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The Medical Practitioner

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THE

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THE HONORARY SYSTEM OF MEDICAL SERVICE IN GOVERNMENT HOSPITALS

(Continued from previous Issue.)

STAGE II

In the last issue of our journal the First Stage of the substitution of paid officers by honoraries in the hospitals of the city of Madras and District Headquarters and Civil Station Hospitals was considered. As mentioned by us that arrangement may be given effect to immediately. The Second Stage dealt with here below refers to the replacement of paid officers in all other hospitals in the mofussal wherever qualified practitioners are available and willing to take up the honorary appointments.

HOSPITALS.

From the administration reports of the Civil Hospitals and Dispensaries, it is not possible to make out which are hospitals and which are dispensaries and the difference between the two. The heading of Column I in the Statements of A & B is given as "Name of Dispensary" and under it are included all medical institutions, hospitals and dispensaries and it is not known what are classes A, B and C as no key is found explaining them in the reports. We take it, however, that hospital means where there is provision for in-patients and dispensary means where only out-patients are treated. There are in this province 264 hospitals, mostly maintained by the Government excluding the hospitals in the City of Madras and special hospitals for Women and Children, Police, Leper, Tuberculosis and Mission hospitals. Deducting 32 hospitals which are the hospitals at the District Headquarters and Civil Stations there remain 232 hospitals in all mofussal stations mostly taluk headquarters. Out of these, there is accommodation for 10 or more in-patients in only 92 and most of the rest provide accommodation for 2 or 3 in-patients and each look like dispensaries with temporary provision for emergency casualty cases. If an institution is to serve the purpose of a hospital there must be accommodation for at least 10 patients. We have in our previous issues pointed out that the unit of medical relief by the Government should be a hospital, until philanthropic persons come forward to open and maintain hospitals. The treatment of out-patients should be left to private practitioners and to rural medical staff. In our last issue we published the resolutions passed by the Council appointed by the British Medical Association to enquire the question of treatment of out-patients in hospitals. A perusal of them and our comments thereon, will show that besides the waste of money involved thereby there are distinct disadvantages both to the patients and doctors concerned. About 230 taluks exist in this province and in about 32 of them, the District Headquarters and Civil Stations are located. If proper treatment is to be given for severe illness provision should be made in the remaining 198 taluk hospitals for accomomdating 10 or more patients. If however taluk headquarters be near a town or city there is no necessity for a hospital at such a taluk headquarters. It is therefore not necessary to open any more new hospitals, and some of the existing hospitals may be closed to provide each taluk

with a hospital. For a hospital to be useful, provision should be made to provide accommadation for 10 or more patients in each. This can be easily done with very little cost. Having discussed about the responsibility of the Government regarding hospitals we shall deal herebelow about the staff required to run them.

DISPENSARIES.

The institution of dispensaries for the treatment of out-patients from public funds is peculiar to India and is similar to the feeding of the beggars which only encourages beggary rather than putting an end to it. However much these dispensaries may appeal to the imagination of the simple minded and whatever it may mean to private individuals who are benifitted by these institutions there can be no justification for fritting away public money in such a way. No feeding house or chattram for feeding the poor is maintained by the Government or from public funds. Similarly no dispensaries which serve only like Chattram to the sick should be maintained at public cost. The opening and maintaining of dispensaries out of public funds are objectionable in several ways. As regards the patients themselves there can be no time for making correct diagnosis and hence the treatment must necessarily be unsatisfactory. As a large number of patients attend within a limited time, it is not possible for the doctor to examine each patient exhaustively and watch the results of his treatment and thus his power of observation and capacity to weigh each symptom for arriving at correct diagnosis become dulled and he becomes a machine for writing out prescriptions at random. It is not possible in a large dispensary to write out a rational prescription for each patient to relieve his condition, indicated by special symptoms and had it made. Stock mixtures containing ingredients all of which may not bo indicated for each patient have to be used. It is also well-known that the generality of the people in India appreciate the surgical and obstetrical treatment of the Western Allopathic System of Medicine and therefore there is some justification for the Government to spend money from public funds in the hospitals to which public resort for surgical and obstetrical help. As for the treatment of medical diseases by drugs a large portion of the public prefer indigenous system of medicine and to spend public funds in the dispensaries for Western Allopathic System of Medicine is not justifiable. Money spent on dispensaries in Rural areas is justifiable temporarily till the people appreciate qualified medical aid. The most important objection however, is that when the Government is extending the system of honorary appointments in hospitals in conformity with the practice obtaining in other civilised countries and in view of the retrenchment in Government expenditure now under investigation, facilities should be thrown open without any hindrance for these honoraries to earn their livelihood by private practice and the running of dispensaries from public funds will surely go against the interests of these honoraries with reference to their private practice. All dispensaries either wholly supported from public funds or government grants should be closed gradually as medical practitioners come to settle down in villages and smaller towns. Local Boards and Municipalities should not spend money from public funds for these dispensaries, The practice of permitting Local Boards and Municipalities to open dispensaries which many of them do to gain cheap popularity and at the same time extend the system of honorary appointments in mofussal hospitals cannot go together, as the one is incompatible with the other. It is only in exceptional cases as in endemic malarial areas, special dispensaries may be opened from out of public funds.

