Their patients have greater regard for the advice of their doctors and they abide by the doctor's decisions regarding the fate of their eyes. A patient, who is advised enucleation of his eye by his eye specialist resigns himself to his lot or asks for another specialist's independent opinion, but never runs away from the hospital and leave everything to fate and further trouble and worry.

I may say, in passing, that, at Moorfields hospital, in cases where enucleation of an eye with any little vision has to be done, the surgeon concerned always gets the opinion of one or two of his colleagues in writing on the case sheet; and in all cases of operations on the eyes, the written consent of the patient or the patient's guardian is taken beforehand.

There have been cases at the Government Ophthalmic Hospital, in which early glioma of the Retina was diagnosed and enucleation of the eye advised but was refused by the patient's relatives and which returned again some months later when even an exenteration of the orbit was found insufficient to save the life of the patient. Such cases, one may not meet with in the West.

After these general remarks I think I may say a few words about the comparative prevalence of certain eye diseases in the West and in India.

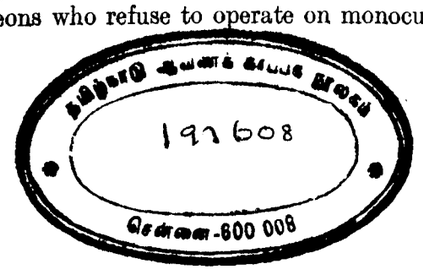
Trachoma, which is responsible for the loss of many eyes in India, is very rare in Great Britain. It is a great rarity in the Edinburgh and Glasgow eye clinics; but in the London Hospitals one may see cases of Trachoma rarely. It occurs in the "East end" where there is a mixed alien population of Jews, Armenians, etc. Cases discovered in any of the Schools are segregated and sent

to a special hospital and boarding house intended for such cases.

Tubercular affections of the eye,—especially of the iris—are more common there than in India. Strumous children with phlyctenular conjunctivitis and keratitis are also more common among the poor. In addition to the usual constitutional treatment injections of tuberculin (bacillary emulsion) are usually given.

Squint cases are far more common in the eye clinics of the West. It must be noted that among Indians there are some that consider the possession of a squinting eye as a sign of good luck and naturally such people do not come forward for treatment at the hands of an ophthalmic surgeon. But, in spite of this factor one can state definitely that there are more of these cases in the West. It is surprising to see how soon mothers bring their babies to the hospital after they have noted them squint. I saw once a child, only 1 year old, brought up to the hospital for a squinting eye and the mother said that the squint was noticed only a couple of days ago for the first time. This baby was fitted up with glasses to correct the refractive error which was causing the squint. Such early treatment often easily corrects many an eye, which if left alone, would have squinted and become amblyopic.

Sympathetic Ophthalmitis is more frequently seen in the eye clinics of the West. It is very rare in our experience at the Government Ophthalmic Hospital. The surgeons in the West are so much afraid of it that they advise the immediate enucleation of any eye which has received a perforating injury and which does not show prospects of getting any useful vision. There are some surgeons who refuse to operate on monocular cataracts—



i.e., in cases in which the other eye has good vision—for fear of a possibility, though rare, of sympathetic inflammation occurring in the other sound eye.

Refractive errors.—A far greater percentage of cases attending the eye clinics in Great Britain are for refractive errors. The patients resort to the hospital as soon as they feel any trouble in their eyes or any defect in their vision, as they want to get the maximum benefit out of their eye-sight. There also many get their glasses from the nearest optician—of course, not to be compared with most of our Madras opticians—and if those glasses do not give them satisfaction, they readily go over to one of the eye hospitals. The systematic medical inspection of the school children reveals all cases of refractive errors among them and these children, while at school, are compelled to provide themselves with the required glasses. In London a separate school has been established where children, who have anything more than a low degree of Myopia, are sent and where they receive special facilities to prevent their myopia from progressing.

Cataracts are rarer than in Southern India, where again we find comparatively fewer cases than in Northern India.

Methods of treatment.—One finds many varieties in the minute details of the technique of different operation samong the various eminent surgeons of the West; but it is not proposed in the course of this short paper to go into such details. I shall confine myself to some general remarks about these.

In general, it may be said, that the average European patient's eye cannot stand such strong solutions of drugs as can be borne with impunity by our ordinary patients.

Perchloride of mercury lotion is never prescribed there in strengths higher than 1 in 10,000 whereas we use ordinarily a solution of 1 in 6,000. Silver nitrate solutions of the strengths used here are not tolerated by a European patient's eye. For ordinary sore eyes (Catarrhal Conjunctivitis) they prescribe ordinarily only washes of boric lotion and boric ointment applications to the lids, and in some bad cases, drops of argyrol or protargol in addition. They very rarely resort to the weak solutions of $AGNO_3$ which we are fond of using here, of course, with good results.

At Moorfields hospital, cases for intraocular operations are selected after cultural tests of the conjunctival sac have shown freedom from pyogenic organisms; of course in smaller hospitals with less equipment they cannot do this test on all cases. After this test, the preparation of the eye before the operation is only a painting of the outside of the lids and the surrounding skin with Tincture Iodine and then an irrigation of the conjunctival sac with sterile saline solution. Then the local anæsthetic drops are given.

At the Edinburgh Infirmary eye clinic, all cases of cataract are given a subcutaneous injection of a local anæsthetic around the orbital margin with the object of "blocking" the branches of the facial nerve and preventing the patients from squeezing their eyes during the operation. This is not practised as a routine in any of the other Hospitals. A temporary blocking of the branches of the facial nerve if properly done, is of great help in troublesome patients who keep on "squeezing" their eyes. Different methods of doing this have been tried at the G.O.H. with a fair amount of success. The

facial nerve branches have been attacked around the orbital margin, over the Zygoma, and recently Major Wright has been trying to block the facial nerve by injection of novocain in the vicinity of the stylo-mastoid foramen. The temporary paralysing of the orbicularis oculi muscle will be of great value to any ophthalmic surgeon in an out-of-the way place without a trained assistant who wishes to operate upon a troublesome cataract patient.

There are very few surgeons in Great Britain who do the intracapsular operation for senile cataract; the great majority are in favour of the Capsulotomy method. Dr. Sinclair of Edinburgh is a great advocate of the intracapsular operation; he removes the lens by a particular technique of his own. Irrigation of the anterior chamber with a saline solution as a part of the capsulotomy method is seldom seen in the clinics there. There are a few surgeons at Moorfields who resort to it in rare cases.

