

The past year has been one of progress and we hope the present one will carry with it more improvement. The massage problem here needs an organized system to meet its necessities; a branch in Mesopotamia, another in Bombay and a regular service on the hospital ships. There must be a number of trained nurses in India and Mesopotamia who have taken a special course in massage and their services could be utilized.

CONTRIBUTED ARTICLES.

THE REMUNERATION OF *DAIS* AS COMPARED WITH TRAINED NURSES.

BY DR. E. M. FARRER.

(*A paper read at the A. M. W. I., held in Bombay, December 1917.*)

MEDICAL work in India, especially that part of it which concerns the provision of medical aid for women, is still in course of evolution, and it is therefore by no means surprising if conditions sometimes arise presenting anomalies which may be difficult to adjust. The wonder would rather be if such conditions did *not* arise! It seems to me that there is such an anomaly in connection with the recently launched scheme for the employment and remuneration of trained midwives, as compared with the pay received by trained Indian nurses.

It goes without saying that we are all agreed to the need for improvement in the conditions of child-birth among the women of India, and the urgent necessity for taking all possible measures calculated to lessen both maternal and foetal mortality and morbidity. But it may be reasonably open to question whether a considerable increase in the pay of the trained midwife is likely to be the most effectual means of attaining this end. I have no intention, however, of inflicting on you any lengthy dissertation on this point. My present concern is to bring forward for discussion the question of the pay of the trained Indian midwife as compared with that of the trained Indian nurse.

The proposal contained in Dr. Balfour's Report of Courses for Instruction of *Dais* held in the Punjab in September 1916, regarding the remuneration to be given to midwives by local bodies employing them, is as follows:—"It might be proposed that local bodies engaging *dais* should offer them Rs. 18 per mensem, should allow them to take no fees for attending labour-cases, but for each labour-case attended should pay them Re. 1. When by this means the *dai's* pay reached an average of Rs. 25 per mensem, she would be attending 84 cases a year. She should then be relieved from her hospital duties and retained at Rs. 25 per mensem (which might be raised to Rs. 30 in some cases) as Municipal *dai*, her duties being principally as consultant, but private practice and fees among the rich being allowed."

This proposal appears to have been already adopted or regarded as a Government order in some places in the Punjab, but I doubt if there is as yet

any uniformity of practice in the matter. Probably the supply of duly qualified *dais* will remain limited for some time to come, as well as the demand for their services, since the prejudices of ignorance and superstition are not to be overcome in a day.

The pay suggested by Dr. Balfour for these *dais* is sufficiently high to render the position of an Indian nurse in a Zenana Hospital somewhat anomalous, as it is usually on a considerably lower scale than this; and for Mission Hospitals at any rate it is likely to be a serious matter if we have to attempt to bring the pay of nurses and sub-assistant surgeons into line with such high remuneration for *dais*. The following points should be taken into account in considering the matter:—

1. The nurse's training extends over three years, the *dai's* over only two.

2. The nurse must be 'literate', the *dai* may be quite illiterate. We now aim at getting girls to train as nurses who have passed the "Middle" Vernacular School Examination or some equivalent. The nurse must also pass written examinations as well as oral and practical ones, the *dai's* examination is solely oral and practical. Yet in our part of India a nurse who passes the third or final examination of the United Mission Board receives in the usual course of things Rs. 9 per mensem, rising by 8 annas per month every half year, and out of this she pays Rs. 4 to Rs. 5 for her board. If engaged as staff nurse, her pay may be Rs. 10 or Rs. 11, rising by similar increments to perhaps Rs. 15 in a Mission Hospital,—or possibly starting at Rs. 20 or even Rs. 25 in a Government one, where, I believe, board is usually provided in addition.

I suppose the average pay of an Indian female sub-assistant surgeon in these days would be not less than Rs. 60 or Rs. 70 per month, at any rate if she were debarred from taking fees for private practice. (There *was* a time not so long ago when assistants of that grade were to be got at Rs. 25 to Rs. 40 a month!) It would seem reasonable to place the fully trained nurse's remuneration somewhere between that of the sub-assistant surgeon and the trained *dai*, which would, however, be an arrangement involving considerable extra expense in the running of a hospital. If it be argued that the nurse would probably be single, whereas the *dai* would most likely be a married woman, I would reply that as a rule it is most undesirable for a married woman to support her husband, who ought himself to be earning the living of his family. Nor is it customary to let such considerations weigh much in fixing the value of work done by other wage-earners.

As the work of a hospital grows, (and most of our hospitals seem to have a way of growing!) more nurses are needed, and it ought to be possible to give them more responsible positions too; and though the greater part of the work will continue to be done by probationers in training on low pay, we ought to have staff nurses also. If the *dai*, with her limited training, is to earn up to Rs. 30 or more per month, the staff nurse's pay would need to be more than this,—which might well make it impossible for Mission Hospitals to employ staff nurses at all.

Mention was made earlier in this paper of the lack of uniformity in the practice of local bodies employing *dais*, etc. Here is an instance. A capable woman, with some knowledge of compounding, three years' nursing training and certificate, and the Lahore Midwives' certificate to boot, has been employed for some time as (nurse) midwife by the Municipal Committee of a town in our district at Rs. 15 per month. She has now gone to a similar post in the N.-W. Frontier Province at Rs. 50 a month, the only difference I know of being that she has to find her own quarters instead of living rent-free.

It is notoriously easier to point out something that one considers at fault than to suggest and apply an adequate remedy! Personally I should be in favour of paying the *dais* at a lower rate—(not more than Rs. 15 per mensem,) for the present. The tendency is for salaries to rise in every department, so the question might have to be gone into again after a few years. But the higher the pay given, the more will be demanded.

Note.—In the discussion that followed this paper no definite conclusion was arrived at. It served to emphasize the lack of any uniform scale of pay for Indian nurses and midwives, and the old difficulty in making any comparison between Mission Hospitals and Government posts.

E. M. F.

DIPHTHERIA.

By Miss A. M. BURKE.

DIPHTHERIA is a dangerous and infectious disease caused by a germ called "Klebs-Löffler Bacillus". It seems to be a disease of early childhood as it is seldom found attacking children above the age of ten years. Although its occurrence amongst adults is rare it does sometimes happen that they suffer from an attack. It may make its appearance in an epidemic form. The infection from diphtheria can easily be spread from cups, spoons or handkerchiefs these having been used by the person attacked, and by kissing or personal contact. It may also be passed on through the medium of infected milk, or from cats, fowls, etc.

When the disease attacks a person it causes a general toxæmia thereby lowering the resisting power of the patient and often giving rise to high temperature, there is, too, frequently paralysis of the orbital and palatal muscles and of the trunks and limbs; sometimes albuminuria may be present and the heart's action weakened. Locally diphtheria shows itself by the formation of a membrane involving the mucous membrane of the body, the parts usually affected are the pharynx, larynx and, very rarely, the nasal mucous membrane, conjunctiva, the genitals, skin and open wounds. The throat shows on being examined under a clear light a patch of greyish membrane (false membrane) surrounded by a reddened base, this patch usually commences on the tonsils and spreads to the uvula and soft palate, thereby causing a difficulty in swal-