specialised tissue is the thyroid and I shall deal with this in the next lecture.

Iodine has also been found in other organs besides thyroid, *e.g.*, in liver, kidneys, spleen, stomach, etc. But the quantities in these cannot be compared with that in thyroid—not being more than about $\frac{1}{10}$ of what is contained in thyroid. Thyroid contains an active principle thyroxin which contains 65 per cent iodine. Blood contains traces of iodine. Some organs show no trace of iodine and these are brain, spinal cord, bone, muscle and fatty tissue. It has been stated that in the newly born no iodine has been found. The quantity of iodine found, on the other hand, in pathological tissues such as tuberculous necrotic areas and syphilitic and other degenerative tissues is said to be large. It is well established that goitre contains less than normal amounts of iodine.

Clinical observation.—The chief forms in which iodine is administered are **Tint. Iodine, Pot. Iodide, Donovan's solution** and **calcidin.**

Tint. Iodide.—For external use it is prepared with methylated spirit and it is used as a powerful antiseptic, disinfectant, deodorant and antiparasitic agent. Everyone —even laymen recognise its value in first aid for cases of bruises, cuts and injuries, as well as for inflammations.

In applying Tint. Iodine for sterilising skin areas, it should be remembered that the skin should not be moistened with water for some hours. Otherwise the best results are not obtained. In certain individuals, the skin, specially of the scrotum, is highly intolerant of iodine and in such cases one may have recourse to some other disinfectant.

There are two reasons against a wider use of Tint. Iodine : one is that it stains the skin and the other is that when used over large areas it sets up a gastric irritation. The explanation of the latter phenomenon is as follows :—

Iodine is absorbed from, the skin. When so absorbed, it combines with the alkalies of the blood serum forming sodium iodide and sodium iodate.

$$6\ Na\ H\ CO_3 + 3\ I_2 = 6\ CO_4 + 3\ H_2O + 5\ Na\ I + Na\ IO_3.$$

When they meet with an acid, they undergo double decomposition thus :—

$$5\ Na\ I + Na\ IO_3 + 3\ H_2O = 6\ Na\ HO + 3I_2.$$

It is this reaction that accounts for not only gastric irritation, but also the renal irritation that is seen when large quantities of iodine are used externally.

At the same time, it has to be remembered that minute doses of Tint. Iodine (Rectified) given by mouth are very useful in stopping vomiting from any cause.

The French School of Medicine use Tint. Iodine freely for treating tuberculous glands. Gradually increasing doses are given, usually in milk, so that gastric irritation is minimised. Some prefer a proprietary remedy known as **"Riodine"**, which is said not to set up iodism.

In administering Tint. Iodine by mouth for tubercular adenitis, tabes mesenterica, etc., I make it a point to give Tint. Iodine well diluted (3 min. in an ounce of water) $\frac{1}{4}$ to $\frac{1}{2}$ hour before meals. The dose is gradually increased up to 10 min. per dose. I find that to give on empty stomach secures better results than when given after food.

There is on the market a decolourised tincture iodine, which does not stain the skin. But it contains no iodine, being made up of a mixture of iodide of ammonia and iodate of ammonia, and any counter-irritant action it may have is due to ammonia and not to iodine.

Iodine is an excellent application for ringworm. Usually a four days' treatment with Tint. Iodine of ordinary strength followed by another four days' application of half strength Tint. Iodine is enough to effect a cure.

A proprietary preparation under the name of **Coster's paste** is used as a cure for ringworm. This contains 120 grs. of iodine dissolved in one ounce of light oil of wood tar.

One might conveniently place with these the two recently introduced proprietary remedies, *viz.*, **iodex** and **iodemin**. The latter is said neither to irritate nor stain the skin.

A well known and very useful application to throat is **Mandel's solution.** It is made up of iodine grs. 6, pot. iodide grs. 20, ol. menth. pip m. 6 and glycerine oz. i

Recently iodine powder has been used for the treatment of chronic suppurative otitis. The method is simple and effective (Reference—The Laryngoscope 40: 397—417, June, 1930). Lederman has reported a number of cases which were treated without recourse to radical surgery. In his paper Dr. Lederman offers the following suggestions and technic.

Do not irrigate the ear.

Gently swab out with fine applicators armed with cotton the external and middle ear cavities. If there is perforation, the applicator must enter the perforation and thus attempt to reach the attic, Eustachian orifice, etc. The larger the perforation of the drum the more rapid the action of the powder as a larger quantity can be introduced into the middle ear; when the perforation is small, it should be enlarged. After all secretion has been removed, the canal and middle ear are cleansed with 95 per cent. alcohol and dried.

The middle ear is insufflated with iodine powder. For initial treatment 0·75 per cent. iodine powder (Sulzberger) is used. If secretion is profuse, daily treatment is necessary. As the secretion becomes less, treatment is at longer intervals.

If patient is to carry out his own treatment, instead of the powder, a solution one teaspoonful of powder to one ounce of alcohol is given to him, and he is asked to instil 10 drops of this solution into the affected ear after thorough cleaning and let the solution remain there for 15 minutes.

If the secretion does not gradually lessen, stronger powder is used (2 per cent). Sometimes this powder may have to be preceded by cocaine instillation.

In very chronic cases 5 and 10 per cent. iodine powder may have to be used.

The preparation of iodine powder is as follows.—Iodine solution of desired strength is taken and Boric acid is added. The Boric acid must be dry and finely powdered, when the two have mixed intimately, the solvent is evaporated leaving only the dry residue. The results in an impalpable boric powder, finely impregnated with desired strength of iodine. The action of the powder is due to the iodine, which, as the boric acid dissolves in the secretions, is liberated in a most minute division and then spreads over and penetrates deeply into the tissues.

Neutral iodine intravenously has been found a very useful treatment in plague. Iodine and a solution of camphor and thymol in equal parts are mixed and injected directly into buboes in doses of $\frac{1}{2}$ to 1 c.c. according to the age of the patient.

For intravenous use in plague, a 1 per cent. solution with double the amount of potassium iodide is used and injected in doses of 5 to 10 c.c. daily for 4 days.

I have found it extremely useful in treating the splenic enlargement of Kala-azar cases, after the full course of urea stibamine.

Iodine as a Diagnostic Agent.—Iodine has been requisitioned for a new purpose during the last few years—to wit, for diagnosis by X-ray. Iodine is relatively opaque to X-ray and this property has been utilized in using iodine as a diagnostic medium. For a very long time the condition of Bronchiectasis and dilatation of bronchi could be only inferred if they were not very large. But with the aid of X-ray and iodine we are now enabled to make out even very small variations from normal. Iodine is dissolved in oil and is sold under the proprietary name of **Lipiodol**.

This is introduced through the trachea when the picture of the Bronchial tree is to be taken. Similarly it is injected into the spinal cord when the picture of that is to be taken. It is claimed that Lipiodol does not irritate the nerves and that its absorption is so slow that no toxic effects follow.

For purposes of getting the skiagram of the gall bladder and of gall stones, another preparation containing iodine– **Shadocol** is nowadays used. Some days back it used to be **Kerosol**. It is given at bed time, and the skiagram is taken next morning—about 12 to 18 hours after. This method has thrown an immense amount of light on the conditions of gall bladder.

Still another preparation is used for diagnosing conditions of kidney. The stuff most recently introduced for this purpose is **uro-selectan**. Uro-selectan was preceded by sodium iodide solution introduced by a ureteral catheter.

Technique.—The exact technique is as follows :—

Lipiodol—40 per cent iodine solution in poppy seed oil or rape seed oil.

(1) *For Lung investigation.*—It may be given per *oral*—by intralaryngeal route—by means of a laryngeal tube. This is the modern practice.

It used to be given through crico-thyroid membrane.

20 cc. of the oil was used.

The skiagrams show the bronchial tree, the action of respiration, and the pathological appearances. [Skiagrams were shown.]

(2) *Spine* :—(i) Descending—heavy oil used. That is Lipiodol as it is. By cisterna puncture.

(ii) Ascending—10 per cent solution used, through 4th or 3rd intervertebral space.

The lumen of the spinal cord, Spina bifida, blocks, dilatation, etc., could be revealed.

(3) *Sinuses*—Empyma, etc.

(4) *Technique of pyelocystography.*—Sodium iodide 15 per cent solution in water. Cystoscopy is done and a ureteral

catheter is passed into the ureter and the solution is injected into the pelvis of the kidney. The results are not very satisfactory in every case and of course if the passage is not patent no solution will reach the pelvis of the kidney and the condition of pelvis of kidney cannot be investigated. Further, this gives no idea about the function of the kidney.

The present method is to give a substance which would be excreted through the kidney and be opaque to X-ray. The discovery of Kerosol and Shadocol led to the discovery of uro-selectan.

40 gms. of uro-selectan are dissolved in sterilized redistilled water so as to produce 100 c.c. solution. The substance should be added slowly to 80 c.c. of the water, slightly warmed beforehand, and sufficient water added then to bring the finished solution to 100 c.c. The solution must be filtered twice and then sterilized in a water bath or steam sterilizer for 20 minutes. The filtered and sterilized solution must be perfectly clear. A slight yellow tinge does not matter.

Technique.—Half the solution is injected slowly into a vein and after 2 or 3 minutes the second half.

Pyelography.—1st photo taken 15 minutes, 2nd 45 minutes and 3rd 1¼ hours after injection. The bladder must be emptied previous to each exposure so that its shadow does not obscure the renal pelvis. If renal function is normal, maximum excretion is in 2nd hour. If dysfunction exists, the necessary amount of stuff to give dense enough shadow is obtained only after 6 to 12 hours.

(5) *Investigation of gall bladder.*—Sodium tetra-iodophenophthaline :—originally it used to be given intravenously 5 gms. in 40 c.c. of water in two doses at 2 hours interval. As that was found rather too toxic, now, 3 gms. are given intravenously.

It is also usual to give the stuff by mouth, when it is keratine coated—Kerasol. 60 grains in 10 grain-doses—6

doses. Start on empty stomach at 9 p.m. Give one capsule every ¼ hour. Lie on right side. Skiagram taken at 9 a.m. next morning, *i.e.*, 12 hours after. Then Bismuth meal is given after 2 hours and skiagram taken to show the relative position of gall bladder. Later on a fatty meal is given after 4 hours and another skiagram taken.

For internal administration, the chief salt of iodine that is used is **Pot. Iodide**. This effectively replaces iodine, as it does not produce the gastric irritation of the latter. There are various theories about how it acts. The best known is that of Binz. He says that iodides are decomposed, when in an acid medium, by small quantities of nascent oxygen set free by living protoplasm. The acid medium is provided by the carbonic acid in the blood.

$$K\,I + H_2O + CO_2 = K\,H\,CO_3 + H\,I$$

and then $2\,H\,I + O = H_2O + I_2$.

Nascent Iodine is also liberated by chlorine and this method of treating Tuberculosis of lung was tried by me for some years. The method adopted is as follows :—

For a person of about 120 lbs. wt., 20 grs. of Pot. Iodide in 10 oz. of water is given, half an hour after breakfast. Four hours after, the patient is given chlorine water oz. 1 in half a tumbler Lemonade and two similar doses at 2 hour-intervals. Breakfast 10 A.M., 10-30 A.M. K I

2-30 P.M. Rx Pot chloras grs. 30
Strong Hydrochloric acid dr. 1
aqua ad oz. 9
m. oz. 1 per dose

I found that it was not a suitable treatment in acute cases, where very often 'haemoptysis' was set up by the treatment. But in chronic cases it gave fair results.

I am told by Dr. Venkatachalam that he found this treatment very useful in cases of pyæmia while he was at the frontier.

Another minor use to which iodine lends itself is in dental practice. Weak tincture painted over gums and

teeth helps to dissolve the "tartar" and to stimulate the growth of gums which have receded.

Some years ago Tint. Iodine was injected into hydrocele sac after letting out the fluid, as a curative process. It is no longer in favour partly because it is too painful and partly because the results are not always successful.

Pot. Iodide is an indispensable drug in the treatment of syphilis—specially in the later stages of syphilis. Many veneriologists still lay stress on Pot. Iodide, in spite of the new remedies that have been put forward for the treatment of syphilis. It is advocated from the very start of syphilis, with a view to prevent the degeneration of arterial walls. Not only in syphilitic endocarditis, but also in other forms of degenerative change of the vessel walls, small doses administered by the mouth seem to have a wounderful preventive effect. W. Mitchell Stevens of the University of Wales (writing in Lancet, 1930 I., 1235) writing a short preliminary note on some aspects of iodine therapy says : "I visualize the day when the duration of life of a considerable proportion of the human race may be extended, and when distressing heart conditions not due to what may be called external agencies may be far less prevalent than they are at the present time."

His view that arterial degeneration, not due to infections or intoxications is essentially a manifestation of a deficiency of some harmone controlling the nutrition of the vessel walls, and that this harmone is influenced by even traces of Iodine, appears to be very plausible. Indeed, iodine behaves very much like enzymes in this respect, and it would not be far from truth if one postulated that in senility, there is deficiency of this harmone and that in premature senility the same effect is observed by the deficiency of iodine. There is a good deal of truth in the old adage "A man is as old as his arteries." If by suitable exhibition of iodine, the arteries could be kept supple, old age may be indefinitely postponed.

Editorial.

The Annual Sports of the College were held on the 24th of February and passed off with great success.

The Honourble Dewan Bahadur P. Muniswamy Naidu Garu, the Minister-in-charge of the Medical Department, presided on the occasion. The Prizes were given away for the first time by an Indian Lady Mrs. Pandalai, the wife of our popular Professor Lt.-Col. K. G. Pandalai.

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Our congratulations to the Athletic Committee and the students for the excellent arrangements on the occasion.

Our Student Editor gives a fuller and more vivid description of the College Sports as well as the Inter-Collegiate Sports.

* * * * *

Our College did excellently well at the Inter-Collegiate Sports this year. They practically swept the board.

* * * * *

Our heartiest congratulations to the College and the winners.

We specially congratulate Mr. D'Costa the Champion for the year.

We hope he will keep up his reputation and that of the College.

* * * * *

We note with great pleasure that some of the College staff have presented cups in order to encourage healthy rivalry between the classes in sports.

We hope that other members of the staff will emulate this example and donate Cups for other events as well. We suggest a Cup for Boxing which should be encouraged among the students. We also suggest a Cup for swimming, an art that is useful for oneself as also in saving the life of others incidentally.

* * * * *

We are glad to receive an article from one of the Lady Students for publication. We would only wish that the Lady Students took more interest in the Journal.

Our ambition is to become a monthly and we expect the students to give us more contributions in the way of case reports of interesting cases, reports of the College activities in all their aspects.

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The final part of the article on Sprue by the Research Worker Dr. K. Narayanamurthi is published in this issue. In this connection we would draw the attention of our readers to an article "Studies on Sprue" by Drs. Phillp Manson-Bahr and H. Willoughby in the "Quarterly Journal of Medicine", July 1930.

Our hearty welcome to some of the "Old Boys" of the College, on their return to the province from Europe whither they had proceeded for higher and special studies.

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The Journal expects them to do their duty by the College by becoming members of the College Association and also contributing special articles to the Journal.

We would request all the "Old Boys" of the College to take a greater interest in their *Alma Mater*, and the Journal.

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We publish elsewhere an appeal by the principal to the "Old Boys" of the College for contributions to the "Dame Scharlieb Fund" in memory of the late Dame Scharlieb who was one of the first Lady graduates of the College.

Letter to the Editor

GIFFARD SCHOOL,
1—3—31.

SIR,

I request the hospitality of the pages of your journal to report on the formation of the Medical Officers' Association, Government Hospital for Women and Children, Madras.

The Inaugural function of the above Association was held in the Giffard School with Col. C. A. F. Hingston (Patron) in the chair on 8th December 1930. After tea, Dr. A. Lakshmanaswami Mudaliar, President of the Association, delivered the inaugural address in which he spoke about the aims and objects of the Association. Among the various objects, the most prominent were:—(1) to promote and ameliorate the conditions of the House Surgeons working in the hospital, and (2) the idea of starting a Quarterly Journal of Obstetrics and Gynaecology. Col. Hingston in his concluding speech encouraged the idea of the Association and gave a generous donation of Rs. 100 towards the Association funds. He promised to take a fatherly interest in the Association even after his retirement from service. With a vote of thanks the meeting terminated.

The business meeting of the above Association was held on 17th December 1930 and the following members were elected to the executive by the Association:

Col. C. A. F. Hingston, I.M.S., *Patron.*
Dr. A. L. Mudaliar, B.A., M.D., *President.*
Mr. E. Achyutha Menon, F.R C.S., *Vice-President.*
Mr. W. S. Martin, I.M.D., *Honorary Treasurer.*
Mr. K. Narasimha Rao, M.B., B.S., *Honorary Secretary.*
Mr. K. Chandra Rao, L.M.S., *Tennis Secretary.*

The first Clinical Meeting of the Association was held under the chairmanship of Col. Hingston on 16th February 1931. Dr. Kuriappan, M.D., read a paper on "The Modern Treatment of Cancer". He dwelt

at length upon the methods of conducting investigations of cases in cancer cervix. Col. Hingston replying to Dr. Kuriappan appreciated his thought-provoking lecture. There was a short discussion on the paper, in which most of the medical officers took part, and Dr. Kuriappan replied. Dr. Lazaro then demonstrated a case of Cerebral Embolism as a sequel to puerperal sepsis and Phlegmasia Alba Dolens.

Towards the close of the meeting a case of Pseudo-Hypertrophic Muscular Dystrophy in a young girl of 20 was demonstrated by Dr. P. Ratnaswami, B.A., M.D.

With a vote of thanks to the Chair, the meeting terminated.

Yours truly,

K. NARASIMHA RAO, M.B., B.S,
Honorary Secretary
(House Surgeon, M.H.).

[We congratulate the Medical Officers of the Women and Children Hospital. We are pleased to note the corporate life they enjoy and we would like to see the same *esprit de corps* in all hospitals In this connection we would like to inform our Readers the starting of the General Hospital Clinical Society. We wish that these Societies should invite the Final Year Students to their Clinical Meeting.—STUDENT EDITOR.]

An Appeal.

MEDICAL COLLEGE,
Madras, 3rd February, 1931.

TO

ALL THE MEDICAL MEN WHO HAVE PASSED
OUT OF THE MEDICAL COLLEGE, MADRAS.

SIR,

The Principal, Medical College, Madras, proposes to have a Memorial put up in the College, to the late Dame Scharlieb, who was one of the most distinguished students who have passed out of this College. He feels sure that medical men who passed out of the College will be willing to subscribe to this memorial. It has been suggested that a painting of the late Dame Scharlieb would be a suitable memorial to put up, and it is proposed to do this if the subscription amounts to about Rs. 1,000. If this is not possible, it is proposed to put up a brass plate.

Would you kindly send to the Principal, Medical College, Madras, any subscription you are willing to give. It will be duly acknowledged and the list of subscriptions will be published in the College Magazine.

If a painting is decided on, arrangements will be made to have it done in London if possible, by a good artist.

Yours faithfully,

C. A. F. HINGSTON,
LIEUT.-COL, I.M.S.,
Principal.

MR. STEPHEN D'COSTA.

Who won the Championship this year in
The Madras Medical College Sports,
The Madras Intercollegiate Sports
and
The Madras Olympic Sports.

Athletics.