Cases of Glaucoma reach the hospital in a very early stage of its course usually. They do not wait for the sight to be almost completely lost before they seek advice at the hospitals. In this respect, one finds a remarkable difference in the nature of the Glaucoma cases met with here and in England. I need not say that in early cases the operation is much easier and is attended with less of complications. Sclero-Corneal trephining is the operation most favoured in cases of primary simple Glaucoma and a broad-based iridectomy in cases of acute congestive and secondary Glaucoma. There is one Surgeon at Moorfields who is fond of Lagrange's operation and prefers it to Sclero-Corneal trephining.

The only other operations about which I may make a passing reference are those for squint and ptosis. I have seen far more cases of these during the few months I spent at Moorfields hospital than what I have seen during so many years at the Government Ophthalmic Hospital, Madras. The operation usually done for the squint cases is an advancement of the weakened muscle and a tenotomy of the over-acting one. Bishop Harman is fond of his "tucking" operation. A few remarks about refractive errors and prescribing of glasses may not be out of place. At the Moorfields Hospital the estimation of the refractive error is made solely on the results of the retinoscopy test. The post-graduate is impressed with the value of this test, as it forms the only possible test in very young children. I found some diversity of opinion among the different surgeons at the Moorfields hospital as regards what amount of the total refractive error should be corrected in a particular patient. Mention may also be made of the fact that our patients become presbyopic at an earlier age than the patients there. This has to be borne in mind when prescribing glasses for presbyopia. One sees more attention paid in their hospitals to muscle balance tests, apparent squints, paralytic strabismus, etc.

Another noteworthy feature is the close association of a consulting physician—a specialist in nervous diseases—with the ophthalmic surgeons in these hospitals. Ophthalmology in its relation to general medicine has become a special branch of study. Attention has often been directed from the ophthalmoscopic appearances of a case to the existence in the patient of some general disease of which the fundus changes are but a sign. This shows

that certain branches of ophthalmology requires the assistance of a physician.

I do not propose to go into the subject of Slit-lamp microscopy of the living eye which has been used a great deal in all eye clinics during the last few years or any of the newer methods of treatment, all of which cannot be new to any one who takes an interest in eye work and who has cared to spend time in reading current ophthalmic literature.

Before I close this subject, I cannot but give expression to the enthusiastic work of the Honorary Consulting Surgeons of the various eye hospitals in Great Britain, their profound knowledge and the spirit of research that is a characteristic feature of most of them. At the Moorfields hospital you see the batch of 4 surgeons, each one independent of the other, working together in the same hall, side by side and seeing their patients. Whenever any one gets an interesting or rare case, he shows it to his colleagues and often takes the opinion of the others in difficult cases. They work so smoothly and amicably. The greater part of the professional work of this hospital is carried on by these honorary workers, and it must be admired that they are able and willing to put in so much of their time in this honorary work.

I have thus outlined a few of the special features of ophthalmic work in Great Britain that struck me most during my stay there.

METHOD OF ADMISSION OF PATIENTS TO THE GOVERNMENT MENTAL HOSPITALS.

(Dr. T. V. Govinda Menon, m.b. & b.s.,
Government Mental Hospital, Madras.)

There seems to be a good deal of misconception and ignorance regarding the mode of admission of patients to the Mental Hospital. For instance, patients are brought straight to the hospital by the relatives without any of the necessary Forms, with the result that they have to be sent back with instructions to come through the proper channel, thereby giving rise to a suspicion that the authorities of the hospital are unsympathetic and hard-hearted. But the fact is that the hospital authorities are not allowed to detain any patient, even for a minute, without proper orders from the Police or the Magistrate. There is a mistaken impression amongst the public, including doctors, that any and every case of insanity can be admitted as "Voluntary Boarder." During the course of the last one year, about 8 or 10 cases were directed by medical men for admission as "Voluntary Boarders." But none of them was suitable enough to come under that category. On the other hand, there were three cases who sought admission of their own accord, and they were really suitable cases as "Voluntary Boarders." These 3 were admitted as such, while the other 8 or 10 were refused admission as "Voluntray Boarders" but were directed to come through the Police or the Magistrate. Another wrong idea is that only paying patients can be admitted as "Voluntary Boarders." Another instance of the want of correct knowledge of the rules is that 'Public' cases have been sent from some of the city-hospitals with two medical certificates thereby

making them technically 'Private' cases though they are really meant to be 'Public' cases. Again many doctors have made references to the Mental Hospital for giving them instructions for admitting cases into the hospital. Under the above circumstances it has been thought right to write a few lines on the matter in the Madras Medical Journal, so as to enable the medical men to give suitable advice to their clients regarding the methods of admission. It may be mentioned here that almost all the information given in this article can be found in the Government Mental Hospital Code or in the Civil Medical Code.

The various methods of admission into the Mental Hospitals may be classified under the following heads:—

I. *Civil.*—(1) 'Public' cases
(2) 'Private' cases and
(3) 'Voluntary Boarders.'

II. *Criminal.*—

Civil Public cases.—There are two varieties of this class. One comprises those cases that have been certified in the districts or in any of the city State hospitals after observation (Medical Certificates, Form III Sections 18, 19, Act IV of 1912). This certificate is accompanied with a "Reception Order" (Form No. 5 as per Sections 14, 15, 17 of the Lunacy Act IV of 1912) from a First Class Magistrate or Commissioner or a Deputy Commissioner of Police, Madras. In these cases a medical history sheet in the prescribed form and a certificate of fitness to travel must also accompany the patient. The other variety constitutes those cases sent by the Police to the Mental Hospital with a "Detention Order" (Form No. 10, Sections 8, 16 and 23, Act IV of 1912) from a Presidency Magistrate or the Commissioner or a Deputy Commissioner of Police

for observation and certification. These cases may either be picked up wandering about in the streets or may be taken up by the Police on information from the relatives of the patients, that the patient cannot be kept under proper care and control. In these cases, after certification by the Superintendent, a Reception Order is issued by the committing authority concerned, *i.e.*, Magistrate, Commissioner or Deputy Commissioner of Police. The Medical history sheet for these cases is prepared in the Hospital. Thus it will be found that only one certificate of lunacy is necessary for all these public cases, and that the certifying doctor is always a "Government Medical Officer" which term may include besides Gazetted Medical Officers, Sub-Assistant Surgeons in independent charge of, or House Surgeons, House Physicians, Honorary Physicians and Surgeons employed in, Government, Civil, Local Fund or Municipal Medical Institutions. All public cases must be placed before the "Visiting Committee" before they are discharged from the institution, the Committee visiting the hospital only once a month.

Civil Private cases.—These are the cases where two certificates of lunacy in Form III are necessary, one of which must be from a "Government Medical Officer" and the other may be from any registered medical practitioner who must have examined the patient separately and independently.