HOSPITAL STAFF AND THEIR DUTIES.

The state-paid medical officers necessary in the Presidency hospitals and the hospitals at the headquarters of the district and Civil Stations where there are facilities for the entertainment of Clinical Assistants have been set forth already. As regards the hospitals in taluk headquarters, the strength of the staff required for each hospital should be first fixed. As long as there are practically no women practitioners in mofussil stations and as their services are much needed in each and every hospital one woman doctor should be appinted. She should be invariably in sole charge of the hospital and in places where male private practitioners are available for honorary service there is no need of another male paid medical

officer. In hospitals where there is provision for more than 20 beds, there should be two paid medical officers one male and another female both of the same grade of pay now given to Sub-Assistant Surgeons, the former being the Resident. The chief medical officers for professional work should be honoraries wherever possible and the administration of the hospital for non-profession work should be looked after by the paid medical officer. Honoraries are now appointed for several hospital in mofussil stations. All these may replace the paid medical officer in charge and as private practitioners become available in other stations, they may be appointed honoraries in place of the paid men.

The duties of the honoraries appointed in the several hospitals in the city should be the same as those of the paid officers they replace. Some of them should also be appointed members of the Civil Medical Board. As regards the honoraries who have to replace the paid officers in charge of mofussal hospitals, their duties should be confined to the professional side of the work of the institution. For the maintenance of records and accounts, preparation of periodical returns and the internal management of the institutions the paid medical officers in those hospitals male or female should be made responsible.

The honoraries should be always available in case of emergency when requisitioned for help by the paid staff of the hospital and it is expected that the honoraries and the paid staff will mind the welfare of the patient they have to treat conjointly and not grudge helping each other in the most cordial and co-operating spirit worthy of the noble profession. Medico-legal work including Post Mortem examination in the State hospitals should usually be done by the paid staff but in their absence, the honoraries should do the work and have to be paid for. Similarly medical certificates for Police and other cases may be granted by the honoraries in the absence of Resident Medical Officers in such hospitals. A schedul of fees for such work should be published for reference. Where there are conveniences for quick traffic the paid assistant surgeon attached to the District hospital may be made to go out for performing the post mortem examinations and if feasible, in some districts a Civil Assistant Surgeon may be appointed specially to conduct the postmortem in the whole district.

ANTI-LEPROSY CAMPAIGN.

Dr. Muir, the Leprosy Research Worker at the School for Tropical Medicine, Calcutta, estimates from a careful but limited Survey made up till 1929 that "There are between a half and one million lepers in India". We would say that this is a modest estimate; the actual figure may exceed one million, yet, the Government in this country was in need of an inspiration from an outside body the British Empire Leprosy Relief Association to start Anti-Leprosy Campaign in right earnest.

If one goes through the early history of Medical Relief in any country, he will invariably find that it was part of the functions of religious institutions. Medical Science always followed Medical Relief and with it, the Scientific Medical profession. If Leprosy which was till sometime ago considered to be one of the incurable diseases, is now thonght of otherwise, it was purely due to the work of the missionaries. The miserable lot of uncared for poor lepers induced different missionaries throughout India to shelter them in asylums where the soul and not so much the body was taken care of. The research in the treatment of Leprosy conducted by Sir Leonard Rogers with the Hodnocarpus oil compounds and the intensive work turned out by his apostle Dr. Muir did since turn the minds of many a thinking missionary and one such distinguished person conceived that the body of the leper should receive their attention more than the soul. This Missionary was able to get the patronage of H.R.H. The Prince of Wales to start an association called, The British Empire Leprosy Relief Association in London in 1923. The field of activities of this Association covered the whole of British Empire as the name of the Association indicates. The Vice-Presidents are the Secretaries of State of Colonies, Foreign affairs; Secretary of State for India, and the Heads of Administrations in Colonies and the Viceroy in India. There are General, Executive, and Medical

committees attached to this Association. Major-General Sir Leonard Rogers is the Honorary Medical Adviser.