The Inter-Collegiate Sports.

Overwhelming Victory for the College
D'Costa a Wonder!
D'Costa Leaps to Fame
One of the Leaps beats the All-India Long-jump Record.
D'Costa in 100 yards equals the All-India Record and beats the Madras Record.
Denton's mighty throw breaks the Madras Record in Shot Put.
McInnes equals Young's record in 440.
College sets a new record in relay.
Behold our Army of Fleet-footed Heroes!
College wins every event but one.

The Inter-Collegiate sports was held on Tuesday the 3rd of March on the S.I.A.A. grounds under the patronage and presence of **His Excellency Lieut.-Col. The Right Honourable Sir George Frederick Stanley, P.C., G.C.I.E., C M.G.** The Right Rev. Bishop of Madras presided. His Excellency awarded the trophies and congratulated the winners, especially Mr. Stephen D'Costa, and very heartily shook hands with them. He recommended that we should form a University team and also start a boxing Club in every College and in the course of his speech he was full of reminiscences of his athletic contests in his college days.

We congratulate **Mr. G. F. Martinus** and his team, and **Mr. A. Saldhana** and his team for winning the Inter-Collegiate Cricket and Hockey trophies respectively. We also take the opportunity to congratulate **Mr. Balakrishnan** and his team for winning the trophy in the Presidency College Foot-Ball Tournament.

The following were the contests and the Winners at the Inter-Collegiate meet:—

120 Yards Hurdles.—1. S. F. D'Costa; 2. V. McInnes; 3. H. A. Mirza (Presidency). Time 16 2/5 seconds.

Throwing the Cricket Ball.— 1. P. Z. Abraham; 2. K. Heggade; 3. Raghavan (Engineering). Distance 100 yards and 1 inch.

100 Yards.—1. D'Costa; 2. D. N. Beetles; 3. Mani (Engineering). Time 10 seconds (New Record).

Half Mile.—1. Beetles; 2. M. M. John (Christian); 3. M. V. Gopalan (Pachaiyappas). Time 2 minutes and 10 1/5 seconds.

Long Jump.—1. D'Costa; 2. Mani (Engineering); 3. Abraham (Christian). Distance 22 feet 5 1/5 inches (New Record).

Quarter Mile.—1. McInnes; 2. K. K. Chandy (Christian); 3. M. M. John (Christian). Time 52 4/5 seconds.

Shot Put.—1. E. Denton; 2. Lakshminarayanan (Presidency); 3. Hobday (Loyola). Distance 33 feet 8¼ inches (New Record).

High Jump.—1. D'Costa; 2. Lakshminarayanan (Presidency); 3. Rathnavelu (Pachaiyappas). Height 5 feet 7 inches.

Relay.—1. Medical; 2. Christian; Time 3 minutes 29 2/5 seconds (The old Record beaten by 10 seconds).

Tug.—1. Medicoes; 2. Christians.

One Mile.—1. Rayappa (Loyola); 2. Damodaran (Engineering). Time 5 minutes and 4 4/5 seconds.

Trophies.

Cricket.—Pennycuick Challenge Shield—**Medical College.**
Foot-ball.—Lawley Cup—Engineering College.
Foot-ball.—Wilson Cup—Engineering College.
Hockey.—Mysore Cup—**Medical College.**
Travancore Inter-Collegiate Athletic Shield—**Medical College.**
Professor's Cup for the best Athlete—**Mr. S. F. D'Costa.**

College Annual Sports.

The College Sports was held on the 24th of February when **The Hon'ble Dewan Bahadur B. Munuswamy Naidu Garu** kindly presided. The Prizes were given away by **Mrs. Pandalai**. Among those present were Surgeon-General Sprawson, Lt.-Col. Hingston, the Principal of the College, and a large number of the Professors and old students of the College. A unique feature of the day was that most of the students came dressed in white dhotie, shirt and cap and the ladies in home-spun sarees and it gave a very picturesque appearance.

It is needless to say that the hero of the day was **Mr. S. F. D'Costa.** He carried away the championship cup by winning 15 points. Mr. Beetles came second by getting 9 points. Mr. McInnes got 5 points coming first in 440 and second in hurdles. Abraham and Heggade came 1st and 2nd respectively in throwing the cricket ball. Denton of course won the shot-put by an easy throw. Young Kuruvilla though came second in 440 did it in good time. Sambandam scored the mile, came 2nd in 880, 2nd in sack fight and was the winning horse in the mixed event. Balakrishna Pillai, Vaughan and Thiruvenkatachari deserve mentioning, coming second to only one! respectively in High Jump, Pole vault and the Mile. Morrison of course came first in fast cycle race bringing in the rear McInnes. Balakrishna Pillai sacked everybody in the sack fight. Drs. Bhandari and D'Netto carried off the day in the Old Boys' Race. The most interesting item of the day was the Disguise competition; we had a Korava woman, a witch, an Arab Doctor, two Shieks on horse back, a Congress volunteer and a Malabar Police Man, a Sanyassi and a Nurse. The Korava woman, Mr. Rajagopalan, was given the prize, and the witch Miss Bell-Hart, Miss Shantasundari (Who was she? Guess. Was she the one on horse back?) and the M.S.P. were appreciated very much by everybody and congratulated.

The Lady Champion of the day was **Miss S. Mahadevan** of the Pre-registration class. She came first in the Ladies' 100 yards bringing in the rear Miss Vedavanam. Miss S. Mahadevan also came first in the Mixed event along with Sambandam hotly chased by Miss Noronha and Chan Sahib. The ladies do manage a horse very well! We recommend that the ladies should have more separate events so that they may not only sit and watch. Let our College set the lead in this as it does in very many other things. Why not have a Ladies' Relay Race? Surely they will like it and we will enjoy it! Let us see which class comes first. We also suggest that we have a rolling shield or cup to be given to the class winning the largest number of points.

Team Contests.

Relay Race.—1. The Second years; 2. The 1st years.
The Tug.—1. Fourth years; 2. Third years
Cricket.—Won by the 4th year.
Foot-ball.—Won by the 2nd year.
Hockey.—Won by the 2nd year.

Lieut.-Col. Pandalai's At Home.

Lieut.-Col. Pandalai, the President of the College Athletic Association, entertained at his residence, "Binfield," on Saturday (the 7th) evening all those who took part in the College sports, Tournaments and in the Inter-Collegiate sports. Everybody enjoyed his friendly cordiality and his sumptuous treat.

Four rolling Cups have been presented by the following members of the College Staff :—

Lieut.-Col. K G. Pandalai, "Championship Cup."
Dr. S. Ramakrishnan, "Foot-ball Cup."
Dr. N. Mangesh Rao, "Cricket Cup."
Dr. R K. Chettur, "Hockey Cup."

RECORDS FOR COMPARISON.

Events.	Madras Olympic Records.	All-India Records.	World Records.
1. 100 yards Dash ...	10 $\frac{2}{5}$ sec.	10 sec.	9 $\frac{5}{10}$ sec.
2. 120 yards Hurdles ...	17 sec.	15 $\frac{4}{5}$ sec.	14 $\frac{3}{5}$ sec.
3. Putting the Shot ...	36 feet.	40 ft. 1 in	52 ft. $\frac{2}{4}$ in.
4. Long Jump ...	22 ft. 2$\frac{1}{2}$ in.	22 ft. 4 in.	26 ft. 2$\frac{1}{4}$ in.
5. 440 yards Race ...	53 $\frac{3}{5}$ sec.	50 sec.	47 sec.
6. Half Mile Race ...	2 m. 6$\frac{1}{5}$ sec.	2 m. 2$\frac{4}{5}$ sec.	1m. 54$\frac{3}{4}$ sec.
7. High Jump ...	6 ft.	6 ft. $\frac{1}{4}$ in.	6 ft. 8$\frac{1}{4}$ in.
8. One Mile ...	4 m. 47 sec.	4 m. 40 sec.	4 m. 10 sec.
9. Pole Vault ...	10 ft. 4 in.	10 ft. 1 in.	14 ft.

I. D., *Student Editor.*

A Picnic

By Miss R. Vedavanam, Final Year.

The train to Ennore bearing a merry lot of Final Years was steaming out of Central station when behold ! on the platform there appeared three of our number—late birds they ! On hearing our shouts to speed up, the light weight among them singling the golden opportunity to display his hitherto latent athletic powers tore into a frantic pace to the bewilderment of the bystanders. On and on he rushed putting on speed as the shouts of "come on Chintan" grew louder and louder, till when our ear drums had nearly burst, in scrambled the excited sprinter flushed with pride and hot with exertion and excitement to be fanned and cooled into equanimity.

Ennore—"the journey's end"—and a curious mixture it was that poured forth from our compartment—Khader garbs and double-breasted tweeds, sarees and dhoties and pants and frocks. Now for a sunlight stroll to our day's abode, no less than "Douglas Castle"! Some liquid refreshments—nothing very intoxicating—and then on the lake in boats. Back again and off to the Casurina Grove for many a jolly game, among them chasing balloons and chasing lambs—one fair and fleet—footed causing much dyspnœa to a portly wolf.

Lunch and then indoor games. An obstacle race to be done blindfolded. The great C. T. started on the course. He is first allowed to practise it open-eyed. Then eyes bound, off he starts with a neat high step accurately timed. The first object is cleared ; the crowd cheers ; two more painful leaps and now the last and not the least. The crowd is frantic with their praise. "Well done C. T., one more and then the goal! Come on C. T!! "Should he give up ? No, not he. What is it he has to surmount ? Yes, he remembers—a tall pickle jar ! With teeth set in grim determination to do or die he makes one high bound in the air and then bandage removed the eyes behold a victorious pathway—behold an empty course ! !

Time also seemed to leap that day. Soon we were in boats again—a long cool evening full of songs and then to the beach and more songs there. Dinner after that, on an open terrace under the moonlit sky and off to the station to discover *not* to our sorrow that the train was two hours late. Nothing undaunted our "Stock-in-games—Lady" Miss Bell-Hart filled up the interval with fun and then the train—a compartment with no lights—much talking, some singing and a little snoring too. At last we scrambled out at Royapuram at 10-30. For keeps : happy memories and snaps.

In Lighter Vein.

Crumbs that tickle when swallowed.

Sergeant.—Did the man confess ?

Constable.—We beat him, buffeted him, threw him down the stairs and asked him every question we could think of.

Sergeant.—What did he say ?

Constable.—He dozed off and merely said now and then, 'yes dear you are perfectly right.'

" Now ", She asked, " is there any man in this audience who would let his wife be slandered and say nothing ? If so stand up." A meek looking man rose to his feet. The lecturer glared at him. " Do you mean to say you would let your wife be slandered and say nothing ? " she cried. " Oh, I am sorry," he apologised ; " I thought you said slaughtered."

Judge.—Why did you enter the house by the side door at 2 a.m. ?

Accused.—I thought it was my house.

Judge.—Why did you hide when you heard footsteps ?

Accused.—I thought it was my wife.

He failed to pass the pre-registration exam and wishing to break the news gently to his father wired to his brother, " failed, prepare father." His brother wired back, " Father prepared, prepare yourself."

Husband.—I say, why on earth should you feed every tramp that comes to the door ?

Wife.—You have no idea what a joy it is to see a man eat a meal without finding fault with the cooking.

Lady.—Can you give me a room and a bath ?

Clerk.—I can give you a room but you will have to take your own bath.

She.—I like a man's suit to match his hair—brown hair, brown suit—black hair, black suit.

He.—(a bald man) : and what suit for me ?

Small girl (entertaining brother's financee).—Is " Disaster " your christian name or surname ?

Finacee.—What on earth do you mean ?

Small girl.—' Cos I heard Daddy telling Mummie that, that was what Reggie was courting !

A Scotsman plunged into the traffic to pick what he thought to be a sixpence and was killed. It was found that what he was after was only a bottle cap. The jury returned a verdict of " Death from shock."

Scraps.

Sportmanship is *not* only a physical but also a mental and a moral factor. Why is it that some of the athletes not only call forth our admiration but also touch our hearts ? It's because of their personality. The best of athletes if he be not a gentleman is no athlete. This is by the way ! lest we forget this in our Inter-class matches ! !

The boys have already given the reins in the hands of the girls ! We don't know where it will lead to. We wonder how many will reach the winning post of happiness and glory. Not many we think ! The other day many came to a disastrous end before they progressed very far. Some of the horses wouldn't be controlled and ran amuck. Some of the grooms held the reins too tight and progress was impossible. So take a lesson boys and girls ! Unless there be best of understanding, harmony and adjustment between the horse, the groom and the carriage, the precious load of happiness will come to grief !

" I say Vit" said Sheshu, " there is a very interesting case in ' Maitland.' He is a man of about 50 years, has a tender big tumour in the abdomen, his heart goes pit-a-pat and his knee jerks are unaccountable."—And off rushed Vit, Sheshu, Sreeni, Clare, Chintan, C. T., three ladies and even Lingam followed panting. They found the patient lying down exhausted in his bed of suffering. Anyway, off went his shirt, and the dozen pairs of hands were on him. Then began

simultaneously palpation, percussion and auscultation and 'knee jerking, —of course inspection was ignored! Two of the crowd who found no space for their hands engaged the patient with questions which volleyed, thundered and reverberated through the ward.

A certain friend of mine, a B.A., 'Hons' student mind you, was turning over our magazine and lo! his eyes rested on the title of the article "Radium In Cancer," and he exclaimed "Really, is radium found in cancer?' We don't blame him but our present educational system.

As the last batsman walked in and out after his exhibition, a lady friend of his walked up to him and asked "Well?" "All out" answered the batsman. "How did you fare" querried the fair one. "I, oh, I, no, I am not out and I scored a run." "Congrats!" said the lady, "so you are the *only* one not out when all the rest are out?—splendid!"

Do you know the latest 'monograph' "on buttermilk?" It is an animate object; full of organisms; solid and at the same time liquid; takes the size of any space it occupies; should not be taken by "Fatties"; and in short it is called "TYRE." The author is not only specialising in "Veena" but is also doing research in buttermilk.

The picnic party going to Ennore was waiting, all inside the compartment, in one of the platforms at the Central. The first bell had gone and the second was about to go and still "The man from the Borderland" was not in sight. But he was at the Egmore station searching the platforms for the picnic party and the train to Ennore. So he arrived at the Central just in time to show how well he could sprint.

The Anatomy theatre being ill ventilated its occupants were transferred to the Hygiene Block, and they are now nearer heaven than they ever were. Another fire will lead to a glorious cremation.

Biology, Bacteriology, Biochemistry, Physiology and Anatomy are all together now in a deuce of a mess! We suggest that the block be henceforth be called "The Zoo." We cast no reflections on the staff working there.

Letters to the Editor.

DEAR SIR,

We bring forward the following grievance before the authorities concerned.

Why should not any of us be taken in the interclass relay teams? Please see that it is done so next year.

—One fair and fleet-footed.

(We go further and suggest that some of them could be easily taken in the tug-of-war teams also.—Student Editor.)

SIR,

Please let me know what they are doing in our college campus—are they prospecting for gold or excavating prehistoric animals?

—"Porcupine."

(They are laying a strong foundation for half a dozen new tennis courts.)

SIR,

The only things I like about your magazine are the advertisements.

—"Goldamma", student Pre-registration.

(We admire your taste. We advertised the following in our magazine: "Arya Bhavan's" delicious dishes, Syrup Haemogen, false teeth, glaxo, Ramaswami Iyer's Gulab Jan, Paldano's powder, and Lactogen.)

Wallaja Bagh, 26-2-31.

SIR,

Last night a certain man came to us at midnight and asked all of us our names; look at that! and what cheek! he didn't stop there but also wanted to know our age. How bold! Will the authorities please save us from such impertinence. He said he will come again after ten years. We don't want to be bothered again.

—X. Y. Z.

(Poor Kids!)

DEAREST EDITOR,

My Billy Goat has eaten my three volumes of leather bound Kauffmann's Pathology and ever since is suffering from obstinate constipation. Kindly suggest a remedy.

—C. David.

(Sending a copy of the Literary Digest by return of post.)

DEAR EDITOR,

Is it true that kissing shortens the life at the rate of three seconds per minute ?

—C. D.

(Not always in uncomplicated cases, but constant kissing causes cancer of the cheek.)

DEAR SIR,

Why does Chellapapa hang on in " Havelock " till dusk ?

—D. C.

(He is posted under M. H. But why does a certain M. 1 student hang on there ? Let the man in spectacles answer !)

SIR,

When will Thamby grow his side whiskers ?

—D.

(We know not. His ways are inscrutable. Ask his girl, may be she knows)

DEAREST EDITOR,

Looking into my friend's note book as the General clinics on Dyspepsia was going on I found him scribbling the following lines :—

Dyspepsia.

D—had a little Dove
Which tended he with love ;
Day by day it waxed strong,
She was sweet and not was wrong.

Such a pair of optics love
You have never, never seen
Here on earth or heaven above
None like her in all the green.

She like an Angel newly drest,
Save wings for heaven, poor dove opprest,
But lo ! the wings were growing quick
Ere D—dreamt she tried a trick :

Away she flew into the air
Like an arrow she knew not where,
For so swiftly she flew, the sight
Could not follow it in her flight.

Ah ! poor dear me, how sad
To part with one so sweet !
Call me not that am mad
If ever you justice mete.

... ...
... ...

D—lad was restless all day
Ate he nothing and slept but liitle.

Yours Sincerely,
C. David.

DEAR SIR,

I like to report for public edification that an enthusiastic H. P. discharged a patient when he raved in his delirium to go home. On the previous day he prescribed to him Hexamine *and* urotropine !!

(Sd.)—Student F. Y.

(We hope others will follow his lead in implicitly attending to the wishes of patients, and also make things doubly sure in their prescription.)

" College Howlers."

Treatment of Ophthalmia Neonatorum from an answer paper :

" When one eye is affected, it should be hermitically sealed with antiseptic gauze and collodian.

What is an Ulcer Serpens ?

" An Ulcer Serpens is a collection of sterile pus in the anterior cornea with a convex margin and a flat top."

House Surgeon.—" Give the patient rectal feeds by mouth."
Nurse.—" Yes, Sir."
House Surgeon.—" Supply 8 yards of licking plaster for Ward."

Overheard at a Biology oral exam :—
" What is the Liver Fluke ? "

" The Liver fluke is the malarial parasite that lives in the alimentary canal.

" What is a parasite ? "

" A somatic modification which hasn't got its origin in the germ plasm."

Musings of the Man in the Moon.

" Man is a pebble thrown into the pool of life, a splash, a bubble and he is gone ! But the ripples of influence he leaves behind go on widening until they reach the farthest shore. So our influence is immortal."

" No star is ever lost that was once seen."

" The night may come but it brings its moon and stars."

" The keeper of the garden may close the gate against you, but yet the perfume of the rose and the songs of the birds will still float to you."

" Isn't it curious how things, that seem so incoherent and disconnected sometimes work out into an orderly sequence. If we could only forestall chance ! Blind, bludering, witless chance ! " *Blind, blundering witless chance ?* " Isn't there something more than chance ?

" How very few people, very few of them, if any, you would deliberately wish to change into, if you could. One admires many and would like to have their goodness, their intellect, their beauty, their wealth or their strength but how few of them one would really be: to cease at once to be yourself, and suddenly be some one else, to look at life with their eyes, to have their past, their hopes for the furure, their sins, their inmost thoughts, their anxieties !"