The guardian of the patient has to appear before a First Class Magistrate within 7 days after the date of the certificate with a petition in Form I (Sections 5 and 6, Lunacy Act IV of 1912), *i.e.*, "Application for Reception Order" duly filled in, and the two medical certificates mentioned above. He has also to execute before the

magistrate a maintenance bond in case of paying patients. In these cases, no medical history sheet is necessary. Regarding discharge of 'Private' cases, they can be removed from the hospital at any time by their guardians who petitioned for their admission, on making an application to the Superintendent. But the Superintendent may refuse to discharge a patient of this class if he considers him dangerous and unfit to be at large.

Voluntary Boarders.—Here the patient must seek admission into the Mental Hospital of his own free will with a desire to undergo proper treatment in the hospital. He must have a fair insight into his own condition. On the patient appearing before the Superintendent, the latter must satisfy himself by examining his mental condition, that he is a proper case to be taken as a voluntary boarder, and the patient has to sign a declaration Form 9 (Section 4 (1) Act IV of 1912) saying that he wishes to undergo treatment in the Mental Hospital. Thus, it will be seen that only mild cases or, as it is sometimes called, 'Border Line' cases of mental disorders can be admitted as voluntary boarders; while an acute maniacal case or an advanced case of Dementia Præcox cannot be admitted as voluntary boarder. A voluntary boarder can be discharged at any time at his own request on giving 24 hours' notice in writing to the Superintendent; but the Superintendent or the visiting committee may also discharge him at any time if they consider the patient fit for discharge.

Before applying for the reception of a patient to the Mental Hospital, enquiry should be made as to whether accommodation is available, and, as far as possible, due

notice should be given of the time of arrival, so that arrangements for diet, etc., may be made beforehand.

All forms referred to above may be obtained free from Government Medical Officers or from Superintendents of Mental Hospitals.

Regarding maintenance charges in the hospital, the rules are the same for all classes of cases, and the charges vary according to the income of the patient or the guardian. Thus, a public case picked up from the streets will have to pay, if it is ascertained later that the guardian of the patient is well-to-do and has sufficient income to contribute at least a portion of the patient's maintenance charges in the hospital. On the other hand, a voluntary boarder can remain free in the hospital if he gives a declaration signed by him to the Superintendent that he is poor and cannot afford to pay. The payment system is of two kinds, just as in other Government Hospitals, except that the rate for "Ordinary paying" patients is always fixed by the Committing Magistrate or the Police authority; the "Special paying" patients pay according to the scale of rates fixed by Government for Mental Hospitals.

Regarding criminal cases, no description is necessary as their admission is purely a legal procedure, and they have to be dealt with and committed to a Mental Hospital by the Magistrates who try their cases.

It may also be mentioned that the certificates and Medical History sheets sent along with the patients have often been found to be very defective and not properly filled up; and sometimes some of them had to be returned to the Medical Officers concerned for filling the forms completely. Hence it is particularly desirable that these documents are duly and properly filled in and that as much information as possible regarding the patient may be supplied under the various headings shown in those forms.

This article is written in the hope that it may be of some help to doctors in indicating the proper procedure to be followed in respect of admissions to Mental Hospitals, so that the inconvenience so frequently felt at present, both by the Hospital staff and the relatives of the patients, may thereby be obviated. I am much indebted and grateful to the Superintendent, Dr. H. S. Hensman, (at whose instance this article has been written) for the help and guidance he has given me in the preparation of this paper.

GLEANINGS.

RESEARCH OF INDIGENOUS DRUGS ON MODERN LINES.

(*From the Journal of Ayurveda—August* 1925, *pp.* 62—67.)

The research of Indigenous drugs on modern lines is being recently undertaken and much will depend on their investigation on proper lines. Mere chemical and pharemacological research of vegetable drugs of Ayurveda and their clinical application as to whether they are specific or otherwise, is not enough in these days. There are other lines of investigation, no less important, *e.g.*, endocrinological, biochemical, biological, etc. Not only specific but non-specific actions of drugs should be considered. When the investigation of drugs is done on all these different lines, then and then only it is ready to be tried

clinically. We are compelled with great reluctance to give this warning almost at the outset in justice to Ayurveda. No doubt we are very much indebted to all the workers in the field for their painstaking laborious work. But one should remember that Ayurveda is just now passing through a crisis.

(1) *The Chemical Study of Plants.*

The chemical study of plants reveal on the one hand inert substances like starches, pectins, etc., (having no therapeutic properties but often of high dietitic value) and on the other hand important active principles like alkaloids, glucosides, resins, etc., oleo-resins (of great therapeutic interest).

It is not enough to find out an active principle and reject the residual substance as useless, for it is often the case that the same plant contains a number of active principles. In the past we have neglected to do this. Thus we used to prescribe Ipecacuhana Sine Emetine neglecting the more important alkaloid Emetine which we are now using with a vengeance.

Therefore in a particular plant there may be more than one active principle, so that all of them should be individually tried. For, not unoften, one active principle has sometimes an antagonistic properties in respect to the other, *e.g.*, morphine and brucine in opium, Hyoscyamine, atropine and hyoseine in Hyoscyamus.

It will be evident that the use of the entire plant is often different from its alkaloid, *e.g.*, Nux Vomica and Strychnine.

This is one of the objections raised by Ayurvedists when a drug is rejected after using the alkaloid or

glucoside, which is only a portion of the plant. In fact the whole plant may be considered as a compound prescription, in which the other ingredients act as adjuvants or correctives of the active principle; thus when the entire plant is given, there is harmonious action.

The Solvents of Active Principles.

These are different for the active principles of different drugs. The same active principle of a drug cannot be extracted by different solvents.

Thus the active principle extracted by alcohol is not the same as that extracted by cold or boiled water. Accordingly alcoholic and watery solutions of a plant is different in properties. Again some active principles like that of "Asoka" can only be extracted by boiling with milk.

Fresh decoction of "Kalmegh" is much superior to the alcoholic liquid extract, for alcohol retards the action of Kalmegh on the Liver. We must therefore remember the action of alcohol itself in this connection.

Objection may be raised that the very small quantity of alcohol used may not have a deterrent effect on the action of the drug. This is often clinically incorrect as in case of "Kalmegh" for example.

When we remember that even homœopathic forms of drugs can produce specific anti-bodies (*vide* Kolmer's Infection and Immunity) we cannot ignore the effect of quality and take into account that of quantity only.

(*II*) *The Pharmacological Study of Plants.*

The pharmacological study of drugs with reference to laboratory experiment on animals, show the different effects on the tissues and organs of animals experimented on.

This action is due to the toxic substance present in the drug which shows gross effect. In these days of non-specific therapy, the non-toxic part of a plant could not be ignored.

