May the example of Dr. Williams inspire pioneers in the field of Health and Physical Education in India to give of their best so that they may help " to elevate health and sane recreation to their place in the scheme of education."

*From the Editorial " An honor to Dr. Jesse Feiring Williams " in No. 4, Vol. X, April, 1939 issue of the Journal of Health and Physical Education.

The Sixth Provincial Physical Education Conference

The Sixth Provincial Physical Education Conference organised by the Madras Provincial Physical Education Association will he held on the 11th, 12th August 1939 in Madras.

"Problems of Health and Physical Education in Educational Institutions" has been selected as the central topic of the Conference. Papers and Resolutions on this subject are invited.

The programme of the Conference will include a Health and Physical Education Exhibition, visits to the Corporation Playgrounds and Schools where "Play-for-all" programmes are in vogue, and a Mass Demonstration of Physical Activities in which it is expected that colleges and schools in Madras will take part.

The Hon. Chevalier C. J. Varkey, K.S.G., M.A., M.L.A., Minister for Education, Government of Madras, has kindly consented to open the 6th Provincial Physical Education Conference on Friday the 11th August, 1939, at 9 A.M.

Sri. L. K. Govindarajulu, B.A., B.L., Director of Physical Education, Annamalai University, has been unanimously elected as President of the Conference.

Papers on "Problems of Health and Physical Education in Educational Institutions" should reach the Honorary Secretary, Madras Provincial Physical Education Association, Saidapet, Madras, on or before the 5th August, and exhibits on Health and Physical Education should be sent to Sri. V. D. Pitchai Pillai, B.A., L.T., Convener, Exhibition Committee, at E. L. M. Fabricious High School, Purasawalkam, Madras on or before the 9th August.

Further particulars can be had from the Hon. Secretary.

Saidapet,
19-7-1939.

(Sd.) G. F. ANDREWS,
Hon. Secretary.

Old Boys' News

By

Mr. A. K. Singh, B.A.

Murari Lal (1938-39) has been appointed Physical Director of State High School, Nabha (Punjab). The State is going to send him for training in Scouting for three months to Lahore in October.

Raghava Varma (1937-38) has taken up the Physical Director's job at Chintadripet High School, Madras. We wish him luck.

Gould Jacob (1937-38) has joined the Teachers' College at Saidepet and hopes to get a better opportunity of carrying on Physical Education after this training.

The heat of May and June was so much that the followng old students felt the need of partners to share it, and so got married in those months:—

V. G. Abraham (1932-33)..on 1st May, 1939.
V. N. Gogte (1938-39)..on 1st June, 1939.
M. S. Sathe (1937-38)..on 6th June,1939.

Subram Swaminadhan (1937-38) has taken one bold step towards the state of matrimony by getting engaged and is anxiously looking forward for the second and final step.

Dr. G. F. Andrews contributes the following gleaned from his days "on tour.":

T. Jason Rajaratnam (1936-37), Board Middle School, Kamalapuram, Cuddapah Disrict writes

"I have started the "play-for-all" program in our school and divided the whole school into 4 groups as Seniors, Inters, Juniors and Sub-juniors, and havng physical education classes from 4.30 to 5.15 P.M. I am conducting the classes with the help of the leaders as well as with the supervision of the teachers. I am having classes for the leaders on Saturday and teaching them what all they have to deal with during the coming week."

Here is something for other Old Boys to think about.

Inquires from Old Boys as to when the scales of pay of Physical Training Instructors will be improved keep pouring in. Better work—better pay; and it is to be hoped that the improved work of Physical Training Instructors all round may soon rsult in ensuring them higher salaries.

A tour during May and June through Northern India to Kashmir gave Dr. Berry an opportunity for delightful contacts with many Old Boys and to see the rapidly developing physical education of that section.

At Bombay, two days were spent with Principal Joseph at the new Government Training Institute of Physical Education. Joseph is developing a splendid programme, overcoming almost insuperable obstacles and securing the co-operation and support of all. We have great reason to be proud of his work. In this he is ably assisted by a staff which includes Kothiwala, Barpute.

The Y. M. C. A. of Bombay also invited a group of playground leaders for luncheon including Mohanasundaram, Bhaskaran, Mohamed Ismail.

In Delhi Dr. J. H. Gray, National Y. M. C. A. Physical Director, received the traveller and showed the historic spots. Later, camping together in Kashmir, opportunity came for renewal of old Springfield fellowships and discussion of the Physical Education problems of India.

The Y. M. C. A. at Lahore invited a group of physical education leaders to tea. Though many could not be present, it was pleasant to see a good number of our Old Boys.

At Lahore Henry Lall (1926-27), brother of Wilburn Lall (1931-32), described the physical education programme, which he has developed for the University of the Punjab covering about fifty colleges and approximately fifty thousand students.

Here also was visited the new Physical Education Training College developed by H. W. Hogg and Sir Douglas Young. These men are the leaders of the Boy Scout movement of the Punjab and it is their idea that physical education is an integral part of and closely related to Scouting—hence that a College of Physical Education is a natural and legitimate part of their scouting programme.

At Srinagar, it was a pleasure to meet Rajnath Raina of 1937-38 and his new assistant, Akbar Khan, 1938-39, just on the job at Sri Patel State College. Rajnath Raina is wrestling with the problem of getting time for adequate physical education in an already crowded college programme, but equipment and interest is rapidly developing.

Calcutta was again a rendezvous for Old Boys. A meeting arranged by Mr. Paterson with the staff of the "Y" brought several including Mukerji, Choudary and Others. A visit with Mr. Paterson to the Bengal Training College of Physical Education found K. N. Roy of 1927-28 in charge. Mr. Buchanan, the Principal, is away on leave for fifteen months visiting the "Lingiad" this summer in Sweden and studying Physical Education generally. In his absence Roy carries on as Acting Principal.

The tour gave an impression of developing physical education in northern India and of the leading part which Old Boys of the Madras Y. M. C. A. College of Physical Education have in it. They have a great opportunity and a great responsibility!

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