" Beautiful things are manifestations of God. flowers, the moon, the stars, the sun, the beauty of the skies and the earth. The soft strains of music not only thrill one's heart but transport one to heaven. Are beautiful forms, beautiful faces and beautiful voices also the manifestations of God ? Beautiful eyes where there is no beauty of the soul beneath, are they the eyes of others, lovely personalities, long since dead ?

And do those, not good looking but with beautiful souls beneath, portray lives that hav'nt been beautiful ? Has this philosophy of beauty any truth in it ? In short, is the outward and visible not intended to be a sign of something deeper ? "

" People are not always what they seem to be. You meet an ordinary sort of a person with no attractiveness whatsoever and you sort of ignore him. And then constant companionship or a sudden circumstance reveals the charm in the man. The outward and the visible thaws away and the sparkling personality, full of charm, bursts through the clouds, and you see him through your deeper eyes. The timid person becomes a hero, the stolid person discloses a marvellous vein of sentiment, and the rake shows undreamt of nobility."

" God is the only one who never expects you to be other than yourself, and he puts into abeyance towards you all but what is like you. He takes your view of things and mentions no other. He takes the old woman's view of things by the wash-tub and has an interest in her washings. He takes Isaac Newton's view of things, and wings among the stars with him ; the artist's view and lives among the lilies ; the lawyer's view of things and shares the justice of things. But he never plays the lawyer or the philosopher or the artist to the old women by the wash-tub. He is above that littleness."

" It is not the substance of what we say to one another that makes us friends, nor yet the manner of saying it, nor is it what you do or I do, nor is it what I give you or you give me, nor is it that we belong to the same society or party that makes us friends. Nor is it because we entertain the same views or respond to the same emotions. All these things may serve to bring us near together but not one of them can by itself kindle the power of friendship. A friend is one with whom we are fond of being when no business is afoot, nor any entertainment contemplated. A man may well be silent with a friend. A story is told about the two friends Ruskin and Tennyson who after sitting side by side near the fireplace a whole night, rose up at dawn and shook hands saying, ' Didn't we have a lovely time ' ! "

The Medico in Love.

By Dr. V. Ramachandra Kamath M.B., B.S.

Ther's a flutter in my senses, and a stutter in my speech,
And a thumping in my chest just where the apex beat should be,
And a star, it seems to me, is not so far beyond my reach
As the sylph who stands beside the bed a yard in front of me.

When her slender fingers, dipping down and sending waves of bliss,
Thro' a hundred nerves, endeavour to detect a patient's spleen,
How I wish that I were down instead, with Leishmaniasis
In spite of all its horrors, and Urea—stibamine.

When she tenderly percusses him, pretending not to know
That all the while she sets his chordæ tendinæ athrill,
Then I yearn to have a heart enlarged externally, below,
And above, so that I may enjoy the rapture of being ill!

O, the witching beauty of her eyes, the richness of her lips,
Intoxicate the sensory cortex of my fevered brain!
I will sacrifice my years of work, give back my Fellowships,—
But grant me the goddess of my heart, I shall not then complain.

Student Editorial.

As we were proceeding to press we heard the glad news of **Dr. T. Krishna Menon** being appointed as Second Physician, General Hospital.

We heartily congratulate Dr. Krishna Menon on his new appointment and the Madras Medical Service on the new acquisition.

The news have been received with great joy in the college and it shows the esteem of the students for the popular Doctor.

A Case of Cavity in Lung

By Mr. D. R. Nanjappa, Final Year.

A male adult aged 30, was admitted on 17th February 1931, complaining of fever, cough and pain in the right side of chest of three months' duration.

Previous illness.—Indefinite history of cough, breathlessness and fever of one year's duration.

Present illness.—Began three months ago with hæmoptysis for three days. Since then cough has become paroxysmal with profuse frothy mucopurulent expectoration and pain in the right side of chest.

Condition on admission.—Slightly emaciated, not anæmic, no P. A., teeth and tongue clean, well marked clubbing of fingers and toes.

Respiratory system.—Lower part of right side of chest slightly fallen in. Vocal fremitus increased in the upper part of right side and on the front of left side of chest. It is markedly diminished at the right base behind, but is found to increase over the upper part of right lower lobe immediately after cough. Resonance up to the level of the fourth rib in the right mid-clavicular line with dulness below it. Cracked-pot resonance in the fourth space an inch lateral to the right sternal line. Windrich's change in note in the same area. Left side is hyper-resonant in front. Cavernous breathing in fourth intercostal space an inch lateral to right sternal line. Post-tussive suction in the same area. Bell-sounds absent. Breath sounds absent below sixth right rib in mid axillary line. Freidcrich's sign present.

Sputum.—Abundant, frothy, mucoprulent and foul smelling. Repeated examination failed to show any tubercle bacilli. Sputum separated into three layers when set aside. The third layer (deposit) contained cellular debris, elastic tissue, Charcot-Leyden crystals and micro-organisms.

Circulatory system.—Apex-beat neither visible nor palpable. Heart boundaries nil abnormal. Pulse was fair in volume, of low tension but rapid.

Alimentary system.—Nothing abnormal Appetite is good.

Urine.—Acid, 1030 (sp. gr.), no albumin or sugar.

Blood.—Leucopenia.

Salient points in the case.—Paroxysmal cough, foul smelling abundant muco-purulent sputum negative for tubercle bacilli, clubbing of fingers and toes and the physical signs of the presence of a cavity in the right base.

The differential diagnosis was between Bronchiectasis, Tuberculosis with cavitation, bursting of a lung-abscess into a bronchus or an empyema communicating with a bronchus.

Lung abscess was ruled out for want of rigors, sweating and leucocytosis and patient was not so acutely ill. For similar reasons empyema was ruled out. Illness had been of too long a duration.

The difficulty of diagnosis was between tuberculosis with cavity formation and bronchiectasis. The points in favour of the latter are the comparatively little emaciation, the position of the cavity at the base and the absence of tubercle bacilli in sputum on repeated examination.

X-ray examination.—Pleural effusion at the right base, line of fluid being on level with sixth rib in front. A cavity with a diameter slightly larger than a half-anna coin on level with fourth right intercostal space. Infiltration of right hilum and active lesion of left hilum spreading towards the base. The nature and the number of the cavities, the effusion with a slight amount of pneumothorax (as shown by the horizontal level of fluid) are all in favour of Tuberculosis with cavity formation, although the absence of tubercle bacilli may be against it.

Diagnosis.—This case is probably one of tuberculosis with cavity formation rather than Bronchiectasis. It is possible that the two conditions co-exist being a case of fibroid type of tuberculosis with cavitations at the base.

I am very grateful to Dr. K. C. Paul (Sixth Physician, General Hospital) for his kindness in permitting me to report this case.

Two Cases of Enlargement of Liver

By Mr. I. David, Final Year.

CASE I.

I recorded in my note book the following case while working in S. II Wards.

G. M., a young man about 30 years old was admitted in *S II Wards* on 14th July 1930 for pain in the abdomen and abscess scrotum.

Family History.—Three months ago patient's brother 42 years old died of " Cirhosis and ascites."

Previous History.—(1) Patient served in Mesapotamia for eight years from 1918—26. While there he had an attack of malaria, typhoid and sandfly fever.

(2) In 1926 he had enlarged supraclavicular glands which subsided by the end of that year.

(3) During 1926-27 he also gives history of having had tubercular pleurisy, abscess in the scrotum, abscess in the inner aspect of the right thigh. He was treated for these in Mysore Sanatorium successfully.

Patient gives no history of dysentery or venereal disease.

Present Illness.—Started with fever and pain in the abdomen six weeks ago and has been continuous.

On Physical examination we find the following :—

Signs and Symptoms.—Patient is a fairly well-nourished looking young man of about 30 years. Somewhat anæmic and looks ill. His appetite and digestion good ; bowels regular, no vomiting, tongue fairly clean ; expectorates yellowish, thick foul smelling sputum ; his motion is tinged with blood now and then.

Further investgations show that the abdomen, especially the right half and the liver region up to the third intercostal space above are very tender and painful. The pain is also referred to the right shoulder. Movements of the chest either on deep respiration, yawning, sneezing

coughing or laughing, are painful. The upper margin of the liver is at the level of the 4th rib in the mid-clavicular line and the lower margin about 5" below costal margin in the same line. The surface is rough and the feel hard. No jaundice. The spleen is not enlarged. Examination of the respiratory system shows dulness of the right side posteriorly and pleuritic rub and rales are heard in the same side. The cardiovascular system shows nothing abnormal. Blood shows no parasites but leucopenia and a relative increase of eosinophyls. Urine showed a few R. B. Cs. and nothing else. X-ray showed nothing. On aspiration only blood was drawn out. The temperature of the patient ranges from 99—101. Serum reaction was negative.

From the whole story we make out two conditions. (1) History of Tubercular affections more or less successfully treated. (2) A liver condition which may be, (i) carcinoma, (ii) Gumma, (iii) Cirhosis or, (iv) abscess.

DISCUSSION.

(i) *Carcinoma.*—It may be either primary or secondary. In the former there will be no sign of growth elsewhere :—A single tumour, very rapid in growth, jaundice rare and slight, ascites not common and the course will be very rapid but with no marked emaciation. Secondary growth may be as metastasis from the rectum, prostate, stomach, pancreas or uterus :—It is usually multiple, jaundice is found in 50% of the cases, ascites common, course not rapid but emaciation may be marked. In this case the points are in favour of secondary carcinoma. The pain and tenderness, blood in motion, the big size of the liver and above all the history of enlargement of the supraclavicular glands are very suggestive of malignant growth.

(ii) *Gumma.*—Absence of history of syphilis, negative Wassermann and the largeness of the liver exclude gumma.

(iii) *Cirhosis*--Absence of ascites, the pain, rapidity of growth and the aspirated fluid and further developments exclude this.

(iv) *Abscess.*—Absence of leucocytosis, aspirated sanguinous fluid, and the history easily exclude any abscess.

The further course of the disease.--About a month after the admission patient had hæmorrhage per rectum twice at 3 a.m. one day. The pain then became very severe ; there was sudden further enlargement and softening of the liver ; pulse and respiration became rapid and

patient became pale, exhausted, very ill and temperature rose up. Two days later he had a similar attack. The liver was aspirated and the bloody fluid was reported to be suspicious of malignancy. Patient now rapidly went downhill and died after lingering for a few days, suffering a very great deal.

I am indebted to Lt.-Col. Pandalai for kindly allowing me to report this case.

CASE II.

Patient, aged 64 years, a ryot, was admitted on 24th March 1931 under M. VI for pain in the epigastrium with a swelling there, of one month's duration.

Previous History :—(1) Had ascites 20 years ago and was treated with purgatives and diuretics and it subsided. Patient has been addicted to alcohol.

(2) Gives a history of syphilis.

(3) Was operated for appendicitis seven years ago.

History of Present Illness.—(1) Started one month ago with pain in the epigastrium and he noticed a swelling there.

(2) Patient is constipated ; and has seen blood in his motion now and then.

(3) Polyuria ; no excess of thirst ; appetite poor.

Physical Examination.—The left lobe of the liver is enlarged, firm, and nodular, extends 4" below subcostal angle and is tender. There is fluid in the abdomen, the veins are distended ; right lobe of the liver is shrunken ; patient is emaciated. Heart sounds are rather weak. Nil—abnormal in Respiratory system. Urine—sugar present, no acetone, and bile pigments present. The suger tolerance curve is " diabetic."

Fasting blood sugar.—	0·078%	*Vandenberg.*
0 hour	0·07%	Direct delayed Positive.
½ ,,	0·223%	Indirect Positive.
1 ,,	0·2333%	Motion.
1½ hrs.	0·300%	No ocult blood. No ova.
2 ,,	0·307%	Fat content Normal.

Possibilities.—Secondary carcinoma, or gumma liver. Points in favour of secondary carcinoma are : The liver is hard and nodular, jaun-

dice is present and there is pain, ascites and marked emaciation. The carcinoma probably is grafted on to the already cirhotic liver. The right lobe is shrunken and the left is involved by cancerous deposits. The site of the primary growth is possibly in the pancreas. The patient is diabetic. There is a no severe jaundice and the head of the pancreas is therefore not involved to any extent. In favour of gumma we have slight jaundice, ascites, slight pain; varicosity of the oesophageal veins may possibly be the cause of the blood in motion. Abscess could be easily excluded because there is no local oedema, no severe pain, no fever, no referred pain; the duration is long and the liver is hard. The patient was treated for diabetes, and was carefully nursed but he rapidly got emaciated and went downhill and died of exhaution.

I am indebted to Dr. K. C. Paul for permitting me to publish this case.

The Puzzling Trees.

1. What is the tree most trampled upon?
2. What is the tree that got up?
3. What is the tree most thinly clad?
4. What is the tree found in a bottle?
5. What is the tree most yielding?
6. What is the tree we offer friends when we meet?
7. What is the tree found in a pack of cards?
8. What is the tree that gives water?

"Tetany"

By Mr. G. N. Kantayya, Final Year.

A boy aged 8 was admitted on 7th February 1931 for diarrhœa, failure of vision and contracture of wrists and ankles.

History.—The present illness started with an attack of dysentery 20 days ago which lasted for 15 days followed by a severe attack of vomiting for two days.

Condition on Admission.—Temperature 100, pulse 130 and respiration 28. The cardinal signs and symptoms are: (1) Typical "Accouchour's hand, (2) Erb's sign, (3) Trousseau's phenomenon, (4) Chvostek's sign, (5) All the muscles are in tetanic spasm, (6) Corneal ulcer.

The Summary of the findings are.—Continued tetanic spasms of the extremities and increased excitability of the nerves and muscles to electrical or mechanical stimulation. (Erb's, Trousseau's and Chvostek's phenomena.) The fingers are extended at the terminal and flexed at the metacarpophalangeal joints and pressed together, while the thumb is adducted and flexed into the palm. The wrist and elbow are flexed; the toes are drawn together and flexed; the foot is arched and turned inwards and the ankles and knees are extended. The rigid muscles are very tender to the touch.

Points for Diagnosis.—(1) The usual signs of tetany are present. (Wrist drop could be excluded by the fact that while here it is due to the spasm of the muscles, the flexors being more powerful, in real wrist drop it is due to the paralysis of the extensors.)

(2) The corneal ulcers may be either due to external infection or as a result of vitamin deficiency leading to xerophthalmia and corneal ulcer.

(3) Vitamin deficiency may be the cause of the gastro-intestinal symptoms.

(4) The Calcium deficiency may be the result of drainage by vomiting and diarrhœa.

The progress.—The child improved very satisfactorily and was able to use his hand and feet properly and there was no swelling whatever in the joints. The spasm passed off. The child was transferred to the ophthalmic hospital for further treatment.

Differential Diognosis.—(1) *Tetanus*: The spasms begin in the head and neck, and trismus is an early symptom. The spasms are reflex in nature.

(2) *Strychnine poisoning.*—The spasms are clonic rather than tetanic, and affect the whole body and not the extremities primarily.

(3) *Hysterical tetany.*—(*a*) Other hysterical stigmata are found, (*b*) Trousseau's and Chvostek's phenomena absent, (*c*) Fails to respond to calcium treatment, (*d*) Sensory loss present, (*e*) there is emotional upset.

Pathology of Tetany.—The nerve endings in the muscles are hyperexcitable when calcium is deficient or absent. Calcium is made unavailable to the muscles either as a result of depletion of calcium or disturbed metabolism of calcium due to deprivation of parathyroid harmone. Then we have reduction of calcium content of blood and nervous tissues. There is increased output of calcium in urine and faeces; and increased output of nitrogen and ammonia in urine. There is increased quantity of ammonia in blood resulting in acid intoxication.

Aetiology of Tetany.—(i) *In Infants:* Occurs as a complication of Rickets, improper feeding and acute gastro-intestinal disorders, either with or without diarrhoea and vomiting.

(ii) *In adults*: (1) *Toxaemia and poisoning*: (*a*) Acute infectious diseases as Typhoid, Influenza, measles and scarlet fever, (*b*) acute poisoning as from chloroform, phosphorous, morphine, lead and ergot.

(2) *Gastro-intestinal disorders* like dilatation and prolonged vomiting, diarrhoea, helminthiasis and pyloric stenosis.

(3) Depletion of calcium during *pregnancy*, and lactation.

(4) *Local causes* as extirpation, haemorrhage into the parathyroids, tumours and tuberculosis of the thyroids and the parathyroids.

(5) *Nervous*: (*a*) Over exertion, (*b*) Cerebral tumours, (*c*) Syringomyelia, etc.

Treatment of tetany.—(1) For Vitamine—A—deficiency: Cod-liver oil by mouth if the patient is able to tolerate it if not by inunctions, or injections could be given in the form of sod. morrhuate or Ostelin.

(2) To bring up the calcium balance, Parathyroid 1/10 grs. twice daily to start with and later 1/10 grs. once a day. Or calc-lactate 10 grs. thrice daily. Calcium and parathyroid are given together, lest the bones be depleted of their calcium if parathyroid is given alone.

(3) The diet should be rich in calcium. So milk, eggs, whey and such other easily digestible foods rich in calcium content are recommended.

I am indebted to Dr. Guruswamy for kindly permitting me to report the above case.

Answers to the Questions appearing in page 302.

1. Sandal tree.
2. Rose tree.
3. Bannian tree.
4. Cork tree.
5. Rubber tree.
6. Palm tree.
7. Jack tree.
8. Rain tree.

An "At Home" to Col. Skinner.

The Final years were at home to Col. Skinner at the Modern Hindu Hotel on the eve of his departure on leave. After the refreshments Miss Mahadevan and Messrs. Abdul Ghani, John Pakiam and George Kuruvila entertained the gathering with choice songs, followed by soft strains of instrumental music. It was quite a homely family gathering and it showed more than ever the attachment and esteem the students have for their beloved Col. Skinner. At the close Col. Skinner said a few words thanking the gathering and wishing them success in their examination—and was sorry he could not wish them any happy holiday in view of the ensuing hot summer and the examination. The group gave three ringing hearty cheers as the car bore him away from them.

A. MANICKAM,
Class Representative, Final Year.

A case of Fibro-myo-sarcoma of small intestines

By Mr. A. L. Aithala, Final Year.

A Hindu male, aged 30, was transferred from the surgical side of the General Hospital to the Fourth Physician's wards on 6th February 1931 for an inoperable malignant abdominal tumour.

Previous history.—Syphilis and gonorrhoea six years previously.

History of present illness.—A small swelling was noticed by patient in the hypogastrium three months ago. Soon he had colicky pains, often radiating to the sternum. Now complains of sleeplessness, constipation and loss of appetite.

Present condition.—Patient is emaciated, anæmic and has dirty teeth and marked pyorrhœa alveolaris. There is soft œdema of both lower extremities with some pain and tenderness in the legs. Abdomen is slightly distended, spleen and liver not palpable, a small amount of free fluid in peritoneal cavity. A hard irregular tumour about the size of a shelled cocoanut with definite borders and dull to percussion is found in the hypogastrium. It does not move with respiration. It is movable slightly from side to side but not above downwards. It is very tender to pressure. Apart from a hæmic murmur and a low tensioned pulse there is nothing abnormal in the cardiovascular system. Respiratory system is normal.