We must also remember that the action produced on experimental animal is different sometimes from that produced on man. The action of a drug cannot be elicited by animal experiment alone.

Further, subjective symptoms of drugs cannot be noted in our experiment on animals. This is often quoted by Homœopaths who state that Allopathic animal experiment studies one aspect of drug action.

In these days of Endocrinology one should study the action of drugs on the Endocrines. Snake venom for example is inert when taken by the mouth. As the late Dr. Hem Chandra Sen had stated it is inert so far as its toxic effects are concerned but it produces when so taken an excess of body heat (stimulation of Adrenals).

The hormone action of a drug cannot thus be ignored. In fact Sajous had stated that Pharmaco-Endocrinology will reveal the true significance of drugs.

The "Tridosh theory of Ayurveda" has very close analogy with the sympathetic endocrinology of modern medicine. The view point of both is the same, *viz.*, the view point of the soil and not of the seed.

Pharmaco-endocrinological study of Ayurvedic drugs will result in the same conclusions regarding their actions as had been noted in Ayurveda.

(*III*) *The Bio-Chemic Study of Drugs.*

The Bio-chemic study of plants reveal the presence of vegetable acids, metals, metalloids in the colloidal state

which under certain circumstances act as catalytic ferments, in this respect acting like organized ferments. These act bio-chemically in splitting foreign proteins.

We cannot ignore the explanation of pseudo-anaphylaxis, non-specific non-protein therapy and even immunity by the use of mineral drugs which are explained on colloidal basis.

Thus salvarsan is partly anti-spirochætic, partly increases anti-body formation (hæmolysins, aggutinins, etc., by stimulating tissue cells of the host. The same is true of Arsenious acid and atoxyl.

Intravenous injection of Sodii Bicarb (Weil) of calci-chloride (Fruend), of tartar emetic (Cinca) increase complement in the serum, while Atoxyl decreases it.

Phosphorous had been shown by Wheeler and Neatley to increase opsonic index to tubercle bacilli.

Chloras Hydras depresses phagocytosis; colloidal metals, arsenical preparations stimulate phagocytosis in vitro and vivo (Aitkin.)

The following minerals in homœopathic doses stimulate specific anti-body formation:

Calci Sulphide increases opsonic index to streptococii.
" Phosphorous " " " to T. B.

Arsenic and mercury elaborate agglutinins and complement fixation anti-bodies for bacilli of the typhoid group of fevers and of dysentery.

Recently, Acton of the Calcutta Tropical School has studied some drugs under another biochemic aspect. He has found that certain powerful drugs like Quinine, Emetine, etc., act best at a certain range of Ph.

This explains the Ayurvedic theory that bitters should not be administered in acute fevers till the secretions and excretions are free, when the fever become intermittent.

Clinically it had been noted that in such a stage, (when the proper Ph. is reached) when the secretions and excretions are free, small doses of Quinine, the prince of bitters, will act as a miracle in a malarial fever, while large heroic doses before that stage fail to produce similar beneficial results and are often attended with serious consequences.

Urotropin is useless unless the urine is rendered alkaline in the typhoid group of fevers.

(IV) The Biological Study of Drugs.

The biological study of plants reveals the presence of important substances like ferments (*e.g.*, papain in carica papaya, a proteolytic ferment in pine apple, etc.), chlorophyll (a source of organic iron), chromoplasts (vegetable dyes of therapeutic value as anti-parasitics), vitamines (whose importance has been recently recognised), lipoids (whose importance no medical man can ignore). These act biologically in splitting up various foreign proteins and in various other ways.

The vegetable proteins should be studied from specific and non-specific points of view like animal proteins.

Like animal proteins they contain a toxic and non-toxic portion, each of which is therapeutically active.

That vegetable drugs act as antigens and produce anti-bodies cannot be ignored.

Phyto-albumens like phyllin, ricin, abrin, pollen extracts had been shown to produce specific anti-bodies. The same is true of hordein, fliamin, etc., prepared from vegetable food substances.

Alkaloids like Quinine had been shown by Burret and Waters as not a very powerful anti-parasitic against the plasmodium of malaria in vitro. It was therefore concluded that besides its specific anti-parasitics effects it has non-specific or tissue-protective power induced by the production of anti-bodies through stimulation of body cells.

Mellon had demonstrated that Baptisia which is a specific in typhoid group of fevers produces anti-typhoid agglutination. Yet it has no place in the British pharmacopœia.

Aitkin has shown that morphia disperses phagocytisis and strychnine stimulates it.

How many of us know these diverse aspects of actions of vegetable drugs.

Collaboration of competent Ayurvedists.

In the research after the action of Ayurvedic drugs the collaboration of competent Ayurvedists is as much necessary as chemists, pharmacists, pharmacologists and other specialists.

It is idle to expect Quinine which is anti-parasitic against malaria to be useful in every other case of fever. Similarly it is idle to expect any Ayurvedic anti-febrile drug to be useful in malaria when recommended in Ayurveda for non-malarial fevers.

We must remember that a drug recommended in Ayurveda may not be specific for the disease, but may have a non-specific and symptomatic effect on a leading symptom of the disease.

That the drug could not act specifically is no reason to discard it. How many specifics are there in the Allopathic pharmacopœia? Are the non-specifics having important symptomatic action discarded?

Apart from the individual action of Ayurvedic drugs their special value lies in combination, as Mahamahopadhya Gananath had stated. No Allopath can deny the value of combinations.

Often the use of a combination of several drugs having similar properties is better than that of a single member of the group (*e.g.*, the vegetable purgatives) provided we have a thorough mastery of the action of each member and the combination is scientifically done so that harmonious action is ensured. This is left to the enterprising chemists of Allopathic drugs.

It may be stated that Ayurveda abounds in such specific combinations, *e.g.*, Dashamul (the ten roots) in vagotonic conditions.

The selection of drugs for research is done in some quarters in a very hap-hazard way. The members of each group should be tackled one after another. So that difference in action between two members of the same group may be forcibly brought to one's notice. When one group is finished it is better to tackle another group. The line of action should be decided by determining which group is to be tackled first.

The important member of a group (according to Ayurveda) should be first considered before proceeding to the less important members of the group.

For all these and for various other reasons a critical study of Ayurvedic drugs from Ayurvedic books or what is more practicable the collaboration of a competant Ayurvedist is necessary for each research worker on Ayurvedic drugs having no personal knowledge of Ayurveda.

"*Justice to Ayurved.*"

[*Reprint from "Times of India," 17th February* 1926.]

VACCINATION BY MOUTH

NEW DISCOVERY

STAMPING OUT THREE DISEASES.