A separate council called the Indian Council was constituted for India in the year 1925, the Viceroy as the President and almost all the members of the Executive Council of the Viceroy as Vice-Presidents. Amongst the Vice-Presidents there are also five Indian Princes. There is again, the General, Executive and the Medical committees attached to the Indian Council on the model of the parent association. The Chairman of these Committees is one or the other member of the Executive Council of the Viceroy. The Chairman of the Medical Committee is the Director General of Medical Services.

There are Provincial Committees with the Governor as the President; the Surgeon-General, or the Inspector-General, the Director of Public Health and one or two members of the Executive Council of the Governor as members of the Committee. The Indian Council came into existence as referred to above in 1925 during the viceroyalty of Lord Reading who was able to collect a little over 20 lakhs of rupees towards these funds. The interest realised from this capital is being spent by the Indian Council to achieve its objects—To rid the country of Leprosy. The Indian Council is now concerned chiefly with (1) Research, (2) Provision of short courses of training for medical men in the diagnosis and treatment of Leprosy and (3) Propaganda.

Research is being carried on by Dr. Muir at the School of Tropical Medicine at Calcutta. Medical men are drawn in batches from various provinces to undergo a short course of training at the School of Tropical Medicine at Calcutta for a couple of weeks. The Indian Council pays the actual travelling allowance for those who go to Calcutta and pay in addition a daily allowance of Rs. 5. The Medical Adviser for the Provinces is the Surgeon-General or the Inspector-General as the case may be, who usually chooses medical men from Service for this training. Propaganda is being conducted by Cinema Films, distribution of Pamphlets, etc. A booklet by Dr. Muir entitled "Leprosy Diagnosis, Treatment and Prevention" is being distributed free of cost and a party of medical men consisting of one officer and five assistants is touring in different parts of India to help Local Governments and local bodies in the Anti-Leprosy Campaign. This party has been in Madras quite recently and seem to have finished their work in the city. The work conducted by this party in the city will be published in our issue if information is available.

We find from available records that Rs. 1, 64, 950 and odd were spent by the Indian Council for Anti-Leprosy Campaign in India in the year 1929. This amount was mainly spent for Administration, Propaganda, Research, Special investigations, Training of Doctors and scarcely any money was spent by this Council for the actual treatment which is being carried out by the Government and the Local Bodies. From the reports published by the Indian Council one could see that they are doing excellent work against Leprosy but they are very much handicapped for want of funds. We are of opinion that the constitution of Indian Council and the Provincial Committees is too much officialised and the interest of these officers must necessarily cease with their office. In many instances these officers are our *friends from far away distant lands.* The combating of social diseases should be solely entrusted to the members of the Independent Medical Profession in common with the treatment of other diseases; the government and the public should have only financial check. Large amounts of money are now spent upon salaries of medical officers and proportionately very small amounts on actual treatment. Excepting the research workers and the checking officers no body else should be paid from the funds. The best propaganda is the successful treatment of patients by a large section of medical practitioners who may be given grants depending upon the number of patients they treat free at their clinics. If the system of grants-in-aid has been possible in the Educational Department why should it not be advocated at least in the combating of social diseases like Leprosy if not in the treatment of all diseases. The British Empire Indian Council, the Local Governments and the Local Bodies can share the financial responsibilities of the treatment of destitute lepers in any proportion depending upon the responsibilities of each body.

The aims and objects of the British Empire Leprosy Relief Association are splendid but the agency employed in the working whether paid or honorary cannot be said to be satisfactory. Except for Research, there is no need for spending large amounts for Propaganda and Survey. It is the legitimate duty of the Public Health Department under the employment of Government or the Local Bodies to keep up a reliable record of cases of leprosy found in the area of their activities without a special survey by any outside agency for this purpose. Propaganda also should be done by these bodies. Is is not possible for the Central Government to wake up the Provincial Governments to their sense of responsibility without the intervention of the Viceroy and his Committees in another form—we mean the Indian Council of the British Empire Leprosy Relief Association? It is dual functions of the Heads of the Government, Central or Provincial that has taken away all seriousness in humanitarian work of the nature under reference. We are fully alive to the fact that without a Lord Reading as Viceroy there would not have been a nucleus of finance of the dimension he was able to collect nearly 25,0000 or perhaps more. But, is it not possible for such personalities of the official eminence to use their influence in the actual working of such schemes without themselves being honorary officebearers? The fact that Heads of the Medical and Public Health Departments both at the seat of Central Government and in Provinces are functioning as paid and honorary officers in combating diseases like Leprosy has been the cause for lack of efficient control in the legitimate duties of those officers for the work they are paid for. If the Indian Council of the British Leprosy Relief Association did not consist of the heads of the Medical and Public Health Department of the Government, Survey, Propaganda and event treatment of Leprosy would have been more efficient and less costly.