Dimensions of tumour.—Right border is ½ inch medial to anterior superior iliac spine, left border is an inch to the left of mid-line. Upper border is slightly above the umbilical level, and the lower border is not felt as tumour extends into pelvis.

Special examinations.—Urine neutral but normal, motions negative for ova, Von Pirquet reaction is negative, Rectal examination nil abnormal and no blood on examining finger. Blood shows leucopenia. Hæmoglobin is 15%.

X-ray.—No shadow of any boney growths. Barium enema is held up half way down the ascending colon, cæcum does not fill.

Diagnosis.—Tubercular abscess, boney growths were excluded by X-ray. Appendicular abscess is excluded by history, and want of leucocytosis. The diagnosis lay between hypertrophic tuberculosis of cæcum and a tumour of cæcum or last part of ileum (evidently malignant from the emaciation, and anæmia) :—Negative Von Pirquet reaction, and want of other signs and symptoms, as alternating diarrhœa and constipation, etc., excluded tubercular cæcum.

So the diagnosis arrived at was—Tumour of ileo-cæcal region, probably malignant.

Patient died on 16th February 1931 and a post-mortem was held. Below is the report.

Naked eye appearance.—An exfoliative, greenish, circular ulcerated mass about 3½ inches in diameter arising from terminal part of ileum. The cæcum and appendix are adherent to its posterior aspect.

Microscopic examination.—Section shows a number of spindle cells with a large amount of inter-cellular material. Blood vessels are few and lined only by endothelium. Scattered throughout the section are a number of large cells with hyperchromatic nuclei. A few mitotic figures are seen. These cells are intimately mixed with involuntary muscle-cells and fibrous tissue. Appearances are those of a Fibro-myo-sarcoma.

My thanks are due to Dr. M. R. Guruswamy for permission to publish the case report and to the Staff of the Pathology Department for the pathalogical reports.

" Finis ".

I must congratulate and thank all the students who have contributed to the Magazine during the current year. It has been my main effort to make this Magazine an expression of the student mind. and really a *College* Magazine. I am most grateful to Dr. Guruswamy, Col. Pandalai, Dr. Bhaskara Menon and Dr. Mangesha Rao, in allowing me to do my part as a Student Editor under the kind guidance of the Chief Editor. It was an encouragement for which I offer them my respectful thanks. Where I have erred they have been most tolerant. As I lay down the pen of the Student Editor I have a vision of a future when our students will be given more and more responsibilities in the Editorial Staff if they show more capacity and trustworthiness, till at last when one day the Chief Editor could be a student.

I. David—*Student Editor.*

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GENERAL EDITOR
Dr. N. Mangesh Rao, M.B.C.M., F.R.C.S.E.

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THE OATH OF HIPPOCRATES.

I SWEAR by Appolo the Physician, by Asklepios, by his daughters Hygeia and Panacea and by all the gods and goddesses, that to the best of my ability and judgment I will faithfully keep this oath and obligation.

The master that has instructed me I will esteem as my parents, and shall supply to him, as occasion may require, the comforts and necessaries of life. His children I will regard as my own brothers, and if they desire to learn I will instruct them in the same art without any reward. My patients shall be treated by me to the best of my power and judgment in the best manner, without injury or violence.

Neither will I be prevailed upon by anyone to administer noxious medicines nor will I be the author of such advice myself. I shall never recommend means to procure abortion, but will live and practice chastely and religiously. I will not meddle with lithotomy, leaving that to operators of that art. Whatever house I am called upon to attend, I will aim at making the patient's good my chief aim, avoiding all injury, corruption and unchastity; and whatever I hear in the course of my practice relating to the affairs of life of my patients that ought to remain secret, nobody shall ever know of me.

May I be prosperous, honoured and esteemed by all men as I observe this solemn oath, and may the reverse be my lot if I violate it and forswear myself.

Our Late Patron.

THE LATE MAJ.-GENL. F. H. G. HUTCHINSON, C.I.E., K.H.S., I.M.S.

THE MADRAS

Medical College Magazine

VOL. XI OCTOBER 1931 No. 2

The Advantages of the Metric System for Prescribing.

By Dr. J. CHRISTODOSS DAVID, M.B., B.S., Ph.D.

Formerly every country, even every small State, had its own system of weights and measures, resulting in endless confusion and loss of time. This state of affairs still exists to some extent. In the United States and in Britain no less than five different systems are in common use. It is a hopeful sign that the United States and British pharmacopœias employ the Metric system. This system originated in France near the close of the 18th century. It has been adopted in science to the exclusion of all others, and although it possesses a number of advantages, it is very surprising indeed that the medical profession specially in the domains of Britain has not yet taken kindly to it. But all the continental countries of Europe employ this system in pharmacy and medicine, and one feels it is high time the medical profession in countries, like India, is educated in the advantages and safety of using the metrical system.

The difficulties that arise in putting into practice the writing of prescriptions in the metric system are mainly due to the practitioners who have adopted one method and see no advantage in a change; and pharmaceutical chemists who may dread the confusion. No trouble is encountered in the case of students who are learning the subject for the first time and therefore have nothing to unlearn. These students, appreciating the ease of calculation and the simplicity of the metric system, meet with no difficulty until they encounter their clinical teachers, who have been trained in the other system, and are obliged to follow their instructions in the other method. The practitioners having learnt their doses in minims, grains and drachms, being unable readily to translate from one system to the other, and having a natural dislike

to change, are apt to exaggerate these difficulties. The difficulties of the pharmacists are the expense of weights and measures or alternatively of errors in reading or transposition of quantities from the one system to the other.

No one can maintain for a moment that these difficulties are insuperable, if the advantages for a permanent change to the metric system be proved beyond doubt. In the preface to the *British Pharmacopœia*, 1914, it is stated that "the metric system has also been employed for the specification of doses, in the expectation that in the near future the system will be generally adopted by British prescribers". And again: "As a transitional provision, doses have also been expressed in terms of the imperial system." And yet again: "In prescriptions the symbol ʒj is often used to represent 60 grains, and also to represent 1 fluid drachm; and the symbol ℥j to represent sometimes 480 grains, sometimes 437·5 grains, and also to represent 1 fluid ounce. As these symbols are apt to be misread, it is recommended that prescribers should cease to employ them."

Are there any advantages in using the imperial system? The imperial system modified for prescription writing by the additional use of the apothecary's weights has owed its persistent use to certain conveniences which it possesses. These are, first, that the weights and measures of the system were mainly originally convenient domestic measurements, the handful being represented by the ounce, the drop by the minim, the mouthful by the fluid ounce, the teaspoonful by the fluid drachm, a drink by the pint, and the pailful by the gallon. Secondly, the relationship between the weights as well as that between the measures has been arrived at to a considerable extent by the simple process of successful doublings. The imperial ounce doubled successively four times equal the pound. The apothecaries' drachm doubled successively three times equals the apothecaries' ounce. The fluid drachm doubled successively three times, equals the fluid ounce, and the pint, doubled successively three times equals the gallon. Thirdly, the dissimilarity between the names of these various increments lessens the likelihood of confusion.

On the other hand, the disadvantage of the imperial system may be summarised as follows:—firstly, this system is not used in other European countries; secondly, confusion arises from the use of two ounces differing slightly from each other. The official ounce (the imperial) is the less convenient of the two, as it weighs 437·5 grains

which is a more difficult number to divide into equal parts; and thirdly, there is the want of simple relationship between the measures of weight and those of capacity. Thus, though the fluid ounce of water weighs one solid ounce, the minim does not weigh one grain, nor does the fluid drachm weigh one solid drachm, not does a pint weigh a pound. The calculations are therefore not obvious and the time required to learn the system is longer.

The metric system, which was originally intended to be a natural unit, *viz.*, the ten-millionth part of the distance from the pole to the equator of the earth at a particular meridian, (which it is not, as later measurements have given a different value), is based on the decimal system, and has the advantage, among others, of easy divisibility by tenths, and simple interchange into equivalents between the respective weights and measures. It is simple to calculate; and has the further advantage that it is used in most other countries.

We may combine the advantages of the two systems, to some extent, for prescription writing by visualising the fluid domestic measures, *e.g.*, the teaspoonful, etc, by the nearest metrical equivalent, 5 c.c. and then doubling; thus 5 c.c. is approximately equivalent to a large teaspoonful, 10 c.c. to a dessertspoonful, and 20 c.c. to a tablespoonful. And if unnecessary names be eliminated and the kilogramme, gramme and milligramme, for weight and the litre and cubic centimetre for measure be alone used, little difficulty need be experienced.

As for conversion from one system to the other, the only figures that need be remembered are the following, for sufficient accuracy of dosage:—

1 gramme = 15 grains.
1 grain = 0·06 gramme.
1 milligramme = 1/60 grain.
1 c.c. = 17 minims.
1 minim = 0·05 c.c.
5 c.c. = one teaspoonful = one fluid drachm.
30 c.c. or 30 grammes = one ounce.

The following are approximate equivalents in metrical system for the usual domestic measures:—

Drop	=	0·05 c.c.
Teaspoonful	=	5·0 c.c.
Dessertspoonful	=	10·0 c.c.
Tablespoonful	=	20·0 c.c.

Wineglassful	=	50·0	c.c.
Teacupful	=	100·0	c.c.
Breakfastcupful	=	200·0	c.c.
Tumblerful	=	300·0	c.c.
Pint	=	500·0	c.c.

In using the metric system for prescription writing, the question of symbols and nomenclature may be considered. The former map be easily dealt with by simple avoidance. To prevent errors in placing the decimal point draw a perpendicular line immediately to the right of the whole numbers. If we confine ourselves to the use of the straight perpendicular line between the units and the fractions, symbols and dots are unnecessary. Solids are to be weighed and liquids to be measured. The following are illustrative examples :—

R,

Phenacetin	...	0|5
Pulv, Opii	...	0|05
Pulv ipecac	...	0|05
Sacch. lact. to	...	1|0

Send three such powders.

Sg. One to be taken at night.

R,

Sulphur precip	...	5|0
Acid. Salicyl	...	0|5
Adip. to	...	50|5

Make an ointment.

Sg. A little to be rubbed into the affected parts.

R,

Liq. hydrarg. perchlor	...	40 | 0
Pot. Iod	...	10 | 0
Aq. menth. pip, to	...	200 | 0

Dissolve and make a mixture.

Sg. 10 c.c. (a dessertspoonful) thrice daily.

With regard to names we only require millgramme (one-sixtieth grain) for quantities up to 50 milligrammes, and gramme beyond this. We may say ·2 of a gramme or ·02 of a gramme, and when speaking of fluids we say c.c. or ·5 of a c.c. or ·05 of a c.c. (one drop). These simplifications have made the writing of prescriptions remarkably easy for the medical student. Quantities less than a milligramme are only used for hopodermic injections.

As for the difficulties of the dispenser, it is much easier to weigh and measure metrical preparations metrically than to convert into the other system. Bottles used for 2 oz., 4 oz. and 8 oz., mixtures would serve without diffculty for 50 c.c., 100 c.c. and 200 c.c. mixtures respectively. A 1 oz. bottle may be used for dispensing a draught of from 20 c.c. to 30 c.c. without inconvenience.

For ointments	10 grammes	may displace	½ oz.
	20 or 30 „	„ „	1 oz.
	50 „	„ „	2 oz.
	100 „	„ „	4 oz.

The dosage of the newer remedies now being placed on the market is always in the metrical system. Take for example, the organic compounds of arsenic and antimony. The medical profession has taken kindly to these doses and prescribe them without any confusion. And it should not be any the more difficult for the profession to take to the more scientific metric system for routine prescription writing. And it will certainly make the work of the medical student lighter.

Sterility in Woman.

By K. R. C. HEBBAR, M B., B.S.,

Medical Practitioner, Madras.

Fifty years ago an eminent gynæcologist put forward the dictum that not less than 10 per cent of all marriages were sterile. Wiser and truer words have never been uttered and this percentage still holds good at the present day, thanks to the modern craze for contraceptive methods and the great vogue of venereal disease.

For healthy conception to occur, there should be a healthy ovum emanating from a healthy ovary, healthy Falloppian tube for the transit of the ovum to the uterus, and a healthy spermatozoon to unite with the ovum, and a healthy uterine mucous membrane on which the fertilized ovum could embed. Any fault or discrepancy in this cycle of events results in sterility.

Certain terms are commonly used in connection with sterility and they should be clearly understood :—

Sterility is defined as inability to conceive and marriage is sterile if pregnancy has not occurred within 3 to 5 years.

Absolute sterility is complete failure of conception.

Relative sterility is failure to produce a viable child due to abortion.

Primary sterility is non-occurrence of conception at any time.

Secondary sterility or "one child sterility" occurs where an indefinite period of barrenness has succeeded one or more conceptions.

Now the age factor is of considerable importance as a woman's fertile period is between 18 and 30 years. Beyond 30, the chances of a first child are very remote indeed.

It has been found and agreed on all hands that in about ¼ to ½ the cases of sterile marriages the man is at fault and hence, as a preliminary to subjecting the unfortunate woman to a series of operative and non-operative manouvres the husband must be examined for any aspermia or oligospermia or necrospermia. A detailed consideration of these defects in the male is beyond the scope of this paper, but a simple test which can be done on the woman has been devised by Dr. Max Huhner of New York, whereby the post-coital contents of the posterior vaginal fornix

and the cervical canal are taken on a sterilized platinum loop within 6 to 8 hours and examined on the warm stage of a microscope for actively motile spermatozoa.

Assuming the potency of the husband we have to ascertain the causes of sterility in the woman, and this opens up a broad vista for the enterprising practitioner's ingenuity. Sterility, however, does not always ensue when these causes are operative, but greatly predispose to it.

The causes of primary sterility are.

A. General causes.

Endocrine disturbances such as myxœdema, acromegaly. It should be borne in mind that the genital function is stimulated by ovary, pituitary, thyroid and suprarenal, and diminished by thymus, placental and mammary extracts.

Obesity usually causes sterility but when obesity is treated for, sterility also tends to disappear. Moreover, adiposity due to pituitary or thyroid deficiency causes destructive involvement of ovaries, leading to sterility.

Expohthalmic goitre.

Chlorosis.

Chronic nephritis with albuminuria.

Infectious diseases like typhoid, mumps scarlet fever, etc., which destroy the ovarian function either partially or entirely.

Tuberculosis of lungs.

Syphilis though not an absolute bar to pregnancy, as evidenced by the enormous number of congenital syphilitics whom we come across almost every day, is a potent cause of sterility in as much as it gives rise to repeated miscarriages and stillbirths. The importance of syphilis as a cause of sterility is shown by Spalding who found in a series of cases examined by him that 16 per cent of the sterile cases had a Positive Wassermann whereas only 3·7 per cent of the pregnant cases had such.

Chronic intoxications like lead and morphia.

B. Local causes.

Congenital abnormalities such as absence of any part of the genital apparatus (rare).

Malformations of the genital tract such as double uterus, bicornuate uterus.

Congenital hypertrophy of the cervix.

Infantile condition of the genital tract, associated with late onset of puberty, with scanty and painful periods. The condition presents a long

conical cervix, disproportionately small body of the uterus which lies in acute anteflexion, less frequently in acute retroflexion, under developed ovaries, abnormal length and torsion of the Fallopian tubes, short and funnel shaped vagina, low perineum, etc. Only the milder forms of this condition respond to treatment provided it is begun at a fairly early age, at any rate not later than the 25th year.

Tumours of vulva and vagina—it is obvious that these act only as mechanical hindrances.

Fibroids of the uterus by themselves do not cause sterility, except the sub-mucous variety which render the uterine cavity tortuous and the endometrium congested and unhealthy. Conversely, fibroids are more frequently seen in a uterus which has not become pregnant. In women past 30 years who are sterile and have fibroids in them, enucleation of the fibroids increases chances of pregnancy. It is quite possible that there is some unknown common cause for both sterility and fibroids.

Cancer of cervix does not always inhibit conception.

Ovarian tumours frequently complicate pregnancy and labour. But a unilateral ovarian tumour may be responsible for an existing sterility, because the removal of the tumour is frequently followed by conception.

Gonorrhoea-in this case the primary infection which occurs in the urethra and the cervical canal spreads across and infects the tubes causing occlusion of the fimbriated extremities of the tubes.

Tuberculosis of the uterus and tubes—here too the removal of the affected adnexa is sometimes followed by conception.

Displacements of the uterus—Retrodisplacements of the uterus prevent conception because.

(*i*) Cervix does not dip into the so-called seminal pool in the posterior vaginal fornix, but points forwards and upwards.

(*ii*) Congestion of the uterus and of the endometrium is unfavourable for conception, and beneficial results ensue from replacement.

Displacement however is no absolute bar to conception.

Catarrhal conditions where there is a discharge per vaginum, as a result of infection these exert a deliterious effect on chances of pregnancy. It is a well known fact that the normal vaginal secretion which is acid destroys the motility of the spermatozoa, whereas the normal secretions of the cervical canal and the uterine cavity are alkaline and favour the persistence and longevity of the spermatozoa. Further an average of 225 million spermatozoa are deposited at one sitting, though only one is

destined to reach the ovum, after overcoming the acid vaginal secretion. Bacterial infection of the vagina and cervix which produces strong acidity causes failure of conception. Profuse purulent discharges though alkaline preclude impregnation as there is an optimum of alkalinity for the well-being of the spermatozoon. Chronic endocervicitis is also a frequent cause of discharge and also of sterility as the plug of mucus lodged in the cervical canal obstructs ingress into the uterine cavity. Frequent and repeated use of contraceptive appliances also sets up a chronic inflammation of the cervix and tends to sterility.

Secondary or one child sterility is usually due to faulty or inefficient assistance at child birth and this faulty obstetrics is the opportunity of the gynæcologist. There may occur

(i) Infections—either puerperal sepsis or gonococcal. Gonococci which have gained a foothold in a previous pregnancy lie lurking in the cervical mucosa and in Skene's paraurethral ducts and flare up at the earliest opportunity, rendering the woman a chronic invalid. Subinvolution of the uterus is also a result of puerperal infection.

(ii) Traumatisms or injuries to the birth canal, such as perineal and cervical lacerations, and urinary fistulæ.

(iii) Displacements of the uterus and ovaries.

(iv) Infantilism and congenital asthenia in moderate degrees also contribute to one-child sterility. The first conception occurs, labour is protracted, due to narrow passages and deficient uterine powers, and later the woman is unable to completely recover from the effects of labour. Result is permanent atrophy of the uterus—hyperinvolution. Ovarian dysfunction and permanent amenorrhoea also occur. Such patients require careful nursing during and after the puerperium.

Functional causes of sterility where there are no obvious physical signs. These causes are—

(i) Frigidity or deficiency of sex sense; result of incompatibility, fault in the husband, mental and physical over-fatigue, perverted sexual desires. It occurs sometimes in the "touch-me-not" sort of woman. Marriage may be sterile with one pair, but when either of them mates afresh, pregnancy may ensue.

(ii) Dyspareunia and vaginismus consist essentially of spasm of muscles of pelvic floor and perineum on receiving the slightest stimulus. Causative factors are tight hymen, narrow vaginal canal, fear of pregnancy or of infection, anal fissure, thrombosed piles. Dyspareunia in a

woman who has delivered may be due to urethral caruncles, ulcers and fissures on the vulva, tender inflamed and prolapsed ovaries, retrodisplaced uterus, infiltration of uterosacral ligaments, scars on vaginal vault from instrumentation.