The old-fashioned notion that the function of a doctor is to cure people who are ill is slowly disappearing, and one is coming to realise that in the future the principal function of medical science will be to prevent people from becoming ill. Instead of paying a doctor to make you better you will pay him to keep you well; as soon as a patient falls sick his fees, instead of beginning, will cease. This prospective revolution depends partly on the Public Health Services, the importance of whose work can scarcely be over-rated; and partly on the theory of immunisation. That blessed word Immunity means much and is but little understood. Everybody knows that when a child has had measles it is comparatively safe from another attack, and all sensible people realise that a vaccination scar is like a certificate of safety from small-pox. The manner in which this immunity is brought about is rather complicated, and is perhaps not yet fully understood - at any rate the recent important investigations of Professor Besredka of the Pasteur Institute do not wholly confirm previous ideas.

Unpleasant Methods.

But the main thing is that immunisation has been proved to be effective and practicable. Small-pox has practically been stamped out of Europe by it, and enteric fever, which once held the record of decimating an army in the field, has ceased to be a factor of any importance to army medical authorities. This is because

anti-typhoid inoculation is compulsory in the army. But it is not compulsory elsewhere and so typhoid even is still rife amongst the civil population.

Hitherto it has been impracticable even to suggest that everyone should be artificially immunised against enteric fever, because the method in use was rather unpleasant and in many cases there was a definite contra-indication for it. The subcutaneous injection of dead typhoid bacilli was usually followed by unpleasant symptoms for a day or two, the initial puncture had little attraction for many people, and people suffering from various heart affections, from a fulness of the liver or—in the case of women—of the uterus, were prohibited from enjoying its protection. It was not safe to inoculate the very young or the very old. The new method of Professor Besredka suffers from none of these disadvantages, since his immunising agent is contained in tabloid form, is taken through the mouth. has no untoward re-actions, and is perfectly safe for infants, invalids, and the aged.

Immunity Local.

The discovery made by Professor Besredka—who is the successor of Metchnikoff at the Pasteur Institute—is that immunity is a local thing. At present the injection of a dead culture into the blood-stream is intended to induce a general immunity, but the Besredka theory is this : that as all invading micro-organisms have a selective affinity for some particular organ, so there should be a definite protective vaccine for each organ. Thus he found that dysentery and cholera bacilli make their way straight to the intestinal wall ; a rabbit was inoculated

with these bacilli through a vein in its ear, and was killed five hours later. The autopsy showed all the bacilli on the intestinal wall—they had made their way there as fast as they could, disdaining all other homes. All that is necessary, then to immunise against dysentery or cholera is to immunise the intestinal wall, since this is the only organ open to attack, and the best way of immunising it is by the most direct route that is through the mouth. But there was a difficulty in the way, for the dead bacilli in the tablet could not find their way through the wall at all times. Only when there was a free excretion of bile was ingress possible. Professor Besredka's solution to this difficulty was to include in the tabloid a certain proportion of synthesised bile to act as a sort of key to the gates on the walls of the intestine.

The tabloids are prepared by La Biotharapie of Paris, according to the researches of Prof. Besredka. A large stock is held in this country by G. Loucatos and Co., Amarcand Building, Ballard Estate, Bombay.

The advantages of this new vaccination are obvious. The process is simple and safe, attended by no discomfort, theoretically sound ; it demands no apparatus or skilled attendance and above all there is ample proof that it is effective. In 1923 a thousand people in Petrograd were vaccinated by the mouth during an epidemic of Shiga's dysentery ; nine cases occurred amongst them, of which six developed immediately after vaccination before immunisation was completed. In an epidemic at the Military School at La Fleche those vaccinated by the mouth fared better than those vaccinated in the ordinary way, and there are many contributory testimonies to its

efficacy from both private and official sources in France. And this harmless, painless immunisation is possible against typhoid, dysentery, cholera and other diseases which intermittently scourge the East. Professor Besredka's contribution to medical science is not yet universally known, but when it is, and its efficacy universally proved, his name will deserve a rank equal to the greatest of those who have dignified the profession of Galen with their wisdom and labour.

GERALD GODFRAY GIFFARD, K.C.I.E., C.S.I., M.R.C.P. LONDON, M.R.C.S., ENGLAND.

(*From the Lancet 16th January* 1926.)

With the death in London on January 5th of Major-General Sir Gerald Giffard, on the eve of his sixtieth year, the Indian Medical Service loses one of its most distinguished and many-sided officers.

Gerald Godfray Giffard was born in Guernsey on January 19th, 1867 the son of Mr. Agnew Giffard, resident engineer of the harbour works, who was drowned off Sark in the following year, and a nephew of Sir Henry Giffard, K.C. He was educated at Elizabeth College, Guernsey, and studied at St. Bartholomew's Hospital, qualifying with the conjoint diploma in 1889, and taking the M.R.C.P. a few years later; in 1890 he entered the Indian Medical Service, becoming Captain in 1893, Major in 1902, Lieut. Colonel in 1910, and major general in 1918.

He accompanied the Chin Hills and Manipur Expeditions and being a keen and hardworking officer was marked early for promotion and was translated to Madras in 1897 as resident surgeon to the General Hospital. He became district medical and sanitary officer at Chingleput, and in 1901 was appointed to his first chair in the Madras College, that of Materia medica. During the following years he filled in succession the chairs of surgery and midwifery with the added responsibility of directing the Government Maternity Hospital at Madras. By this time he had become known as a skilful surgeon and gynæcologist as well as a sound practical teacher of midwifery; and it was largely owing to his initiative and persistent effort that Madras came into possession of the finest and best equipped children's hospital in the East. As Principal of Madras Medical College he was responsible for numerous improvements in its organisation and work. During the War Giffard filled a number of important positions. In 1915 he was in command of the Madras Field Hospital Ship, a highly organised and elaborately equipped institution with a brilliant medical staff chosen from the Madras Medical College. In those days, now happily forgotten, Giffard was one of the first to recognise the shortcomings of the medical field organisation and used his influence to foster the inquiry of the Mesopotamia Commission which followed in 1917. This inquiry was doubly welcome to him, for it was the means of altering the whole attitude of the Government towards the medical requirements of the army in India. Giffard was transferred to the Northern Command in 1917, when he controlled the large Indian General hospital at Rawalpindi until his selection (at an unusually early age) as

Surgeon-General with the Government of Madras took him back to the scene of his earlier work.

