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E**FURNITURE IN THE TROPICS**

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DUST AND INSECTS are the special annoyances in the tropics. The furniture should be of a design which does not accumulate dust or harbour insects.

The cornices in the room should not be constructed. If constructed previously should be removed when found. The picture rail should not present a horizontal surface looking upwards.

Plain legs for tables and chairs should be preferred to the carved ones which are difficult to clean by simply rubbing.

The cushions for chairs and settees should be removable. They should be taken out and put in the sun regularly.

Furniture in the hall should be of heavy design and of all-wood (no cane seats) so that messengers and unknown visitors can sit down when waiting without introducing infection or infestation into the house.

Daily dusting and sweeping need special attention. Dusting as done usually with a duster or a feather mop hardly serves much purpose. The dust which flies up into the air falls back a few moments later on the same or on a nearby spot on the same or on a nearby



object. Part of it is inhaled by the man or the woman who is dusting. Dry dusters should be used for wiping the furniture in such a way that all the dust is collected in the duster which should then be taken out of the room and quietly shaken from the verandah or in the compound. Several dusters can be used.

The institution of sweeping the roads, streets and compounds of public buildings in most towns is a public nuisance for which the city fathers are responsible. The dust rises in the air and falls into the houses within its reach, especially into the rooms on the first floor. All such surfaces which harbour loose dust should be watered before they are swept.

The floors should be mopped with wet swabs, floor clothes or cotton waste. In Calcutta specially made jute mops, used like an Indian broom, are available. Floors should be washed regularly at least once a week with phenyle of which several kinds with not an unpleasant smell are available.

Wooden floors are unsuitable for India. In fact they are unsuitable for any climate. On them children, adults weakened by influenza and old people break arms and legs almost as regularly as on banana skins.

The use of carpets in India needs a re-thinking. Fluffy Persian carpets or their imitations were not meant to be used as they

are used to-day. For walking on them shoes should be removed as they were about 200 years ago and as they are removed even to-day in orthodox houses. They are meant to sit or recline upon with the aid of bolsters in a room without chairs, settees or divans. Under them is usually a durrie which can be taken out dusted and even washed. For rooms containing settees and chairs, rugs should be used in preference to carpets, which can be taken outside daily and shaken.

Many people in Calcutta in the winter of pre-Independent India, developed coughs and cold after Government House functions. Inhalation of fluff from the carpet carrying dust from shoes was more often than not responsible. In Calcutta one needs only a big durry for the dining room, on which chairs can be moved without producing a noise on the floor, and small durries or rugs by the side of the beds. The same is true of all places excepting in Northern India or in the hills, where in winter the sight of stone or concrete floors makes one feel cold and miserable.

In the hall there should be no cover on the floor. The same remarks apply to the stairs.

On the ground floor full curtains may be used for doors and windows but half or three-quarters is better for the upper storeys. Even the full curtains should be minus the pelmets unless one has trained servants who will see to the dusting of them every day. Insects and spiders hide in them if the inspection is not frequent.

Movable light screens, wooden frames and cloth curtains which can be taken out regularly for washing, are very useful in the tropics. By their aid one can make cubicles in the drawing room or on the verandah for guests when one has no spare room. The screens should be between 5' and 6' high so that the natural breeze is not obstructed. The cloth panel should be so designed that it can be released at the bottom during high winds like the nor'westers of Calcutta.

MEDICAL BENEFITS UNDER EMPLOYEES' STATE INSURANCE SCHEME

REPORT ON PROGRESS SINCE INCEPTION OF SCHEME
SINCE LAST OCTOBER

THE introduction of what is known as the panel system of medical benefits under the employees' State

insurance scheme in Greater Bombay and adjacent areas is the first biggest experiment in employees' health insurance in this country. Since the scheme was introduced on October 2, progress has been recorded in the organisation of facilities of medical benefits to the insured as could be seen from a review of the progress report submitted as the conference in the Secretariat on January 5 of all interests associated with the scheme and which is summarised below.

The conference proved useful in as much as a forum for representing difficulties, handicaps and grievances was provided to representatives of panel practitioners and specialists, chemists, workers and employers. All interests met at the conference table to exchange views and offer suggestions with a view to improving the efficiency of the medical benefits under the scheme. The Minister for Health and Labour, presiding over the conference, agreed to several suggestions in behalf of the State Government and requested the medical profession and other interests to meet the Administrative Officer in charge of the medical benefits organization every week to discuss problems and secure their solution. Several misunderstandings were also removed and ground was prepared for closer co-operation and co-ordination with personal contact. He also invited well-documented complaints for investigation and suitable remedial section.

LAKH BENEFICIARIES

The total number of insured employees is 420,456 although 40,929 acceptance cards have not yet been received owing to causes like assumption by some employees that they need be enrolled only when they get sick, delayed issue of T. I. certificates by employers, some employees being on long leave, etc. The fundamental principle of the panel system is that the insured person has the freedom of electing his panel doctor whenever he thinks it necessary.

The total number of panel practitioners is 903 at present. Out of them, 124 are ayurvedic practitioners and six unani. Fresh applications are to be invited every three months.

As many as 284 beds have been reserved in 13 general hospitals while 100 beds have been reserved in two T.B. hospitals. Among the hospitals are included a number of well-equipped and big government hospitals and they have been instructed not to refuse admission to emergency cases even if the reserved beds were found occupied. Non-emergency cases are admitted when admission is recommended by the specialists and when there are vacancies.

So far as married insured women employees are concerned, ante-natal care is provided up to 7 months of pregnancy at the diagnostic centres and then by the hospitals. Domiciliary confinements are provided by the registered midwife engaged by the panel practitioner in charge of the case.