(iii) Profluvium seminis, a condition where the semen regurgitates from the vagina after deposition. It is due to a torn and relaxed perineum, shallow infantile vaginal forvix, assisted by involuntary reflex contraction of muscles of pelvic floor.

Nutritional and metabolic causes:—McCartney in 1923 formulated that a spermotoxin the nature of which was not fully known, was the cause of biological sterility, the toxins being the result of metabolic and constitutional errors.

More recently, sterility has been ascribed by Scott and Evans, to the absence of vitamin E in the woman's diet and administration of the vitamin has been found to prevent sterility in both sexes. Vitamin E is fat soluble, remarkably resistant to heat, light, and air. It is present in meat, whole wheat, wheat germ, rolled oats, green leaves, egg yolk, beef, liver and some vegetable oils; very small quantities are found in yeast, milk and codliver oil. Deficiency of vitamin E lowers the threshold for reproduction and results in complete sterility. Either pregnancy does not occur or death of foetus occurs. The harmful effect is not on the ovary as ovulation is normal, but on foetal development. Treatment with vitamin E during the reproductive period cures the condition.

Thus we see that the causation of sterility is not easy to ascertain. In several cases no cause could be discoverable at all and the medical man is sometimes forced to throw up his hands in despair. However our knowledge regarding sterility in woman is gradually increasing, thanks to the valuable monographs on the subject written by Forsdike and Giles in England, and Child and Huhner in America, which I heartily commend to your notice.

Investigation of a case:—Let me repeat that a careful and searching interrogation and examination of the husband forms the first step in investigation. If he is normal then examine the wife.

Obtain a history of her periods and the menstrual history.

Observe her general configuration and behaviour; whether she is fat and flabby, short or tall, slow movements, slow speech, slow cerebration.

Examine her abdomen for tumours.

Examine her vulva for persistent or thickened hymen, caruncles etc.

Examine her vagina for ulcers or cicatrices or atrophic mucous membrane.

Examine the cervix to see whether it is infantile or hypertrophied, or the seat of laceration or erosion.

Examine the uterus to see whether it is rudimentary or malformed, or displaced, or soft and tender.

Examine the adnexa for inflammatory swellings.

Occluded tubes cannot however, be made out by bimanual examination, but require special methods. The two common ones are.

1. Rubin's insufflation test or tube testing.
2. Hysterosalpingography or radiography of the uterus and tubes.

In doing both these tests the following *contraindications* should be eliminated after a careful examination

(i) Acute inflammations and infections of the pelvis with tenderness.

(ii) Malignant disease of cervix or body of uterus.

(iii) Uterine polypus.

(iv) Febrile conditions.

(v) Distended tubes, either infective or extra utrine pregnancy.

The insufflation test consists in injecting under asceptic precautions, air or carbon dioxide or nitrous oxide (the last is the best) into the utrine cavity, guided by a manometer the gas being first bubbled through water at the rate of 3 bubbles per minute; the patient being in Sim's position or lithotomy position. The manometer is observed and the point at which the pressure drops after a preliminary rise is noted. This drop is the point at which gas is released through the tubes into the peritoneal cavity. The pressure findings give an indication of the patency of the tubes.

If pressure is under 100 mm. of mercury before the drop occurs, then both tubes are freely open and patent.

If pressure is more than 100 but less than 150 no definite conclusions could be drawn.

If pressure is more than 150, there is definite obstruction in one of the tubes.

If pressure is more than 200 and without a drop, both the tubes are totally occluded, a pressure of 300 mm. is enough to rupture the infundibular portion of the tube. The patency of the tubes is confirmed by asking the patient to sit up when there is sudden pain in the shoulders due to the gas reaching the diaphargm. This pain is abolished by

keeping the patient in knee chest position when the gas goes towards the pelvis and is there quickly absorbed.

The most suitable time for doing this test is during the first week after cessation of menstruation and could be repeated two or three times if negative. If the test is negative on three different occasions the conclusion that the tubes are impermeable is perfectly justified (Sellheim). The effect of this test lasts three months. Besides its diagnostic value, tubal insufflation has a threapeutic value in about 10 per cent of sterile patients, as it dislodges any obstructing plug of mucus in the tubes or perhaps straightens a kink in the tubes.

A modification of this method has been described by H. Yagi of Japan, in the *Japanese Jl. of Obst. Gyn.* of August 1930, under the name hydrotubation. He tests tubal patency by injecting normal saline into the uterus, the pressure being regulated by a communicating column of water. The rate of flow of the salt solution, denotes the relative degrees of obstruction of the tubes. The risk of carrying infection upwards is a grave objection and this method has very little to commend it.

The second method of testing patency is *hysterosalpingography*, devised by Bechre and Forsdike. This consists of injecting lipiodol —which is a solution of 40 per cent by weight of iodine in vegetable oil —into the uterus under aseptic precautions, and taking a series of X-ray skiagrams at periods from 6 to 24 hours, or viewing through a fluoroscopic screen. The contra-indications for tubal in-sufflation hold good for this also, in addition, the woman's menstruation should be regular, without any intermenstrual discharges. 5 to 10 c.c. of lipiodol are injected, either by attaching a syringe into the tube-testing apparatus, or by means of an ordinary syringe and rubber catheter, the latter being introduced into the uterine cavity. The patient should be lying down for about half an hour after injection. The best time for doing this test is during the second or third week of the normal menstrual cycle, avoiding the weeks preceding and following the actual period and sexual relations should be interdicted for a period of six to eight weeks. The test has also a therapeutic value, as 30 per cent of cases subjected to this get pregnant, as the iodine of the lipiodol helps to tone up the tubal mucons membrane and invigorates the ovary.

The normal hysterogram shows the uterus as a triangle with the apex at the bottom and the thin wavy outline of the tubes going outwards from the upper two corners. In a normal case with patent tubes, the opaque material passes through the fimbriated end into the peritoneal

cavity in 24 hours, and is harmless to the peritoneum. But if the tube is blocked the opacity stops behind a bulge beyond which there is no opaque material. In chronic salpingitis, the hysterogram shows irregular distortion or even occlusion of the tubes.

Treatment of Sterility in Woman.

The treatment of sterility is far from satisfactory but an earnest attempt should nevertheless be made to find the cause and then treat the cause.

Functional cases without physical signs require the most care and tact in treatment. Suggestion and pursuasion play a great part. No local measures are necessary as a rule.

General hygiene should not be forgotten. Good nourishing food, healthy surroundings, adequate rest, tonics like iron, arsenic, strychnine and Yohimbin should be prescribed.

Endocrine therapy is of immense benefit in cases with obesity and under-developed genitalia. Injections of extract of corpus luteum during the week preceding the period and thyroid extract by mouth after the period should be given. In fat individuals, the thyroid extract should be pushed up to 6 to 8 grains per day. A combination of extracts of thyroid, pituitary, and ovary are indicated in cases with under development associated with amenorrhoea and dysmenorrhoea.

Radiation therapy:—In sterility associated with ovarian dysfunction and amenorrhoea $\frac{1}{10}$ the erythem dose of Xrays to both the ovaries for three successive months stimulates the ovarian harmones, and results in normal pregnancy and healthy children. Surface application of radium up to a maximum of 600 mgm. hours stimulates the ovaries and is slightly more efficient than Xray exposures. But the adjustment of the optimum dose is extermely difficult as an over dose will make matters worse.

Operative treatment.

In cases of sterility with dysmenorrhoea dilatation of cervix and curetting should be done a few days before the period, followed by sexual relations soon after the period. If no conception occurs within the next 3 months do a 'd and c' immediately after a period and wash out uterine cavity with normal saline solution. Repeat this every three months.

In cases of sterility with displaced uterus, reposition either manually and by pessary or by operative ventral fixation increases the chances of conception.

In cases with discharge per vagnim the cause of the discharge should be treated, supplemented by saline douches.

In cases with injuries to the birth canal consequent on childbirth, perineorrhaphy or trachelorrhaphy may be required. Erosions of cervix require cautery with chemicals like picric acid or with electric cautery. A patulous parous os requires striate linear electric cautery.

In cases with congenital hypertrophied cervix, the cervix should be amputated.

In cases with ovarian tumours such as small cysts, or perioophoritis with adhesions, or fibrosed and prolapsed ovaries, the abdomen should be opened up and the tumour removed, of course, retaining a small piece of healthy ovarian tissue.

In cases with occluded Falloppian tubes, salpingostomy should be done. This consists of making a new osteum or opening in the tube, proximal to the occluded fimbriated end. This should be supplemented by disentanglement of the ovary from the surrounding adhesions if any. Tubal insufflation should be done frequently to keep the new stoma patent.

Implantation of the tubes and ovaries into the uterine cavity is said to be beneficial.

The last method of treatment but none the less interesting, is the one described by Lespinasse and Dickinson, under the name *artificial insemination*. It consists of introducing about 2 to 10 drops of fresh, sterile, warm semen into the uterine cavity by means of a curved pipette, with the woman in the knee-elbow position, during the 5th, 8th, or 11th days after cessation of menstruation. More than 10 drops cause uterine colic, analogous to dysmenorrhoea. This method is particularly indicated in functional cases and where there are mechanical difficulties as in dyspareunia. The conditions to be fulfilled for success of this manouvre are :—

(1) Semen should be absolutely healthy and positive.

(2) Female pelvic viscera should be absolutely free from infection, old or recent.

(3) Falloppian tubes shall be patent. Three attempts should be done at monthly intervals. There is however the danger of introducing fresh infection into the woman. The value and practicability of this method is in dispute, but, the rationale is sound, and in a few and well selected cases and in the hands of an expert gynæcologist, the results are bound to be very successful.

Prognosis: The utmost degree of success in the treatment of sterility by all methods put together comes only to 6 per cent and it is impossible to assess how much of this is due to natural tendencies. The prognosis however should be very guarded always, and no promise should be made inspite of discovery of the cause of sterility. Neither should the patient be discouraged and egged on to pessimism, as "a belated child may belie his verdict of incurability." The patient should be given a ray of hope, as otherwise an adverse verdict may culminate in profound psychic depression ending perhaps in suicide.

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Humours of the Post-mortem Room.

(By "N")

Visitors to the Hospital, distinguished or otherwise, very often, if not always, forget to pay a visit to one particular "ward" of the hospital. Whereas the operation theatres, X-Ray institute, out-patient block and other places are included in the "agenda", the one bedded ward in the western end of the hospital, hidden by the new out-patient block on one side and the new over-bridge on the other is quite overlooked reminding one of the lines of the poet:—"Many a gem of purest ray serene."

I am referring to the post-mortem room, the "one bedded ward" of the hospital, with arrangements to "store" a dozen or more patients, with a huge engine pumping brine throughout the day and making a roaring noise all the time.

Apart from this machinery and the special cold storage apparatus for "patients", this "ward" has other unique features. All varieties of cases are met with (Medical, Surgical, Gynaecological, Infectious, N. Y. Ds. and Medico-legal). It is in fact, the "Mecca" of clinical material.

One could see, in the morning, certain familiar figures in this "ward". Let us first start at the portico of the General Hospital where Act I Scene I opens. At about 9-45 a.m. a gathering of students is seen here, chatting, talking and shouting (occasionally whispering or silent) about different topics chiefly non-medical, *viz.*, the latest news of the R. T. C., or Maurice Chevalier's latest show at Elphinstone, Janet Gaynor's success at the Globe or Duleep's latest Cricket score. Near this gathering could be seen a lean figure, about medium height, unshaven beard, shirt cum collar but sine tie, a pair of pants, socks (?) and shoes, (all of which go for a pilgrimage to Washermanpet only once a year) with some papers in hand, anxiously waiting for some one.

The expected figure arrives—medium size, in a hospital overcoat and toric glasses. "Good Morning Sir, There are 3 cases to be done Sir, a gastric, an acute abdomen and a T. P. (What operation is going to be done on the T. P. one usually wonders). But sir, do this off first sir, I shall ask Dr.....and tell you which you should do next".

The whole gathering of students and "the man in glasses" move to the one bedded ward in a procession and the "operations" begin. Act I Scene 2. Enter a new figure, medium sized in a dhoti and a striped shirt and a turban, unshaven beard and a very cunning pair of eyes surpassed only by Alcapone, Jack Diamond or Jambulingam.

The name of the patient is first called. Usually there is no difficulty but sometimes doubt arises in identification. Jambulingam comes to the rescue—a veritable encyclopaedia on two legs. He knows and recognizes the face of every patient who enters the hospital by the central gate and leaves it by the western "Emergency Exit". "This is Krishnaswami, Sir. He can't be anybody else. Yes, Sir, he *shall* be Krishnaswami". There is no appeal. His decision is *final*. The story goes that once even he was in doubt and one of the audience came to his rescue. He merely slapped the "patient" and asked "Hey! *Un Per Enna*" and the only reply was a giggle of laughter from the audience. The patient would not reply.

Scene 3 begins. The patient is on the table. No anaesthetist necessary. (Days of retrenchment you know!) The surgeon and his assistant are busy. The whole abdomen and throax are opened by a "top to bottom" incision; ribs go cracking and the whole twenty-four of them go "phut" in less than a fourth as many minutes (who said the record for thoracoplasty was 45 minutes?).

When this operation is going on the audience is engaged in diverse ways. The minor portion is busy seeing the operation. Somnambulism, narcosis and hypnosis show signs of evidence.

A careful observer would find that through the shutters of the windows, nearly twenty pairs of eyes are silently watching the tamasha inside. Before you turn and say "Jack Robinson" off go these eyes to reappear again next minute. Jambulingam is busy shouting to these "Hey! Ho! Dai' Pho!" and so on. The battle of Verdun is in full progress and has been nearly won!

During the midst of one of these operations the door opens and some one enters. There is a shout "Good Morning, Sir." One wonders who the new comer is. It is only one of the students who has just had his meals in Mc.th Cafe Hall and has had his "pan" (The early bird catches the worm).

Act I. Scene 4 begins.
"Good Morning Sir"

" Good Morning all of you "

" Hey ! Is this S_4's body ?"

Good God ! There is a shrill scream from the students, especially the *weaker* sex. The scream reminds one of the whistle of an " M " class railway mail engine or one of those steam rollers or Supersentinel waggons belonging to the Corporation of Madras.

The " Clinics " begins : " Hey-Jambulingam, where is that body—Heart case—old man with grey beard ?

" Relations claimed, Sir "

What " It was a very *intarrasting* case. Yesterday non-relative body, to-day relative, become how ? Ladies and Gentlemen, I am very sorry. You have missed a very good case "

" Never mind, this is also very good. This is a case of stone in Kidney. I say you, you, you, how do you diagnose renal colic ?" There is a pause. " Come along, don't shy. Now, look here students. This specimen of the liver is very good. Look at its flabby colour. It is a typical fatty nutmeg of liver. It is very much enlarged, its edges are rounded and on section it is very greasy. Now, remember well, in your examination. Do not commit mistakes.—understand ? "

" Yes Sir "

Remember, when you examine this liver under the microscope, the appearance is typical. The clinics is over. Phat, Phat, goes the whole crowd. The show is over.

Act. II, begins. The lean figure in pants shirit and hat approches the Surgeon with an indent book and says " Sir, write off sir. Some Alocol Sir".

" What for ?".

" To clean slides Sir ".

Jambulingam supports the motion, which is very often lost for want of support.

Such is the post-mortem room, the one bedded ward of the Hospital with its cold storage apparatus, a variety of cases and case-takers a ward that has produced a Jambulingam, a Virchow and a Cohnheim.

Case Reports.

TWO INTERESTING CASES OF TWISTED OVARIAN CYSTS.

(D. SHANTHASUNDARI, FINAL YEAR)

" Torsion " of an ovarian cyst, is a rare phenomenon in the field of Gynaecology. Rarer still, is a twist occurring in an ovarian dermoid cyst. So far, only three or four cases of the latter have been reported, in the literature. I would therefore venture to report the following two cases of twisted ovarian cysts, which were treated in the Government Hospital for Women and Children, during the month of July 1931.

The first was Miss D. R.,—an unmarried Anglo-Indian, 31 years old, admitted on 25th June 1931, with pain in the right iliac region, of four months' duration. Menstruation had been regular throughout, her last period being on 15th June 1931.

History.—The complaint began after a fall 13 months previous to the date of admission. Soon after the fall, she felt a dull aching pain in the back, which was relieved temporarily by some local remedies. The pain returned and continued for a period of 9 months, during which time she had severe exacerbations of pain during the menstrual periods, 9 months after the fall, *i.e.*, 4 months before admission, she had a sudden shooting pain in the hypogastrium, which was excruciating, but partially relieved on lying down flat with the legs drawn up. Similar attacks have continued ever since, recurring at least twice a day, with no relation to food. The constant ache in the right iliac region has continued between the above attacks, which latter always started in the right flank, and travelled downwards and forwards to the middle line, but never beyond.

Abdominal palpation revealed definite tenderness in the right iliac fossa. Temperature was 95° F., Pulse 76, Respiration 22.

On 23rd June. Examination per rectum by the Second Obstetrician showed a tumour in Douglas' pouch, and a mass to the left. She was under observation for about a month, during which she had two or three attacks of the same servere pain as above. A skiagram showed nothing positive.

On 21st July 1931, an exploratory Laparotomy was done by the second Obstetrician, and a right-sided twisted Ovarian cyst was discovered, filling Douglas' pouch, adherent to the broad ligament and pushing the body of the uterus to the left. The cyst contained brownish fluid, thus showing evidence of an old haemorrhage—Right Oopherectomy was done, and the patient had an uneventful recovery.

The other case was that of a young Parsee girl Miss. N. A. K.—unmarried, aged 13 years, and admitted on 29th July 1931, for pain and swelling in the lower abdomen, of 6 weeks' duration. Menstruation had never occurred. On admission Temperature was 99° F; Pulse 110; Respiration 22. Urine passed naturally.

Bowels very constipated.

History.—From infancy, she complained of a heavy sensation in the lower abdomen, and always had difficulty in micturition. She never had any inclination to pass urine herself, and had to be persuaded with great difficulty to empty her bladder even twice daily. More than half an hour was taken over the process, and the urine used to come out in drops with a lot of straining.

This continued till about 6 weeks before admission, when she had a sudden fall, three days after which she developed severe pain in the lower abdomen. She was in bed for a month, during which time, the bladder and rectum had to be continuously relieved by catheterisation and enemata respectively. A lump was now noticed in the lower abdomen, which rapidly increased in size, and was painful and tender. Vomiting never occurred.

Examination by the Second Obstetrician showed a normal hymen and vagina with no signs of retained menses, no bulging of the fornices. The mass in the abdomen was freely movable, not connected with the uterus, and was diagnosed as an ovarian cyst. Laparotomy by the Second Obstetrician showed the following :—A large cyst of the right ovary, the size of a large husked cocoanut, was found filling the pelvis with two twists. On tapping, clear serous fluid escaped and the cyst was removed. The patient had an uneventful recovery. On examining the specimen, two cysts were found, one larger, tapped during the operation and containing clear serous fluid, mono locular, and lined by a glistening membrane. The other cyst was much smaller, and quite distinct. It contained thick sebaceous matter, and the cyst wall was

lined by thick, cheesy, white, sebaceous matter. The cyst also contained two coils of dark hair, and a piece of cartilage. No evidence of an "Embryonic Rudiment" was found in the cyst wall. A rudimentary, accessary ostium with fimbriae, and a small Morgagnian cyst were also attached to the broad ligament. The specimen is preserved in the museum attached to the Giffard School.