Sir Patrick Hehir, who was associated with him in one way or another for over 35 years, appraises Sir Gerald Giffard as an administrator with a well-balanced mind and a wide grasp of the many complex and conflicting medical problems that beset statesmen in India. "One of my most pleasant recollections," writes Sir Patrick Hehir, " is the fine tone that existed in the whole of the Madras Medical Service when I visited that city in 1918. Giffard seemed to me to be the Little Father of a large and capable medical family. We worked together on the Medical Services Committee to which Giffard was a tower of strength. One of his last great efforts was to get the Madras Government to subsidise private medical men to go into practice in rural areas. Had this policy taken effect throughout India, it would within a decade have altered for the better the whole aspect of the medical care of the indigenous masses. Giffard was a fine personality, a deep and clear thinker, a bold and courageous medical administrator, a true and reliable friend, and a most cheerful companion. In his passing many like myself have lost a valued friend."

After his return from India Sir Gerald Giffard retired to Guernsey, living at Lafosse, St. Martin's, where he became honorary medical superintendent to the Lady Ozanne Maternity Home and General secretary to the local branch of the League of Nations. Sir Gerald Giffard married in 1898 Melicent eldest daughter of James Grose, C.I.E., I.C.S., by whom he had two sons and two daughters.

* * *

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Medical Officer, Gudivada,
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112. Rao Sahib Dr. M. Seshadri Reddi, L.M.S.,
Medical Officer,
Chatrapur, Ganjam District.

113. Dr. F. J. Saldhana, L.M.S.,
Assistant District Medical Officer,
Mangalore, S. Kanara.

114. Dr. R. Subbayya, M.B., B.S.,
Lecturer, Medical School,
Tanjore.

115. Dr. G. S. Sankara Ayyar, L.M.S.,
Assistant Medical Officer,
Kurnool.

116. Dr. B. Shanker Rao, L.M.S.,
Medical Officer,
Chicacole, Ganjam District.

117. Dr. M. Sanjiva Rao, M.B., B.S.,
Assistant district Medical Officer,
West Godavari.

118. Dr. K. R. Sitarama Aiyangar, B.A., L.M.S.,
Medical Officer,
Ongole (Guntur District).

119. Dr. D. G. Theyunni Menon, L.M.S.,
Medical Officer, Sivaganga,
Ramnad District.

120. Dr. B. Tirumal Rao, L.M.S.,
Medical Officer, Narasapur,
Kistna District.

121. Dr. K. R. Thyagaraja Ayyar, B.A., L.M.S.,
Medical Officer, Tiruvallur,
Chingleput District.

122. Dr. K. Tirupad, L.M.S.,
Medical Officer,
Baddrachalam (Godavari District).

123. Dr. T. S. Tirumurti, B.A., M.B., C.M.,
Prof. of Pathology, Medical College,
Vizagapatam.

124. Dr. M. K. Verghese, M.B., C.M., M.R.C.S., L.R.C.P., D.P.H.,
Professor of Materia Medica, Medical College,
Vizagapatam.

125. Dr. P. R. Venkatarama Ayyar, M.B., C.M.,
Assistant Superintendent, Medical School,
Tanjore.

126. Dr. V. H. Venkata Raman, M.B., B.S.,
Medical Officer, Virudhunagar
(Ramnad District).

127. Dr. B. V. Varadacharya, B.A., M.B., C.M.,
Lecturer in Pathology, Medical School,
Tanjore.

128. Dr. A. N. Verghese, L.M.S.,
Medical Officer, Palghat,
Malabar District.

129. Rao Sahib Dr. S. Venkatasubba Rao, L.M.S.,
Assistant Superintendent, Medical School,
Vizagapatam.

130. Dr. E. Venkata Rao, L.M.S.,
Medical Officer, Pithapuram,
Godavari District.

131. Dr. V. Viswanatha Sarma, L.M.S.,
Assistant District Medical Officer,
Bellary.

132. Dr. C. T. Verghese, L.M.S.,
Medical Officer,
Manjeri, Malabar District.

133. Dr. K. Venugopaul Nayudu, L.M.S.,
Medical Officer, Parlakimedi,
Ganjam Dt.

134. Divan Bahadur Dr. V. Verghese, L.M.S.,
Retired Civil Surgeon,
Ernakulam, Cochin.

135. Dr. N. Venkataswami, M.B., C.M.,
D. M. O. and Superintendent, Medical School
and Mental Hospital, Vizagapatam.

136. Dr. P. K. Warriyar, L.M.S.,
Civil Surgeon, Negapatam.

137. Dr. R. R. Williams, M.B., C.M.,
Civil Surgeon,
Tuticorin.

138. Dr. P. T. Zacharias, L.M.S.,
Medical Officer, Dharmapuri,
Salem District.

139. Dr. G. D. Gnanamuthu, L.M.S.,
Medical Officer,
Tiruthtarapundi
(Tanjore District).

140. Dr. D. Hari Rao, M.B.,
Medical School, Vizagapatam.

141. Dr. K. N. Krishnan, B.A., M.B., B.S.,
Professor of Chemistry,
Medical College,
Vizagapatam.

142. Dr. C. Ommen, M.B.,
Mental Hospital, Calicut.

143. Dr. R. Hari Hara Iyer, M.B., C.M.,
Medical Practitioner, Tinnevelly.

144. Dr. C. S. S. Sarma, M.B.,
Medical Officer, Attur.

145. Dr. Miss G. Samuel,
Medical Officer,
Women and Children Hospital,
Cuddalore.

146. Dr. Y. P. Vasudevan, M.B.,
c/o C. S. Doraswami Iyer Esq.,
58, Street 3, Extension,
Coimbatore.

CLASS B.—26 SUBSCRIBERS.

ANNUAL REPORT FOR 1925.

1. *Meetings.*—During the year under report, there were ten meetings of the General Body and four meetings of the Executive Committee.

2. *Membership.*—The number of members during the year under report was 228 against 220 during the previous year.

3. *Service Conditions.*—The number of Civil Surgeoncies reserved for the Provincial Medical Service has risen from six at the time the reforms were inaugurated

to thirty-two (including twelve professorships at Medical Colleges) during the year under review. During the same period, the Public Health Department has been radically re-organised and placed on a thoroughly sound and progressive footing ; except for one post of Assistant Director of Public Health reserved for an I.M.S. officer, this department is to be entirely officered by the Provincial Medical Service. The foundations of the new organisation are so well and truly laid and the superstructure so thoughtfully planned that, to people with clear vision, the future of this department presents the picture of an edifice wondrously perfect in every part and admirably suited for the many beneficient purposes it is designed to serve in an ever-increasing measure. For these and other beneficient and far-reaching reforms, we tender our most grateful thanks to our Government and in particular to the Honourable the Chief Minister, the Rajah of Panagal, without whose strenuous, persistent and insistent advocacy these things, it can be safely asserted, could not have been achieved.

As regards the reduction (consequent on retrenchment) in allowances to Assistant Professors at the Medical College and Lecturers in Medical schools, it is a relief to learn that the allowances are now restored and improved.