An Indian Council devoid of the Heads of the Medical and Public Health Departments would have been in a better position to demand the legitimate work expected of these departments in the matter of Survey and Propaganda and large amounts that are now spent by the Leprosy Relief Association for these purposes could have been more profitably utilised for the actual treatment of patients. The British Empire Leprosy Relief Association is now concerning themselves only with Researah, Training, Propaganda and Survey. If Propaganda and Survey are not followed by treatment it will certainly have an adverse effect on the minds of the people. So it is desirable that in localities where Survey and Propaganda is being done treatment of the patients should commence immediately. As referred to in our News and Comments columns last month the Madras Government have just now inaugurated a scheme for Anti-Leprosy Campaign dividing the province into six areas, excluding Nilgris and the Ceded Districts where the incidence of Leprosy seems to be very low, entrusting the work to 7 medical men on the whole. This is a mere eye-wash and will serve only as an excuse that Anti-Leprosy Campaign is being conducted by the Madras Government also. Similarly in other provinces half-hearted work is being done and that too, at the inspiration of the Empire Leprosy Relief Association. The medical advisers to the Government of this country, whether at the central seat or in the provinces, are exclusively members of the I. M. S. who hail from a country where such and similar work is efficiently conducted by the members of the independent medical profession. Associations like the British Medical Association of which these officers are active members, have been inaugurating schemes to control and conduct even Public Health Department, apart from the Medical Relief Department which is mainly in the hands of the members of the Independent Medical Profession in that country. In spite of the experience gathered by the advisers of the Government in their native country and the principles inculcated by the British Medical Association of which these officers are members, it is unfortunate that the services of the independent medical profession are not made available for honorary public services and the money thus saved utilised for treatment of the needy poor on a larger scale.

The existence of castes in the Medical Profession for which again the

Government itself is solely reponsible is another serious handicap for the satisfactory working of Medical Relief Schemes. Unless there is independence and equality of status for all workers in the matter of medical relief there cannot be zeal for routine work and thirst for research. For the treatment of human ailments, one who is entrusted with such work should know the several systems in the human mechanism, which cannot function independent of each other. In the legal profession, it is possible to divide the work depending upon the qualifications of an individual and that, quite satisfactorily. The work in the court of a Munsiff is quite independent of that in a Subordinate Court, District Court or a High Court. So also is the case in the Engineering and other departments where a subordinate can be entrusted with only subordinate work. But in the Medical Profession it is never possible to distribute the work in like manner. The medical man to be called such must know every part of human mechanism even to treat a disease or an injury of the nature of a common cold or a scratch. A simple disease or injury leads on to most complicated and serious diseases like Pneumonia, Tetanus, etc., if the doctor who treats the trivial cases does not know and realise the risk if these simple ailments are not handled with care and attention. Moreover there are no diseases peculiar to the rich and to the poor. Hence, it is desirable that those entrusted with the humanitarian work should know all aspects and launch schemes which will reach all efficiently and for this purpose the money spent for services must be much less than for actual relief. The British Empire Leprosy Relief Association which has been now working in this country for nearly six years must have by now realised that in the matter of treatment of lepers at least, they need not necessarily note the castes now prevailing in the Medical Profession in this country, as many belonging to the so-called Depressed class in the Medical Profession, and who are entrusted with very responsible work in the campaign, have not been found wanting—nay they taught and initiated medical men in the higher castes, in successfully combating Leprosy.

The object of our laying stress in the non-observance of caste rules in the Medical Profession is only to impress those concerned in the humanitarian work of an extensive nature as that of the Anti-Leprosy Campaign that they would be able to reach their goal and realise the very object of their campaign to get rid of leprosy in the country if, large number of members of the Independent Medical Profession are engaged and entrusted with the work. Then only they will be doing their work more quickly and with best results.

We wish the Central Body of the British Empire Leprosy Relief Association take into their consideration our comments which we hope they will appreciate in the spirit they are offered.

Original Articles

DISEASES OF INFANCY AND CHILDHOOD—GLEANINGS

BY

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(Contd. from previous issue.)

Disorders of the Digestive Apparatus.

These are more frequent in infancy and early childhood and the majority of them are due to food trauma, either qualitative or quantitative—more often the result of "feckless mothering"; the rest are due to microbic or parasitic infection.