Of the two cases recorded above, the first was only an ordinary mono-locular cystadenoma. The history is not quite clear, and it was perhaps either a gradual torsion, started by the fall, or a spontaneous twist unconnected with the fall. There was haemorrhage into the cyst.

The second case is very interesting for the following reasons :—

1. It is a dermoid cyst.
2. It is a compound cyst.
3. No hæ norrhage into the cyst, inspite of two twists.

The torsion is clearly due to the fall.

On tooking up the literature in connection with the incidence of ovarian and dermoid cysts, we find that the authors are more or less agreed, with regard to their findings.

In Blair Bell's series of 1,128 tumours of the ovary, 48% were cystadenomata, and 14·5% cystic teratomata. In Beck-with Whitehouse's series of 200 cases, 125 were simple cysts, and 16 were cystic embryomata. In Dr. J. W. Bride's series of 100 cases, 59 were simple cysts, and 17 cystic embryomata. According to Amy M. Fleming, there were 13 unilocular cysts and 20 teratomatous cysts among 152 ovarian tumours. Finally with Lochrane and Keatinge, the percentage of cystic teratomata comes up to 10·4 and that of unilocular cysts to 6·6.

Age incidence of Ovarian neoplasms.

	Bride (100 cases.)	*Whitehouse* (out of 200 cases.)
Under 20 years.	4	4
„ 30 „	24	40
Over 60 „	9	19
Between 30 & 60 years.	58	135
Under 30 years.	72%	80%
Over 30 „	28%	22%
Average age	42 years.	42·4 years.

Age incidence of teratomatous cysts. (Fleming.)

Average age	34·5 years.
Youngest	22 ,,
Oldest	47 ,,

Fertility in relation to Ovarian neoplasms.

	Bride	*Whitehouse*	*Fleming.*
Single.	27%	40 (20%)	23%
Married or widow	73%	160 (80%)	77%

According to Fleming, 15% of teratomatous cysts, occurred in unmarried women.

This disproves the statement given by John Williams that ovarian neoplasms are relatively more frequent in the unmarried, than in the married.

Symptoms.	(A. M. Fleming.)
15%	No complaint except swelling.
65%	Pain only.
55%	Leucorrhœa.
30%	Dysmenorrhœa.
20%	Metrorrhagia.
25%	Menorrhagia.
10%	Complicated by the presence of a second Ovarian neoplasm.

Torsion of the Pedicle.—Occurred in 11 cases of Bride's series, in 28 cases (14%) of Whitehouse's series, and in 6·5% of Lochrane and Keatinge's series. According to the latter, torsion occurred 4 times in 24 cystic embryomata, 7 times in 113 multiolocular cystadenomata, and twice in 14 unilocular cystadenomata. A case of torsion has been mentioned by R. C. B. Macrae in a child of 8, in which the twist occurred when the patient was in the genu-pectoral position and was sufficient to produce gangrene of the cyst.

A case very similar to the second case described above, is reported by Dr. Kuriappan, M.D., an extraordinary concidence, in that his case also happens to be a Parsee girl of 18, and the cyst a twisted ovarian dermoid.

My thanks are due to Dr. A. Lakshmanaswami Mudaliar, B.A. M.D., for kindly permitting me to report the above cases from his wards.

A CASE OF SPLENIC ANÆMIA.

(K. C. Koshy, IVth Year.)

Mr. A. T., Hindu male, aged 25 years, unmarried, occupation shepherd, belonging to Chittoor District, was admitted on 27th September 1931, into M[5] Wards.

Complaint.—Swelling of abdomen, leg and scrotum; with loss of appetite and weight, and extreme weakness.

Duration.—4 months.

Family History.—Nothing of clinical importance.

Previous and Present History.—Patient had been keeping fairly good health till two years ago. He then noticed a gradual and progressive enlargement in the abdomen and also general debility and lack of appetite. For the last four months he has also observed gradual swelling of the abdomen, scrotum and legs. There is no history of haematemesis, fever or jaundice.

Physical signs and condition on admission.—Patient is an emaciated young man of about 25 years, extremely anaemic, tongue clean and devoid of any excoriations, teeth clean, no P. A.

Alimentary system.—Tonsils not enlarged, abdomen distended, fluid thrill and shifting dullness present, abdominal wall oedematous, spleen enlarged as far as the umbilicus, liver extends ½" below costal margin.

Circulatory system.—Apex beat visible and palpable in the fifth space diffusely, internal to the nipple.

Pulse—volume and tension fair.

Heart—dilated.

Heart sounds—Systolic haemic murmur heard.

Respiratory system.—Vocal fremitus diminished at the bases, bases dull, breath sounds diminished at bases.

Nervous system.—Nil abnormal.

Extremiters.—Both legs are oedematous, chronic ulcer on the left leg.

Investigation.

(1) Urine—Acid, sp. gravity 1020, no sugar, no albumin.
(2) Motion— No ova.
(3) R.B.C. Count—175,000.
(4) Haemoglobin—25%.
(5) W.B.C. Count—3,800.
(6) Colour Index—1·4.

(7) Blood Picture—Extreme leucopoenia, no nucleated R.B.C., polychromatophilia.

(8) Differential Count in percentages.—Polymorphs 58%; Mononuclears 22%; Lymphocytes 15%; Eosinophilis 4%; Basophiles ·1%.

(9) Gel Test.—Negative.

(10) Wassermann Reaction—Negative.

(11) Spleen Puncture—Negative for Leishman Donovan bodies.

(12) Blood Fragility—
- 0·3% saline +++
- 0·35% „ ++
- Roughly normal.
- 0·4% saline +

(13) Van Den Bergh's Reaction—Qualitative—Direct delayed positive; quantitative 2·6 units.

Diagnosis:—In the diagnosis of this case the following outstanding features have to be borne in mind.

(1) Enlargement of spleen.

(2) Anaemia

(3) Ascitis (due to cirrhosis liver). Considering the case in the light of the above three factors, the following diseases suggest themselves.

I. *Chronic infections.*

(*a*) Visceral syphilis—Against this, there is the absence of fever, lack of marked enlargement of liver, want of other evidences of syphilitic infection and a negative Wassermann reaction.

(*b*) Tuberculosis of spleen—There is no evidence of tuberculous infection anywhere else, lack of fever.

(*c*) Lardaceous disease—Liver not enlarged markedly, and urine shows no albumin; no enteritis present

(*d*) Chronic septic splenomegaly—No leucocytosis in blood, differential count does not show poly-morpho-nuclear leucocytosis. No evidence of focal sepsis.

II. *Chronic Portal obstruction.*

(*a*) Back pressure due to heart and lung disease—Completely absent in this case.

(*b*) Cirrhosis of liver—This can be ruled out by the history because ascitis made its appearance later. Patient had no jaundice.

III. *Tropical diseases.*

(*a*) Kala-azar—Spleen puncture negative, Gel test negative, no history of fever.

(*b*) Chronic malaria—No history of fever, no parasite in blood, spleen puncture even does not show any malarial parasite.

IV. *Tumours of the spleen.*

(*a*) Hydatid disease.
(*b*) Malignant disease. } Very rare and unlikely.

V. *Blood diseases.*

(*a*) Pernicious anaemia.
(*b*) Splenomedullary leukaemia.
(*c*) Chloroma. } These can be eliminated by want of characteristic blood picture.

(*d*) Hodgkin's disease—There is no enlargement of lymphatic glands.

(*e*) Splenic anaemia—This case presents all the features of splenic anaemia. The history, the detailed blood investigations and the physical signs all favour a diagnosis of splenic anaemia. He has now gone in for cirrhosis of liver and ascitis, namely, what corresponds to Bantis disease.

I am grateful to Dr. T. K. Menon, Fifth Physician, General Hospital, Madras, for allowing me to report this case, and also to Dr. M. Seetharama Rao, Assistant to the Fifth Physician, for the valuable help he has given me in getting up the report.

———

A CASE OF CÆSARIAN TOTAL HYSTERECTOMY.

A Mahomedan woman, 4th para, was admitted into the Maternity Section of the Osmania Hospital at 12 noon on the 4th of August 1931, complaining of severe pain in the abdomen for the past 6 hours.

On examination.—The Uterus corresponded to full term, was soft and not acting, head presenting and moveable above brim, fœtal heart audible, on the left side between umbilicus and the anterior superior Iliac spine a swelling the size of an orange was distinctly palpable and very tender to touch, pain was severe. Diagnosis of twisted ovarian pedicle or a long stalked sub-serous fibroid was made. A large soap and water enema was given with a good result, the pain subsided to a slight extent at 4 p.m. Ol. Ricini 1 oz. was given and a diet of glucose water and albumen water ordered. Patient kept in Fowler's position, during the night pain was more severe. Morphia ¼ gr. with Atropine 1/150 gr. given hypodermically, this had little or no effect. At 7 a.m. the day following, it was decided to open the abdomen under chloroform. On opening the abdomen in the mid-line about 5 ounces of rice water coloured fluid escaped. The uterus was gently delivered out of the wound and its place taken by a large towel wrung out of warm saline which kept the intestines out of the way, the edges of the wound protected with saline gauze. The growth proved to be a gangrenous stalked sub-serous fibroid, the pedicle was ligatured and tumour removed. The fundus of uterus was found studded with multiple fibroids varying in size to that of a walnut.

The uterus was then opened and a living male child weighing 6½ lbs. was delivered. The placenta was adherent and while separating it 4 interstitial fibroids, the size of the palm of an average hand, were detected two at the fundus and two about the area of the lower uterine segment. Instead of wasting time peeling off the placenta, it was decided to remove the uterus and this was accordingly done. On attempting to suture the stump it was found that the whole cervix was occupied by a fibroid which practically filled the pelvic cavity and this necessitated the whole cervix being removed. The Vaginal flaps were then sewn together and the area peritonised. Two pints of normal saline left in and the abdomen closed with through and through silk-worm gut sutures.

Progress.—During the 24 hours following the operation, 4 pints of saline were given submammarily, and glucose and water ad lib by mouth.

Pulse improved. On the 5th, 6th and 7th days she ran a temperature of 103° and was treated with Polyvalent Anti Streptococcii Serum 20 c.c. and quinine bihydrochlor 10 gr. intra-muscular for 3 days. No malarial parasites found in the blood. Temperature normal on the 8th day. Beyond this, recovery was uneventful. Sutures removed on the 10th day. Union by first intention. Patient was discharged on 5-9-1931 *i.e.*, 31 days after delivery. On vaginal examination before discharge the pelvis was found free.

There is an axiom that a woman who grows fibroids rarely grows foetuses. This patient has grown both simultaneously. It is likely the fibroids existed before the birth of the 3rd child 4 years ago or even earlier. It is quite possible for a woman with a fibroid tumour to bear not only one child but several; these fibroids are usually sub-serous or at the fundus if sub-mucous. In this case the fibroids were of all three varieties, *i.e.*, sub-serous at the fundus, interstitial in the body and sub-mucous in the cervix, the latter practically blocking the pelvis and yet not offering a hindrance to conception.

It is interesting to note how one operation lead to another. Under normal conditions a 4th para with a vertex presentation and previous labours natural at term, would need helping with forceps in case of relative uterine inertia. It was the acute pain and tenderness and swelling that led to the abdomen being opened; the presence of multiple sub-serous fibroids at the fundus made one suspicious of interstitial growths which would have certainly stood in the way of perfect retraction. This induced one to do a Caesarian, the existence of four large interstitial growths led to removal of the uterus and finally the presence of the large sub-mucous cervical fibroid gave one no choice but to do a total hysterectomy.

There was no history of menorrhagia nor metrorrhagia between the pregnancies. The eldest child is now 17 years of age.

M. R. W. HART, CAPT., M.B.E., M.R.C.S., L.R.C.P.,
Professor of Obstetrics and Gynaecology,
Osmonia Medical College, Hyderabad (Deccan).

Editorial

There have been several changes in the Staff of the College recently, partly due to exigencies of service and partly due to retrenchment. Our Artist has taken the occasion to depict the expectant crowd and the "Sword," now known as "The Axe" of Retrenchment.

* * * *

Our Patron, General C. A. Sprawson, C. I. E., V. H. S., has proceeded on leave and our popular Professor of Surgery, Lt.-Col. R. G. G. Croly, has been promoted to act as Surgeon-General.

In heartily congratulating him, we hope that this is only a prelude to a permanency in the future.

* * * *

Our popular Principal and President of the Association Lt.-Col. C. A. F. Hingston, C. I. E., O. B. E., has proceeded on leave.

We may be permitted to heartily congratulate him on his being appointed as Honorary Surgeon to the Viceroy.

* * * *

We welcome in our midst our new President and Principal, Lt.-Col. C. Newcomb who has relieved Lt.-Col. C. A. F. Hingston, and we are sure he will take a keen interest in the activities of the Association and Journal.

* * * *

Lt.-Col. K. G. Pandalai, our popular Professor of Operative Surgery, has been appointed as Professor of Surgery and First Surgeon, General Hospital.

We heartily congratulate him and ardently hope that this arrangement may become permanent and our congratulations are doubly hearty as Col. Pandalai is the

first Student of this College to be elevated to the chair of Professor of Surgery.

This is the first time that an Indian occupies this coveted chair and we may be permitted to congratulate the authorities on their choice.

* * * *

Lt.-Col. G. E. Malcomson, our popular Professor of Medicine, has proceeded Home on long leave. We, as well as many a patient in the Presidency, will miss him keenly.

We are very glad to note that our Vice-President, Lt.-Col. J. M. Skinner has been appointed to the chair of Medicine and to the Superintendentship of General Hospital.

* * * *

Dr. M. R. Guruswamy Mudaliar, President of our Editorial Board, has been appointed as Second Physician, General Hospital, a well deserved compliment to his ability.

* * * *

Our Editors have suddenly left us due to transfers: Dr. P. Kutumbaya has been transferred to our Sister College in Vizagapatam, and Dr. T. Bhaskara Menon to Tanjore Medical School.

We like to record our gratitude to them for the honorary work done by them ungrudgingly for the Journal and Association.

* * * *

We welcome back Dr. Thambaya an old member of our Association and we are very glad to note that he has kindly consented to act as one of the Editors.

* * * *

We are very glad to note that our College Team has succeeded in retaining the Chettinad Shield this year at the Inter-University Sports. We congratulate the members

of the team on their success. We wish them the same success in the Olympic and Inter-Collegiate Sports.

* * * *

We are glad to note from the reports of the Captains of Hockey and Cricket that the College Teams have the best chance of securing the Trophies.

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University Examinations will soon start in earnest and we wish our members success in their examinations.

* * * *

The College course is only the Foundation of a future Superstructure and it depends on the individual member whether he will take advantage of the material available for him to build a strong foundation or not. A strong foundation means an imposing superstructure. A weak foundation can support practically only a hut. That nothing is beyond the reach of the present generation of Medical Students is evident from the recent appointments, provided they fit themselves for them.

Discovery of the Microscope.

M. V. SARMA.

A fresh discovery is indeed a novelty and a wonder and few there are, who would not go through an account of one, without feverish excitement. The average school boy has his own stock of these and he takes great pride in relating these to his fellows because there is always in the human breast that love for the new and the novel. In fact our life itself is a series of discoveries! The new-born babe looks around it in spellbound wonderment because everything that happens around it is a mystery. The first great discovery it makes is the discovery of its mother! This faculty of the babe you may call instinct or whatever you like but the fact is there—it is a discovery—and the effects of that are indeed more far reaching than the discovery of America itself.

Few there would be who would not know something about the great discoveries of the past and fewer still who would not have heard about the microscope. Every one knows that the microscope is a dire necessity to modern science and every University-man, unless he had the misfortune of pitching upon History as his subject, would have had some opportunity or other of using one. But among these, I wonder, how many would have taken the trouble of asking the question "Who discovered this wonderful microscope?" Well, the microscope too had its birth.

Towards the end of the 17th century in the little Dutch town of Delft there lived an eccentric shopkeeper, who was a bachelor too. His greatest pleasure and hobby was grinding pieces of fine glass into lenses and having ground them to arrange them at proper distances in combinations of twos and threes and to look at objects through them. He used to take immense pleasure in looking through his crude apparatus because it showed the objects much bigger than they really were. All sorts of odd articles like wings of insects, algæ, etc., used to go under his microscope and whatever he examined he used to record in fine, neat handwriting and detailed illustrations. He was the first to describe the appearances of many of the formed elements of the body fluids such as spermatozoa, R. B. C., etc. Whatever he studied he used to report in his drolly and

sober manner to the Royal Society in London. This man was Anton Leeuwenhock.

At first the big guns in London turned up their noses at this Delft shopkeeper, but they were careful enough to repeat his experiments and lo! Leeuwenhock did not lie. Though poor Anton had nothing but scorn and riducule from his friends at first, in due time he became a member of the Royal Society and by way of thanks he reported thereafter with redoubled vigor to his fellow members in London.

This is the story of the birth of the wonderful microscope. Besides the discovery of the microscope, Anton Leeuwenhock is responsible for one other thing also. Somewhere in 1697 on a September day, our worthy microscopist was plagued with severe toothache and being unable to suffer, he pulled out the offending tooth and while he was grimly examining the offender he noticed some whitish matter deposited in the crevices of the tooth. He scraped a bit of it and put it under his microscope and the sight staggered him almost! To his horror the field was filled with a mass of writhing animalcules. His joy on this occasion could better be imagined and he reports to his fellows in the following manner. "The number of these creatures is great beyond all expectation, and therewith they are so small that some hundred thousand myriads of them would scarce attain to the size of a large grain of sand." Considering the above, how true is the saying "from small causes great effects spring." So many of us suffer from toothache and so many have suffered from it in the past but it was only given to a poor Delft lens-grinder to find out the cause of that plague.

Ramesh and the Vision.

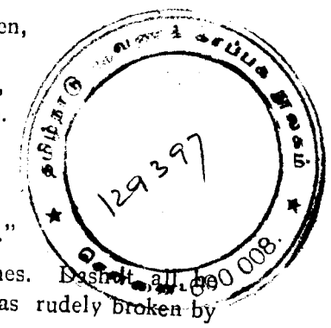
(By M. B. B. S.)

Ramesh walked along the Marina listlessly. The wind blew deliciously, the flowerbeds were a riot of colour; happy, laughing people, gaily dressed, brushed past him. But Ramesh was, just then, immune to the infection of colour and laughter, sand and sea. He muttered some lines from a poem he had recently read,

"I cannot find this Orange Garden fair,:
The dim dishevelled grass is wet and chill,
Desolate, croaking frogs distress the air,
But birds, if ever birds come here, are still.
And when I think I hear your coming feet,
Rustle across the grass and violet leaves,
'Tis but the gardener who fears to meet,
Among the gloom some fruit-attracted thieves."

It was then that the Vision appeared. It passed, and was gone; a Vision of lavender silk sari and the loveliest face imaginable, in a phaeton driving swiftly towards the Senate House in the same direction as he was going. Ramesh's heart song. The colour and laughter around him, the lure of the sand and sea suddenly reached his perception. He quoted:

"Fair, ah, fair, is the sunny Orange Garden,
Secret and shady, scented and green.
Gold, red gold, are the oranges in clusters,
Fragrant and bright in their ripened sheen.
Now the old gardener passes discreetly,
Never upraising his guarded eyes,
For here in the violets, at rest, beside me,
Sweet and consenting, my Loved One lies."