A suggestion has been made that the authorities be requested to sanction the grant of daily allowances now restricted to officers undergoing post-graduate study at the Tropical School of Medicine, Calcutta, to all officers undergoing post-graduate study at *any recognised institution* in India. The suggestion will be brought up for consideration at the next annual general meeting.

Some of our members seem to be under the impression that G.O. No. 582 P.H., dated 14th April 1924, defining

the status of Civil Assistant Surgeons *lent* to Local Fund and Municipal Medical institutions is applicable to Medical officers of Taluk Head quarter institutions also, whose salary is paid entirely from Provincial funds. That such is not the case will be clear from G.O. No. Press 1765 P.H., dated 22nd August 1925 (quoted below), which though issued primarily in respect of Sub-Assistant Surgeons, will include with greater force cases of Assistant Surgeons also. The said G.O. runs as follows :—

"Chairmen of Municipal Councils and Presidents of Local Boards are informed that the Government Sub-Assistant Surgeons employed in Taluk Head-quarter Medical institutions, whose salary is paid entirely from provincial funds, are *not* Government servants lent to Local Bodies within the meaning of section 77 of the Madras District Municipalities Act, 1920, and section 74 of the Madras Local Boards Act, 1920, and cannot therefore be punished by them. Presidents and Chairmen who are dissatisfied with the work or conduct of any such officer may however report him to the Surgeon-General who will take such action thereon as he deems fit."

4. *Amalgamation with the Indian Officers' Association suggested.*—In the report of the last year a suggestion was made that the Madras Medical Association may affiliate itself to the Indian Officers' Association and become one with its Medical section.

In commending the suggestion, the Committee expressed themselves thus: "The advantages of the step proposed are as follows :—

1. Without losing our autonomy, we share in a larger life, and ally ourselves with a more influential

and authoritative Association which can and will speak for us all in matters which are common to all Indian officers while in matters which pertain to our service only, we will, wherever necessary, be able to get the good offices of the office-bearers and others of its executive and general body.

2. We automatically share in all the incidental advantages which the Association offers, such as the following :—

(*a*) We get at once a local habitation which, along with members of other services, can rightly be called our own ; our members may stay there for a short time while on a visit to Madras ; our members' children studying in Madras are eligible to be admitted into the hostel where decent boarding and lodging are provided.

(*b*) We are eligible for advances for post-graduate study in foreign countries.

(*c*) Allowances may be obtained by the widows and children of members who may be left destitute.

Regarding the financial effects of the proposed affiliation, the rates of subscription for members will be graded instead of being uniform as at present. Our present subscription is Rs. 5 per annum. Under the rules of the Indian Officers' Association every member pays a monthly subscription of $\frac{1}{4}$ per cent. of his pay. This means that in the case of members starting on Rs. 200 a month, the annual subscription will be Rs. 6 instead of Rs. 5; but with every increment in pay there will be an increase in subscription. If the affiliation is effected the Association subscription of Rs. 5 per annum will be merged in the subscription for the Indian Officers' Association as the members will not be liable, in that case, to pay both subscriptions. The question of affiliation is however a matter for the Association as a whole to consider and decide ; and nothing can or will be done till their wishes are ascertained. The matter is too important to be decided at any meeting other than the annual general meeting and it is therefore placed on the agenda of the coming annual general meeting."

Last year no decision was arrived at, on this suggestion ; we now wish to bring up this question again before our members so that it may be duly considered and decided upon at the next annual general meeting. With a view to have the opinion of every member on this important question a special stamped post-card is being sent round to every member. It is earnestly requested that replies be sent as early as possible or convenient.

5. We are aware that there is some dissatisfaction among a few of our members on the ground that the Executive Committee did not fight out the case of a few individual members who had not either brought their grievances before the Committee or yet exhausted the remedies open to them under the ordinary rules now in force. The present Executive Committee can only submit that they are prepared to take a challenge that they have tried to do their best in all cases that have come to their notice and that, even where they have failed to satisfy individual members, they feel that nothing that should have been done was left undone. The Executive Committee is, of course, under no delusion that this statement will satisfy all ; but it is due from us to those who have still confidence in us.

Many of us feel that we have been far too long on the executive of the Association and that our replacement by fresh blood is long overdue. Some of us have been continuing in our offices as we thought it was our duty to stay on when our elders asked us to do so. May we now appeal to you to elect to the Executive Committee new members who would inaugurate a new regime of strenuous activity and beneficent results to us all ?

M. KESAVA PAL.
T. S. TIRUMURTI.
S. SWAMINATHAN.
A. LAKSHMANASWAMY.
S. M. TRASI.
M. R. GURUSAWMY.
K. MADHAVA MENON.
G. SRINIVASAMURTI.

THE MADRAS MEDICAL ASSOCIATION, MADRAS.

Receipts and Payments Account from 1st July 1924 to 30th September 1925.

	RS.	A.	P.	RS.	A.	P.		RS.	A.	P.	RS.	A.	P.
To Opening Balance—							By Hoe & Co., for printing ..				592	4	0
Cash with the Indian Bank, Ld.	141	3	9				,, Postage				189	14	6
,, Madras Central Urban Bank, Ld. ..	195	5	1				,, Establishment				170	0	0
,, Honorary Treasurer..	10	0	0				,, Contingency				61	5	6
							,, Audit fee				50	0	0
				346	8	10	,, Loan returned				47	4	11
Subscriptions				1,034	6	0	Cash with the Madras Central Urban						
Postage recovered				20	4	0	Bank, Ld.	317	11	4			
Advertisement charges received .				120	0	0	Cash with the Honorary Secretary..	88	6	10			
Interest from Bank				5	12	3	Cash with the Honorary Treasurer.	10	0	0			
											416	2	2
Total Rs. ..				1,526	15	1	Total Rs. ..				1,526	15	1

Income and Expenditure Account from 1st *July* 1924 *to* 30*th September* 1925.

	RS.	A.	P.	RS.	A.	P.		RS.	A.	P.
To printing charges paid ..	592	4	0				By subscriptions received for the current year	663	0	0
,, ,, ,, to be paid ..	175	9	0				,, advertisement charges	18	0	0
				767	13	0	,, postage recovered	20	4	0
,, postage				189	8	6	,, interest on current account ..	5	12	3
,, establishment				170	0	0	,, excess of expenditure over income ..	894	10	9
,, audit fee				50	0	0				
,, contingency				61	11	6				
,, subscription and advertisement charges written off ..				362	10	0				
Total Rs. ..				1,601	11	0	Total Rs. ..	1,601	11	0

Balance Sheet as on 30*th September* 1925.

