

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-

lowing, and speech which is indistinct and of a nasal character. Often there is ear-ache owing to the proximity of the eustachian tube with the middle ear. There may also be enlarged glands at the angles of the jaw. If the larynx is attacked the patient has severe cough with dyspnoea and the nasal membrane may be affected causing a blood stained discharge from the nose. Tracheotomy is sometimes performed and is necessary in those cases where the patient would otherwise suffocate.

If the disease is not taken immediately in hand and good medical treatment given, the percentage of recoveries is small, if the disease is recognised in its early state and treated recovery is almost certain. Treatment is divided into hygienic, medical, bacteriological and surgical branches. For the hygienic part of the treatment the patient must be isolated to prevent others getting infected. He must be kept in bed in a well-ventilated room and carefully nursed. Milk diet and, if necessary, the oesophageal tube is used. The medical treatment is for the throat or affected part to be swabbed with a mild antiseptic lotion, and the patient is usually placed on a medicine of iron and potassium chlorate, saline and diaphoretic may also be used. Injections of anti-diphtheric serum are given and after the first injection there is a marked improvement noted.

The chief thing is for the patient to be well nursed and his strength kept up; this is the greater part of the battle. The nurse should carefully note symptoms and if there is much dyspnoea and a retraction of the groove between the thorax and abdomen surgical interference is absolutely necessary and the surgeon should be sent for without delay for tracheotomy. Any delay may cause death to the patient. Fortunately for everyone in Bombay the disease is rare there. Any after bad effects are treated by electricity.

AN ADVENTURE IN THE HILLS.

By Miss SHOESMITH.

THE adventure related below befell us, a party of three miss-sahibs, Miss Rowell, Miss Kemp and myself, while on the way to the Pindari Glacier which is situated about 110 miles north-east of Naini Tal.

Having allowed the chaprassi a whole day extra in which to collect coolies for us at Bageswar, we fully expected to set out very early in the morning for Kapkot. However, our hopes were shattered. We got off the baggage coolies by 7 a.m., but it was quite three hours later before dandy coolies could be procured. It was a case of the men's time being more precious to them than our money, for their field work of harvesting grain was in full swing. To-day Miss Kemp and I decided to hire ponies for a few stages and thus one dandy was left to be carried. After much grumbling two men lifted it and went off. Imagine our dismay when, after we had gone only a mile, one of the two coolies ran back to the bazaar, leaving the dandy on the road. This caused a long wait before the chaprassi could get other men and so we were again