He wished he could remember some more lines. Dash it all, he must see her once again. His string of thought was rudely broken by a thump between the scapulae.

"Hallo Ramesh," said the cheery voice of his great friend Vittal, "you look about as happy as a fish without an eye! Whats' wrong?

Anything to do with your M. fives, or S. fours, or some other of your hospital chaps?"

Ramesh growled. Vittal had spoiled the 'atmosphere' of his garden; "Even the old gardener knows to piss discreetly," he said under his breath. "Well, if one is company to you, I shall fade away," said Vittal, and walked on swiftly.

Then the Vision reappeared, this time walking along the pavement towards Ramesh, and accompanied by an elderly man with waxed moustache and a bald patch round the occiput. They passed Ramesh and left him planning to get another glimpse. He quickened his steps, and a hundred yards ahead saw the phaeton drawn up near the kerb. The coachman was adjusting the harness; Ramesh strolled up to him and asked for a match. "Aw, Yes," said the coachman, and produced that commodity from his capacious pocket.

The amiable conversation was cut prematurely and tragically short by the reappearance of the Vision and the Parent. The Vision got into the phaeton, and the Parent gave Ramesh a fixed stare, and something like a snort, before following her into the carriage. The phaeton jerked forward, and was gone. Ramesh shrugged his shoulders;

"Irony of Fate," he observed dismally,

* * *

Does it need an astrologer to predict that Ramesh would be on the same spot on the Marina the next evening? He was. But the Vision wasn't. As Ramesh returned, cold at heart and with sinking feelings,—wonder of wonders! his friend the coachman was coming out of a tall old-fashioned gateway in Egmore.

"Aw Mister Matchless," the coachman began, "Good evening,"
Ramesh returned the greeting warmly.
"What is your name?" he ventured.
"Aw, Henry."

"O, Henry," repeated Ramesh, thinking of his favourite book by the famous author, "How doth the 'Gentle Grafter'?"

"I don't know what you mean," replied the coachman, "but if it is something abaht them aggericulture, it's nix."

And so the friendship ripened,

"Who is your master?" enquired Ramesh one morning, in the coolness of the stable and the aroma of the hay.

"A perfesser in the Presidency College," answered the king of the stable, "He's in his office the whole day, and comes 'ome only in the evenings. The carriage is used mostly by the young miss to go to the beach." Fate was becoming kind. Ramesh spoke about the sacred subject Love. The coachman waxed magniloquent.

"Under this 'ere rugged khaki coat and breast," he asseverated, "there beats an 'eart tender with Luve's passion and devotion."

Fate was playing into his hands. Ramesh 'explained' and sought help from his ally. O. Henry promised to 'consider the matter,' And, as Ramesh and the coachman shook hands at parting, an aristocratic rupee passed to the proletariat. No magician could have done it better.

* * * * *

A few evenings later Ramesh was again on the Marina, immaculately dressed, scrupulously groomed. A phaeton came driving along, with a young lady inside. The coachman stooped from his seat, the horse leapt and lunged wildly forward. In a second, Ramesh had dashed across the road and brought the horse to a standstill. The coachman jumped down, held the horse by the bit, and patted it. Then he came round to where the girl was sitting huddled up in a corner, frightened, trembling.

"Its orl right miss," he assured, "he would have rushed off sort of mad, had not this young gentleman bravely come to the reskew." And O, Henry got up to his perch.

Ramesh come forward and raised his hat.

"How can I thank you for your brave deed, Mr.—" faltered the girl.

"Ramesh Chander," put in the hero.

"Won't you come up to our house and see my father? He will be so glad to meet the gentleman who saved my life."

A wave of apprehension passed swiftly over Ramesh. He remembered the long, fixed, steely look of the Parent. No gallantry or heroic deed could redeem him in the Parent's eyes, he felt.

"I thank you; but I am on my way to see a patient; I am a doctor, you see. But I shall be only too glad to call to-morrow if you are so kind....."

"I shall be delighted," said the Vision charmingly, "I live at Number 12, Shola Avenue, Egmore. Don't forget."

How well he knew the stable of No. 12! The phaeton jerked forward and was gone. Ramesh walked on air.

* * * * *

Ramesh knew by heart the hours when the Professor would be out; he went to see her always during those hours. Let us draw a courteous veil over a short and sweet period in the lives of Ramesh and the Vision.

One day, walking home from No. 12, he ruminated. He would not, simply could not bear to face the gaze of the Parent once more. But his soul was yearning to make the Vision a Reality, tangible, palpable. His fertile brain was at a standstill as to the next step. His only resource was the coachman.

Amongst the grass and the oats, Ramesh unburdened his heart.

"What abaht on elopement?" suggested O. Henry tentatively, "My father used to say that that was the best business a pair of luvesick creatures can 'onerably do."

Ramesh jumped, and then lay down again.

"But she will never agree," he pointed out, "She won't see why we should do it at all."

"Then don't tell her," suggested the coachman hopefully, "you can plan it all by yerself and take 'er."

Ramesh took the thick hand of O. Henry in his, and gripped it hard.

"You are a wonderful coachman," he said.

Two evenings later, Ramesh was speeding towards No. 12, in a costly sedan. He parked it a little in advance of the gate, and walked up to the stable. The coachman was massaging his horse demurely.

"Is it orl right?"

"Ah!," said Ramesh gaily, "the car is outside, does fifty without a complaint. The Professor is out, isn't he?"

"All serene."

Half an hour later, Ramesh was walking with the Vision to the gate.

"The weather is gorgeous; just the right kind for a drive. Haven't you brought your wraps or flannel or something? You look too pretty for words, today, my Vision," declared Ramesh.

They had come out of the gate and traversed the bend of the road. Ramesh checked a sharp whistle, and clenched his fists. The car was gone.

A white piece of paper under a stone by the roadside caught his eye. He took it and read the untidy, sprawling letters, '*Eskoos the liberty I am taking. But orl is fair in Luve and War. Underneath my plainest khaki there flutters a loving heart. I have my Visions.*'

Ramesh did not know whether to laugh or swear. "A gentle piece of grafting, truly," he muttered.

* * * * *

It turned that the Parent was really not the parent but a colleague of the Professor, who had tried to make love to the Vision, but had been repulsed with heavy losses. The real Professor, whom Ramesh met that evening, was a benevolent, absent-minded man who instantly took a liking to Ramesh. The Professor lost a coachman and a housemaid, and Ramesh won his Vision.

———

In Lighter Vein.*

Doctor.—" He is worse. Did you make the poultice for him ? "

Mrs Patient.—" Yes. But I could make him eat only half of it."

Specialist (In the Refraction room).—"Can you read that ? " as he, pointed out to the board on the wall.

Patient.—" No, Sir."

Specialist(Using a stronger lens).—" Now? "

Patient.—" No, *not a word*, Sir."

Specialist (After several trials). —" Don't be silly, please."

Patient.—" You see, doctor, I never learnt to read at all."

1st man.—" Yob can never trust a woman to keep a secret, can you ? "

2nd man.—" O yes you can."

1st (Surprised).—How is that ?

2nd.—" Her age ! "

Champion Cow.

Teacher.—What cow is best known for the amount of milk it gives ?

Johnny.—Magnesia.

Teacher.—Magnesia ?

Johnny.—Yessum, all the drug stores sell milk of Magnesia.

—*Patchwork.*

A boy was about to purchase a seat for a Matinee show. The box-office man asked " Why aren't you at school ? "

" Oh, it's alright, Sir," said the youngster earnestly, " I've got measles."

—*Outspan.*

Student B. S. (overheard in the labour ward M. H.)—" Partner how many perineums have you torn so far ? "

* The Student Editor M. N. M. thanks the contributors of the ' In Lighter Vein ' of our Magazine.

Partner.—" Why, in all my cases, so far, tear was the rule and not the exception."

Student B. S.—" Why don't you save the perineum ? It is so easy!"

Partner.—" Ah ! Is it, I thought tear was almost unavoidable. Henceforth I will be the *Saviour* of the *Perineum.*"

—*Current Topics.*

Flirtatious girls make very poor teachers.

Naturally. If they can't make their eyes behave, they can't make their pupils behave.

—*Arkansas Gazette.*

Barber.—Did I shave you ever before, Sir ?

Customer.—Yes, once.

Barber.—But, I dont remember your face.

Customer.—No, I suppose not, it is all healed up now.

" Good morning, Mrs. John," said the doctor, " did you take your husband's temperature, as I directed ? "

" Yes, doctor, I borrowed a barometer and placed it on his chest ; it said ' very dry,' so I bought him a pint of beer, and he is gone back to work."

Visitor (To oldest inhabitant of the village).—" To what do you attribute your old age ? "

Old Inhabitant (Thoughtfully).—" Well I was born before these were invented."

Mrs. A. (to Mrs. B.)—" What about Dr. Hicks ? Is he moderate in his charges ? "

Mrs. B.—" Yes. He tries his best to bring illness within the reach of us all."

A.—" I generally take aspirin to clear my head ".

B.—" I see, a sort of vacuum clearer, eh ?"

A Scotsman presented himself at the out-patient department of a London Hoopital and showed his cut cheek to the Surgeon.

" Done while shaving, I suppose," said the doctor. " You will want me to stop that for you ? "

"No, necessarily," replied the Scot, "I was just wondering how much ye paid for blood transfusions."

Father.—What is your rank in the class.
Son.—Second.
Father.—What is the strength of your class.
Son.—Johnny and myself.

"How is it you have so many sweet hearts?"
"I sprinkle petrol on my kerchief and they think I own a car."

"The planes which are now the sport of the rich may one day be within easy reach of the poor, and perhaps we college girls might be flying to our college." Oh, what a hope, dear! —*Sunflower.*

"Have you noticed how Rodriques has altered since he was married?" He doesn't drink, smoke nor swear."
"No, his wife does it for him."

(Marconi has achieved the transmission of 4,000 words a munite.)
"My dear Marconi, I have an apparatus that will easily beat that!"
???
"My wife's voice!"

Anxious Father.—I hear Ramson is not all a nice boy. I want you to keep as far away from him as possible.
Son.—I do father, he is at the top of the class.

Captain.—The pudding you made is very hard. Where did you get the flour?
Cook.—From the bag behind the door.
Captain.—I thought so! That is portland cement!

Wife.—"Fetch a doctor! Quick! I have swallowed a halfpenny."
Husband.—"What! make me waste ten shillings over a halfpenny."

"You are quite drunk"
"I know I am, but it will soon pass off. But you are a fool, and that will never pass off."

Howlers.

Spinster is the wife of a bachelor.

Nitrogen is not found in Ireland, because it is not seen in a free State.

If a man marries only one wife, it is called monotony.

The doctor who looks after your eyes is called an optimist.

A skeleton is a man with his inside out and his outside off.

Scientists are of opinion that Noah could have profitably left out the pair of Influenza germs from his Ark.

Lumbago is a mineral used for making pencils.

The animal which possesses greatest attachment for man is woman.

A blood vessel is a man's life boat.

Anaemia is not having blood enough, but you have enough to bleed as much as anyone else if you cut your finger.

An appendix is a portion of a book which nobody has yet discovered to be of any use.

Doctors now treat patients with ultra-violent rays.

The larynx is a voice box which shuts when we swallow it.

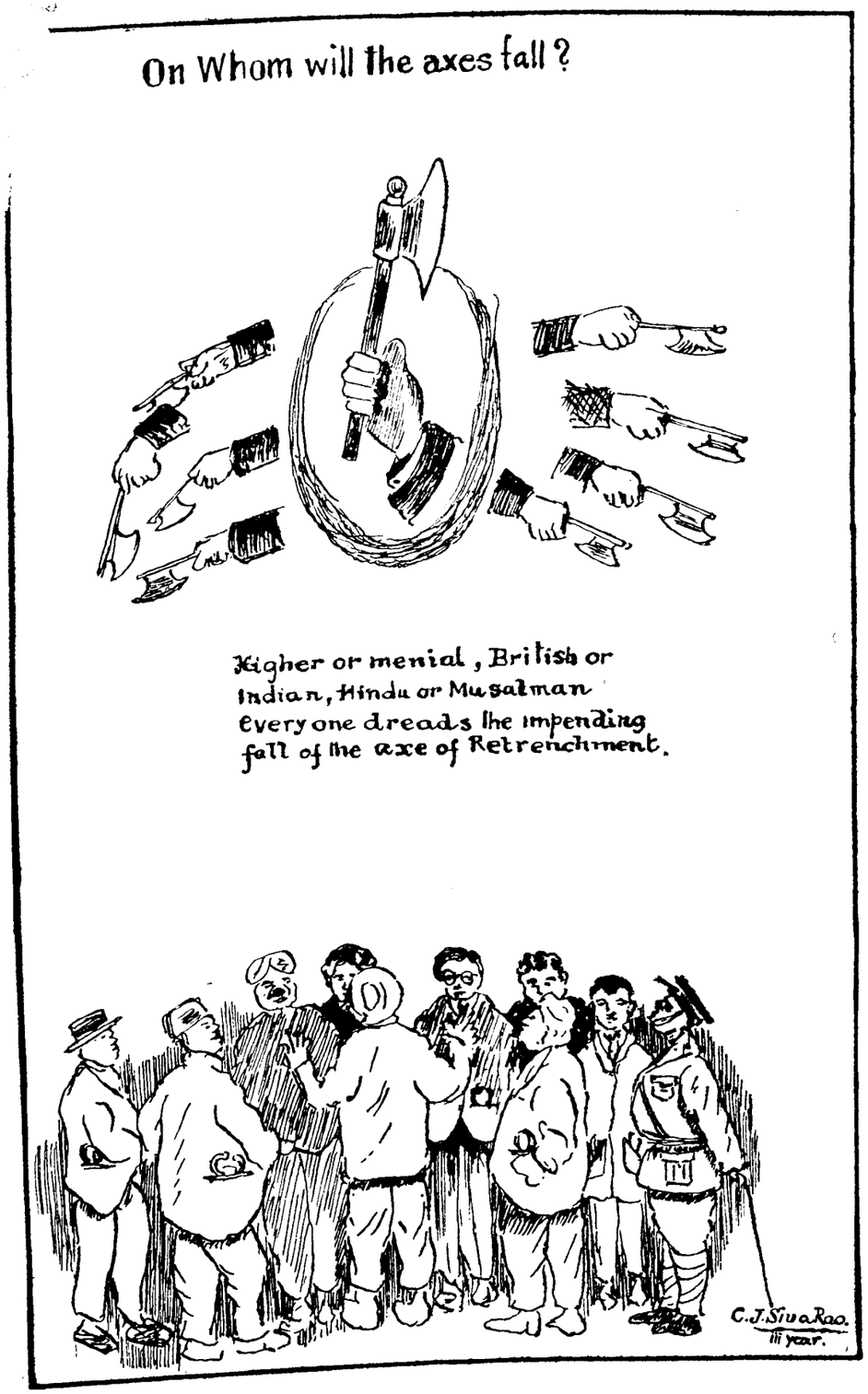
A marriage wager.

A man in New York recently laid a wager that he would woo, win, and marry within an hour a young lady whom with his companions he had just seen arrive in the hotel where he was staying. He introduced himself to the damsel, she smiled upon his suit, and a minister was called in and they were married in an hour. The wager of no inconsiderable amount was handed over to the bridegroom who left with his bride the following day. It was shortly after discovered that the couple had long been married and had been playing the same tirck at various hotels.

Disillusionment.

By H. S. (E. N. T.)

I sent her tonsils to the men who sleep
With microscopes beside them,
And wrote, 'Take these, of all the motley heap
The fairest, and divide them
Into a thousand sections, stain them well,
(Though stainless she who owns them),
Then use your finest lens and try to tell
Of her who now bemoans them.
And thus, I thought they would reply, : ' It seems
That we could write a treatise
Upon these tonsils,—even in our dreams
No structure quite so sweet is.—
And we can guess the charm of eyes and face
With which their owner dight is,
The longed-for answer came to-day; it says
Just, '**Chronic tonsillitis**.'



Reflections of the Student Editor.

An apology.

A word of explanation is due to our readers for the undue delay in the appearance of this number of our magazine. The Secretary has, in his ' Association Notes,' rightly thrown the whole blame on *retrenchment* which has indirectly effected a change in our editorial staff also. Due to unavoidable circumstances, the last issue also saw the light of day a bit late. We regretfully realise that a vicious circle is forming ; but we fervently hope to break it up at once, and to present the next issue in the beginning of the new year.

The change.

The change in the editorial staff has already been referred to. Our present Editor, Dr. N. Mangesh Rao, is not a stranger to our Association or to our Magazine. He was Associate-Editor for a long time, and has subsequently adorned the Editorial chair also. Dr. Thumbiah, who has liberally consented to shoulder the responsibilities of the Associate-Editor, comes into our midst after a pretty long absence abroad in pursuit of higher professional studies. Circumstances have cruelly snatched away our previous Editors, Drs. Bhaskara Menon and Kutumbiah, from us, and though we have lost their active services, we are sure that the progress of our journal will continue to interest them, and we earnestly hope that they would make their presence felt through invaluable contributions to our succeeding numbers.

The ' Axe ' again.

We have learned with deep regret about the decision of the authorities to withhold many scholarships and stipends from deserving recipients, who have been thereby caught by their neck unawares and thrown into inextricable difficulties. There is also, we fear, a likelihood of enhancing the existing College fees, and imposing it even on those who have been customarily exempted from payment. The explanation is, of course, to be found in the inevitable ' Axe ' which Mr. C. J. S. has artistically depicted elsewhere. We appeal to the authorities to rise to the situation and revise their decision.

A new Era.

The generous gesture of the Madras University in throwing open the door to our less fortunate brothers and sisters of the medical schools is a welcome announcement, a good omen, and a source of great happiness to us. While the details of this adjustment have been criticised by some, there is no doubt that the University has inaugurated a new era of medical reform in this Presidency. Now that the unhappy relations are broken up, we sincerely hope that our brothers and no less our sisters, will lose no time in showing their 'metal' by successfully coming out of the University. We take this opportunity of congratulating the courageous reformers on the generous strides they have made in the progress of medical education.

An Experiment.

'Old order changeth, yielding place to new.' The medical world is no exception to this saying. The 'paid' system is to be gradually replaced and improved by an 'honorary' system. Though this is not a new and original scheme, prevailing and flourishing as it does in the West and elsewhere, it is fairly new to us. It is understood that the experiment will first be tried in the Royapettah hospital. The energetic, philanthropic, and highminded among us have ample scope in the future!

Victory is ours!

In the previous issue, our College sportsmen had our best wishes for success in their various activities. We are glad we have not wished them in vain. They have won the Chettinad shield this year too. We heartily associate ourselves with the Sports Secretary in his congratulations rightly expressed in favour of all those who were responsible for maintaining our reputation in the athletic field, notably Mr. D'Costa, our college champion of the current year.

A suggestion.

The response made by our 'junior' friends to a previous request is encouraging. Contributions have flowed into the Editorial office, and it is hoped that this interest would be redoubled for the next issue. There is only one suggestion (rather an appeal) to make, and that is to send the contributions in the most legible hand possible or better, if not inconvenient, to type them.