Liabilities.	RS.	A.	P.	RS.	A.	P.	*Assets.*	RS.	A.	P.	RS.	A.	P.
Audit fee	50	0	0				Cash with the Madras Central Urban Bank, Ld.	317	11	4			
Printing charges	175	9	0										
				225	9	0	Cash with the Honorary Secretary..	88	6	10			
Amount to the credit of the Fund as per last Balance Sheet ..	1,085	3	11				Cash with the Honorary Treasurer..	10	0	0			
Less excess of expenditure over income	894	10	9								416	2	2
				190	9	2							
Total Rs. ..				416	2	2	Total Rs. ..				416	2	2

I certify that I have examined the above Balance Sheet with the books and vouchers relating thereto. I have obtained all the information and explanations required by me.

Subscriptions outstanding have not been taken into account and those which have been taken into account during previous years and which are still remaining uncollected have been written off.

Subject to the above remarks I certify that the above Balance Sheet represents in my opinion a true and correct view of the state of affairs of the Association according to the best of my information and explanations given to me and as shown by the books of the Association and that the same is drawn in conformity with the law.

M. KESAVA PAI,
President.

A. LAKSHMANASWAMY MUDALIAR,
Honorary Treasurer.

G. SRINIVASAMURTI,
Hony. Secretary.

3/39, GODOWN STREET, MADRAS
8*th March* 1926.

Y. RAMASWAMAYYA,
Govt. Diplomate in Accountancy.

THE MADRAS MEDICAL ASSOCIATION

NOTICE OF ANNUAL GENERAL MEETING (1926).

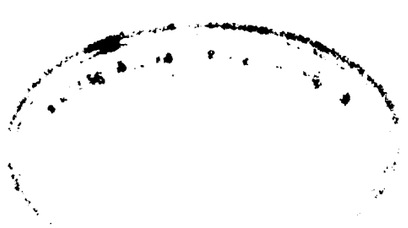
The Annual General meeting of the Association will be held at the Medical College, Madras, on Saturday the 24th July 1926 (5-30 P.M.).

AGENDA

1. Consideration of Annual report and Auditor's statement.
2. Election of Office-bearers (including the Auditor).
3. Consideration of a proposal to request the authorities to extend the Government orders granting daily allowances to officers studying at the Tropical School of Medicine, Calcutta, so as to make it applicable to officers studying at any other recognised institution in India.
4. Consideration of a circular letter from Dr. A. Krishna Menon inviting the co-operation of the Madras Medical Association in the formation of a Clinical society, the membership of which is to be open to all members of all Medical societies in the City of Madras.
5. Consideration of the proposal referred to in the Annual report for the amalgamation of the Madras Medical Association and Medical section of the Indian Officers' Association.
6. Consideration of a proposal to request the authorities to order that the disciplinary rules applicable to gazetted officers of the rank of Civil Assistant Surgeons shall secure to them the same safeguards as those enjoyed by gazetted officers of all departments in general, *viz.*, that orders of suspension, stoppage of increments and the like shall not be passed without the sanction of the Local Government.
7. Any other business of which due notice may be received.

G. SRINIVASAMURTI,

Hon. Secretary.



VOTING PAPER.

THE MADRAS MEDICAL ASSOCIATION.

ELECTION OF OFFICE-BEARERS FOR 1926.

Extracts from the Articles of the Association regarding Election of Office-bearers.

Art. 8. The following shall be the office-bearers of the Association:—
(*a*) One President. (*b*) Two Vice-Presidents. (*c*) Nine members of the Executive Committee of whom one shall be the Treasurer and two Joint Secretaries.

Art. 9. The President shall be elected from among members resident in Madras. Of the two Vice-Presidents, one shall be from among the Resident members and one from the Non-Resident members. The President and Vice-Presidents shall be *ex-officio* members of the Executive Committee.

Art. 10. Of the Executive Committee members, at least five shall be from among members residing in Madras, of whom one shall be the Treasurer and two, the Joint Secretaries.

Art. 31 ..... One of the Executive Committee members shall be appointed by the Executive Committee to act as Secretary to the Editorial Committee.

Names of Office-bearers elected for 1925.	*Names of Office-bearers whom the Voter wishes to elect for* 1926.
PRESIDENT.	PRESIDENT.
1. Rao Bahadur Dr. M. Kesava Pai, M.D. & C.M.	1. .....
VICE-PRESIDENTS.	VICE-PRESIDENTS.
1. Rao Bahadur Dr. T. M. K. Nedungadi, L.M. & S.	1. .....
2. Rao Sahib Dr. K. Madhava Menon, L.M. & S.	2. .....
EXECUTIVE COMMITTEE MEMBERS.	EXECUTIVE COMMITTEE MEMBERS.
1. Dr. T. S. Tirumurti, B.A., M.B. & C.M.	1. .....
2. Dr. M. R. Guruswami Mudaliar, B.A., M.D. & C.M.	2. .....
3. Dr. H. S. Hensman, L.R.C.P., L.R.C.S.	3. .....
4. Dr. P. Venkatagiri, M.B. & C.M.	4. .....
5. Dr. S. Swaminathan, L.R.C.P., L.R.C.S., L.R.F.P.S.	5. .....
6. Rao Bahadur Dr. A. Lakshmanaswamy Mudaliar, B.A., M.D., Hon. Treasurer.	6. .....
7. Rao Sahib Dr. S. M. Trasi, M.B.& C.M. (Hon. Secretaries (one Editorial Secretary and two Joint Secretaries.))	7. .....
8. Dr. G. R. Dinker Rao, M.D.	8. .....
9. Dr. G. Srinivasamurti, B.A., B.L., M.B. & C.M.	9. .....

Members are requested to return this voting paper duly filled in to the Hon. Secretary, The Madras Medical Association, c/o Messrs. Hoe & Co., Stringer's Street, Madras E, so as to reach him not later than 5 p.m. on Saturday the 24th of July 1926.

.....

Signature of Voter.

NOTICES.

EDITORIAL.

Original articles, Clinical lectures, Medical Society addresses, and interesting 'cases' are invited. Contributors of original articles will receive 20 reprints of their papers *gratis* if asked for at the time of sending their contributions.

All Editorial communications, reports and books for review and exchange, should be addressed to the Editor, Madras Medical Journal, C/o Messrs. Hoe & Co., Madras, E.

BUSINESS.

Letters relating to the Publication, Sale and Advertisement department must be addressed to "The Manager," "The Madras Medical Journal," C/o Messrs. Hoe & Co., Madras, E. The rate of annual subscription is as follows: Indian, Rs. 5, post free; Foreign, Sh. 7/6 or its equivalent, post free. All subscriptions are payable in advance.

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