An unavoidable ordeal.

We are all within a few days of our respective examinations. Examination is an unavoidable ordeal for all, painful to many of us, irksome to others, disagreeable to not a few, a nuisance to some, and a rejoicing to a negligible fraction. Whatever it is, every one of us shall face it, and on this critical eve we can only wish each other well, and hope for the best.

M. NARAYANA MENON,
Final Year.

What the Bugle Says.

Cookhouse—

Come to the cookhouse door, boys;
Come to the cookhouse door.

Revielle—

Get out of bed, get out of bed, you lazy devils;
Get out of bed, get out of bed, you lazy devils.
Get out and get on parade.

Warning for important parades—

" Warning for parade—there's half-an-hour to go
To get good trim;
Half-an-hour before the bugle sounds 'Fall in';
Although there is a lot to be done.
Shave, wash and clean the old gun;
Everything's done at the run.
Listen! hark! its's the same old remark.
That was heard in the ark.
Half-an-hour, half-an-hour, warning for parade."

Gee or single blast—5' before "fall in"—

" Fall in A, fall in B
Fall in all the compan-ee."

Fire alarm—

" Fire, fire, fire; fire, fire, fire, fire, fire, fire.
Double up, double up, and get in parade."

Fatigues—

I called him, I called him;
He wonldn't come,
I called him; the beggar wouldn't come.

Parade for guard—

Come and do a duty, boys; come and do a guard.
It isn't very easy, nor it isn't very hard.

Urgent call for pioneers—

Pioneer, pioneer, pioneer, pioneer there's dirt
dropped on the square;
Hurry up, hurry up, hurry up, hurry up, for no
sake don't leave it there.

Call for officers—

" Officers, come if you please;
Officers, come if you please;
Officers, come if you please;
One, two, three.
Officers, come if you please;
Officers, come if you please;
Come right now."

Dismiss all parades—

There's no more parade to-day;
There's no more parade to-day;
The Colonel and the Adjutant have gone away to stay.

U. T. C. Notes.

We begin this year with rather more than the usual number of vacancies and a wondering disquietude as to their being filled up since the enthusiasm for the U. T. C. has been slowly waving. Our Principal comes to the rescue and in the end we have a respectable total—still understrength but sufficiently healthy.

Regular activities commence about the first of August and the end of the month sees us under good headway, though our Arms' drill still lacks some of the finer finishes that make all the difference between a win and a bad second.

Like the gathering of clouds, the companies gather on the plains of Pallavaram, the bayonets flash in rhythmic movements, the S. S. I.'s roar, the bugles blow and the torrent of parades begin. The physical jerks start the day and right through till noon, the noice of the section commanders are heard punctuated at intervals with the staccato outcries of the unders or above officers. Oh, how one wishes for an occasional respite of attending the Quack's Parade or be an M. O. not the Medical Officer, no thanks, not that it is a bad job to give a chap a dressing, a pill and send him off, to duty minus boots, but why do even that,—I mean only the medical orderly. But hard work well done has its own compensations and then in the evenings we have regular games. The Inter-company Football and Hockey Leagues are played in the evenings but our successes on the field are none too great or many. We lose both but still are cheerful hoping the morrow to bring us better luck. The last post sounds and we soon forget in slumber the weariness of the day, the unnecessary musketry parades, the fatigue of the fatigue parties and the unpleasant remarks if any—thank God there were very few—of the senior N. C. Os. or officers.

Long before the early morning Reveille is sounded, we hear a solitary voice coming as if from the far off wilderness and we scramble out of our beds blinking at the smoky lantern and the little C. S. M. in all the glories of Soaped face, a tin can and semi-barbarian costume. We swear, of course, within ourselves, curse the country that brings forth these C. S. Ms. but still duty is duty and we are ou tin a trice,

everything inside the barracks being well tided and ourselves dressed smartly. Then come the whole lot of them—the unders, the probationers and the regular officers, praising or telling us off according as we have been early or late for parade or according as the Barracks Room has been cleaned up or not. Fortunately the Barracks are always clean and we have always been smart on parade and thus the first week of camp ends.

The excitement begins and the camp is seething with it. The Route Marches are at an end, though I am still wondering as to which has been the shorter, and only the memory remains behind that 'A' Company's marching has been commended. The cross country run starts, with the state joke of the late pass ringing in our ears, hundred and twenty of us rush or walk, many preferring the latter, and finishing early or late. Luckily nobody swoons on the way, nor are the late passes required.

The Southern Brigade Area Commander Major General Newman inspects us during camp. Every one is nervous but the kindly smiling face of the tall figure with the slight limp soon puts us at our ease and we really surprise him and our own commandant by our brilliant tactical exercise though some of us would still insist on lying in the open--to slow off our bravery perhaps—when a good cover could be had a few feet to the side. A couple of days later the Area Commander visits us and he also expresses his satisfaction at our good work.

In the Ceremonial Drill competition we come only second, but our gallant eight—the fatty and smart corporal included, carry off easily the Guard Mounting cup which has till-now been evading us. The vagabond has been caught, but the one which has been almost a sort of birth-right to us—the Tug-of-war cup plays the truant.

The camp over we return to Madras, back to old Madras and back to the careworn surroundings. Fifteen days of supreme freedoom from all thoughts of studies, books, lecturers or examinations are at an end and one feels really sorry. The food might have been better someone grumbles and of course it could have been but one never gets all the luxuries of life. There is a surprise in store for us. To our dismay we find the parades have increased in number after camp unlike the previous years, but parades in themselves being never tedious, none of us have the heart to grouse.

"A RECRUIT."

Association Notes.

It may sound paradoxical to our readers, if we say that *retrenchment* was the main cause of the long delay in publishing the second number of our magazine. Passing through the severe ordeal of a stringent scrutiny by the retrenchment committee, the medical department, as everybody knows, got the brunt of the retrenchment scheme. This of course necessitated to a certain extent a change in the old order, giving place to new. Some of our newer men, suddenly found themselves, facing premature retirement from service; and their places were taken up by older men. This readjustment had a very deleterious effect on the magazine committee, as our two popular editors, Drs. Bhaskaramenon and Kutumbiah were snatched away from our midst. Need we mention what such changes in the editorial staff mean to our magazine? It will not be out of place here to place on record our sincere appreciation of the services rendered by the two eminent outgoing editors to the cause of our Journal.

Moreover, the retrenchment scheme prevented some of our junior members of the Staff who had promised to contribute to this issue, from redeeming their word. When they perceived that the sharp axe of retrenchment was swinging over their heads, on a slender thread, the stability of their equilibrium was very much disturbed. What with the anxiety of those days, what with the colleagues in impending distress congregating together, and what with the drafting of petitions, and deputations to the Surgeon-General, they could ill afford to spend a few calm moments to apply themselves to writing an article. Now that the anxiety and excitement of those troubulous days have waned away, and that a feeling of security has been infused into them, we hope that they would redeem their word, by writing for our next issue.

We are trying our best to satisfy the rank and file of our College, by introducing more of light articles, at the expense of the scientific treatises. To such as those who are imbibed with strict conservative principles, it might look a thorough revolution. Nevertheless, we are striding fast to make this organ of our Association, a mirror to reflect the life of our students. This being the transitional period we cannot possibly cast off the old cloak all on a sudden, and don the new. We

have had no difficulties in getting articles from the students, though our athletic club, and U. T. C. people could be more prompt. In fact, we could not publish all the articles we received from the students for fear of swelling the size of our magazine. If we compliment the student members on their prompt response, it is with a view to give them more encouragement for the future and not to make them hibernate with a feeling of satisfaction that they have achieved the ideal. Remember R. L. S's dictum "an aspiration is a joy for ever" Let us keep on striving for the ideal.

Dr. Mangesh Rao and Dr. Thambiah are our new editors. They need no introduction to our members. Dr. Mangesh Rao has been connected with our magazine in the past and we are assured of a safe sailing of our journal, when it is in such expert hands. In their enthusiasm to compliment others, it is not unusual with editors in general to deliberately forget to compliment themselves. We realise the value of their ready acceptance of the onerous offices of the editors, for, at a critical moment they came to our rescue and saved us from sinking into despondency.

We welcome our new president, Col. Newcomb, and we are sure that our Association will always receive the same sympathetic attention and consideration it received from Col. Hingston.

G. P. RAYEN,
Secretary.

Revelations of a Third Year Student

H. Sumitra Rao III Year.

We are told in the Roman Histories that Julius Caesar, potentate of Rome, crossed the River Rubicon, which served as the boundary line between his Empire and that of his formidable rival Pompeii, with the words "The die is Cast and the Rubicon crossed". Even so, the second year student crosses 'Hell' with the words 'The bother is over and the II year passed. But gentle reader! never for a moment think it is all a bed of roses. We are again told in the Greek mythologies that Orpheus tried to redeem his lost wife Euridice back to life from Hades by

"Such notes as warbled to the string
Drew iron tears from Pluto's Eyes
And made Hell grant what love did seek".

Such is the lot of a second year student. He has to warble such notes as to

"Draw iron tears from Examiners' eyes
And make University grant what efforts do seek".

He crosses at last the Rubicon and Hades (The Anatomy Theatre) and enters Paradise (General Hospital) where he is shown visions of Elysian pleasure even as the Guiding Angel showed Mirsa the 'Happy Isles'. He leaves the 'Dead theatre' with its woe-inspiring influence and the Physiology Department teeming with its ascending and descending tracts and joins the happy band of hospital students.

The pilgrimage from the college to the hospital is a matter of some consideration. The short cut is through the ladies' common room but we don't propose to trespass the '*Via sacra*' of the Fair Sex. Instead, we choose to take the circuitous route through obstacles and windings of a break-neck character. Prizes are offered for obstacle races but we regret to note we are not offered any for our obstacle pilgrimage every day which we are obliged to undertake at the risk of our neck like the pilgrim in the 'Pilgrims' Progress' trudging his weary way along. We wish the authorities concerned would take it into their heads sufficiently early to take steps and measures to remedy this defect.

The first symptoms of a III year student are a clean-shaven face, well-brushed head, tip-top suit, tic-toc shoes, stiff-necked collar, (he can't bend his neck thereby) a chequered tie and a coloured handkerchief to match. But, most important is the Stethoscope which dangles a yard out of his pocket and marks him off sharply from his 'less fortunate brethren'—(as our popular Physics lecturer used to call the brethren of Group II.) He looks down from his Olympian heights upon his lesser brethren, brushes past with a smile of condescension, enters the wards, walks in a staggering gait sticking his chest forwards (lordosis in anatomical language) all the while bubbling with an air of 'Superiority Complex'.

During the first term the New-Comer is placed under the guidance of the Senior student who frightens him out of his wits with 'Auscultation, Percussion, Disdiadokokinesis'—

"Words of learned length and thundering sound
Which amazed the gazing rustics ranged around
And still the patients gazed and gazed and still their wonder grew
How that one small head could contain all he knew'.'

The senior student wrinkles his brow, screws his lips to its wisest corners, palpates the abdomen, percusses the chest and writes the case sheet with an air of threatening silence, as if there is something serious or at least there should be! This step is so calculated as to impress upon his junior the importance of the off-quoted adage 'Silence is Golden, speech is silvern!' The junior who by this time feels himself like fish out of water at this irksome indifference, stares at his senior in vacant stupidity unable to comprehend the meaning of 'Rales, Rhonchi and Crepitations' which he heard being muttered by his senior with his colleagues. But the novice does not worry himself much now. He tries to spend the time as an year of relaxation to compensate for the stress and strain of the preceding years. He walks round the corridors, gets himself acquainted with the nooks and corners of the General Hospital, eyes people, askance all the while the stethoscope dangling a yard out of his pocket. We are told in Mythologies of yore that Gods were invested with particular weapons—Arjuna with Gandiva, Rama with Kothanda, Shiva with Trishula and so on. Even so the student in the hospital is proud to show off his emblem of a stethoscope.

'Vanity' saith the preacher 'vanity, vanity—all is vanity'.

The case-sheets having been written, are hung up and the House Surgeon jots down on it his investigation of the patient's blood, urine, motion and sputum'. The Boss enters and the students rally round him especially the Final years who push the third years back and station themselves before the full gaze of the 'Boss' to hear his inspiring clinics. The prospect of an impending University Examination and his being one of the examiners adds value to their movements. It is envious to note how the slightest nod of his head or a twitching of his lips makes these people dart off at angles to cater to his intentions. The 'Boss' reels out his Diagnosis, Prognosis, Treatment and complications of the disease; the patient instinctively raises his arm and the House Surgeon standing erstwhile in deferential awe, writes down the prescription in his Doomsday Book. The Bible quotes the parable of the "sower and the seeds" in which some seeds took root and survived and some have died; even so the patients have meekly submitted to all treatments and ate all the Hospital powders, pills, lozenges, electuries, and mixtures and some have recovered and some have silently crept to rest. We then pass round from bed to bed and by noon we again come back to the starting place both from the point of knowledge and the bed number. The 'Boss' wheels back home in his car and we to the MacGrath Cafe to cool down our spirits (rendered hot by long-standing in the Wards) with a cool drink, or to wash down the gullet the mortifications of the day with a large draught of hot coffee or exhale them off with a puff from the 'Gold Flake' cigaratte.

I can't much amuse you with my 'Lecture' impressions except that the Lectures are prosaic and stereotyped as usual. One disappointing thing is that we are hurled down from the aerial heights of the Anatomy Theatre. It is remarked by Dr. Johnson that Fancy expands at higher heights by virtue of rarefaction of atmosphere, it having a wider range for its activity; even so we wish our Lecture classes were held in some aerial heights so that our dormant imagination may be stimulated into activity and run riot and help to contribute some pleasing articles to our College Magazine which is stigmatised to be professional and hence boring.

Thus far are some of the 'Revelations' of a III year student, which might excite in you, gentle reader, a train of pleasing reflections, especially after a heavy meal, when the alkaline tide has set in and the oxidative processes are at their maximum, to produce in you a sense of exhilaration and well-being. Cheerio.!

Athletics.

The Intercollegiate Tournaments.

The hopes and aspirations, we gave expression to, on a previous occasion, have been realised, atleast in so far as our hockey and cricket are concerned. We can now with certainty say that the hockey cup and Pennywick shield for cricket will adorn our shelf this year. We will be more molest towards the football cup: for though we are ahead of all the other city colleges, a decision could be arrived at only a few days hence, as there are three more matches to be played.

The Chettinad Shield.

It is said that it is more difficult to maintain a good reputation than to achieve it. We won the Chettinad shield in the Inter-University sports, last year, when it was first given. This year we launched out to defend the title, and we got it back by an easy victory over the other competing institutions. Our sportsmen are really to be congratulated, for, despite the impending University examinations, they came up to Chidambaram, to uphold the prestige and honour of our Alma Mater. Our Vice-President, Dr. Ramakrishnan's well known enthusiasm for Sports, was demonstrated in his accompanying our team to Chidambaram and providing us all comforts, using his influence with the Raja of Chettinad, who honoured us by taking us as his guests. While at Chidambaram, we were not to drift for ourselves—all our comforts were looked after with the utmost scrutiny, and nothing was wanting; in fact we were treated like the state guests of the munificent Raja of Chettinad. We take this opportunity of thanking the Raja Saheb, for his very kind hospitality he extended to us, and our Vice-President who was solely responsible for gettting us all conveniences.

D'Costa our marvel sportsman was as usual the brightest star of the day. Out of a total of eleven individual events, he entered for as many as seven, coming out first in five of them. In the other two, which happened to be his favourite events, he was placed only second. This shows clearly that like every good sportsman, he regarded his own personal glory as only subsidiary to the honour of our college. He has amply earned the gratitude of the college.

Denton's outstanding personality was the wonder of the whole country-side. A surging mass of ignorant but admiring peasants were always tailing him; and their wonder knew no bounds, as he put the shot to a distance of 34 ft. 6 in.

Mc'Innis too largely contributed to the success of the college. Entering for six events, he came out first in 100 yds. and 440 yds. dash. Out of the 68 points the college got, he was responsible for 18 points.

Annamalai University Sports.

(TEAM SCORE) / Names of Competing Institutions.	Track Events.							Field Events.					
	100 Yds. Dash	220 Yds. Dash	120 Yds. Hds.	220 Yds. Hds.	440 Yds. Run.	Mile Run.	Relay Race.	High Jump.	Long Jump.	Hop, Sp. & Jp.	Pole Vault.	Shot Put.	Total.
1. Annamalai University ...	...	1	...	1	4	4	3	...	...	1	4	...	18
2. Findlay College ...	...	...	...	...	...	5	...	1	...	...	...	...	6
3. Madras Medical College.	8	8	6	8	5	...	5	3	6	5	5	9	68
4. Saidapet Teachers' College ...	1	...	3	...	...	...	...	5	3	3	...	...	15
(Individual Score.)													
Name of Competitors.													
D'Costa ...	3	5	5	5	...	...	...	3	5	5	5	...	36
Mc'Innes ...	5	3	1	3	5	...	...	...	...	...	...	1	18
Fonseca ...	...	...	...	...	...	...	...	...	1	...	...	3	4
Denton ...	...	...	...	...	...	...	...	...	...	...	...	5	5

The Presidency College Tournament.

We have entered our teams for their football, hockey and cricket tournaments. Though we have lost our chance in football, our prospects in the other two tournaments are bright, unless a deliberate mishap comes in the way.

P. Z. Abraham,
Sports Secretary.

CRICKET.*

The Medical College Cricket XI has been as successful this year as it was in 1930. Of the seven inter-collegiate matches played to date six have been won outright and one drawn—so we are well ahead of all rivals for the Pennywick trophy. Appended are results of inter-collegiate matches.

Vs. Presidency, 145 for 5 against 253 for 8. (Garson 38, C. Pereira 28, Gonsalvez 25, D'Costa 21 not out.) (Chan Sahib 2 wkts. for 13.)

Vs. Christians.—108 (Garson 51, Chan Sahib 22.) (F. Martinus 4 for 16. Chan Sahib 4 for 33.)

Vs. Law College.—107. (Garson 15, F. Martinus 27.) (Martinus 3-23 Chan Sahib 3-38.)

Vs. Engineering College.—138 for 7 against 121. (F. Pereira 42 Chan Sahib 30, D'Costa 20.) (Chan Sahib 3-18, Garson 5-21.)

Vs. Pachiappas.—147 against 70 (D'Costa 38, F. Pereira). 28 (Martinus 2-18, Wilkinson 3-8.)

Vs. Presidency.—84 against 54. (Gonsalvez 23. Dr. Bhandari 22.) (Martinus 4-18, Chan Sahib 3-19, Bhandari 2-16.)

Vs. Christians.—69 against 66 (C. Pereira 16.) (Martinus 2-13 Wilkinson 2-5, Bhandari 3-10.)

Good bowling has been the chief factor in our success so far, and Martinus, Chan Sahib, Dr. Bhandari, Wilkinson and Garson have all done their share at various times in this department, while Dr. Bhandari's fielding is too well known to need mention.

*[The hockey and football notes have not been received. We hope to publish them in our next issue.—*St. Editor.*]

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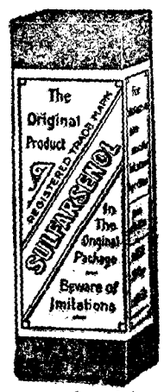

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