Regarding the former, it is to be remembered that the alimentary outfit undergoes a steady and graded evolution in its functional capacity and that, in sequence, the gastric digestion reaching its full activity earlier than the pancreatic one. For this reason, food suitable to an infant of twelve months must necessarily be unsuitable to an infant of twelve days. In the early period of infancy the mistake of the diet lies mainly in the direction of excessive fat in the feed. This excess of fat not only is not digested on account of inefficiency of the pancreas at this period but positively upsets the gastric digestion by inhibiting its enzymes. Coeliac disease is a glaring instance of such perverted and imperfect pancreatic function. Fortunately for the child, possibly due to a reflex protective mechanism the stomach of the baby refuses to entertain the unsuitable food which is readily vomited out. Further the frequency of vomiting so often seen in infancy is to be also explained by the mechanical relation existing between stomach and its food contents. The "peristolic or peri-systolic movement of the stomach, that is, the concentric contraction of its muscular fibres occurring simultaneously along with the peristolic movements seem to grasp and surround the food. If the food be too fluid, as will often be the case in the feeding of infants, there will be a tendency for it to travel away from the source of pressure and be vomited or regurgitated.

For these reasons the stomach in childhood protects itself from the deleterious effects of dietetic indiscretion by the readily occurring protective process of vomiting; it is therefore to be expected that the dyspepsias of childhood are more of intestinal origin than gastric. Further, the digestive and assimilative faculties are put to much stress and strain during the period of growth. The instability or the weakness of the digestive functions will, therefore, too readily show itself during early childhood on the slightest provocation. Diarrhœas and intestinal colics are common due to faulty food.

Abnormal bacterial processes in the intestinal canal are easily set up in the above cases giving rise to enterocolitis or colitis. The predominance of sugar fermentation or of protein decomposition will determine the character of stools,—green acid stools in the former case and the putrid ones in the latter—and the treatment will necessarily be modified by the character of the stools and the evidence they yield of either excessive fermentation or excessive putrefaction.

Intestinal Worms.

The intestinal worms that are present during childhood are the round-worm, thread-worm, hook-worm, and the whip-worm. The points I would like to speak about are: fever due to round-worms was spoken about by the older writers, but I know that fever does occur very occasionally when a worm dies in the child's intestine and putrefies.

In children with frequency of loose motions which are also pale due to want of bile pigment, a round-worm ovum with its fragile outer irregular shell broken, if the protoplasm has begun to segment, as sometimes happens, may be mistaken for the hook-worm ovum and a lead to wrong diagnosis made.

Before any operation, it is wise to get rid of these worms, more so early in the course of a fever, specially so, if typhoid is suspected; it is safe in every child to treat for round-worms; when the child's condition becomes serious, very often by instinct, like rats leaving a sinking ship, the round-worms leave the host. They do not do so quietly but by their movements abrade an ulcer and may be the

cause of haemorrhage. When a child passes a worm or two, every day, late in the disease it becomes a point for serious thought whether an anthelmintic can safely be given as the worms' death throes might abrade an ulcer.

Worms do now and again produce an obstruction of the intestinal lumen. These worms are sometimes the cause of infantile convulsions in a neurotic child and also of the night terrors and wetting the bed at night.

Though generally not associated with a high rise of eosinophilia in a differential count of leucocytes, I have sometimes seen a 15 to 20 per cent. of eosinophilia white cells in cases of round-worms uncomplicated by hook-worms, skin or bone affection.

These worms sometimes produce a severe intestinal colic in small children. I have seen it once in a child about ten months old. The child screams with pain, the screams being less intense and of shorter duration that in acute otitis media where it may go on for a whole night till the drum perforates. In cases of slight fever with heavy infestation with round-worms in young children, symptoms of meningism are sometimes in evidence.

In the treatment of worms, where Santonin is administered, it is worth while to remember that acid urines become yellow and alkaline ones red by this drug and that Santonin, the drug, sometimes produces yellow vision.

Liver Enlargements.

Enlargements of the liver due to rickets, congenital syphilis and biliary cirrhosis and those associated with enlargement of the spleen are all well-known. I will refer here to two cases of enlargement of the liver which recently came under my notice and which I believe to be of intestinal origin.

A: A marasmic male deaf mute, aged 8 years came with a history of fever on alternate days for a fortnight (treated with quinine) and swelling of face and limbs of eight days' duration and was admitted into the Royapettah Hospital on 24-1-1931. Father, a butler, stated that the patient had diarrhœa for two weeks following measles, about a couple of years ago.

On examination the following were noted—Anæmia, oliguria, irregular bowels—liver 2 inches below costal margin in the nipple line, slightly tender. No enlargement of the spleen or lymph nodes. No ova or amœba in motions. Nothing abnormal with urine, except the quantity. Blood examination on 26-1-1931: No malarial parasite or malarial changes: Red blood cells 4,660,000 and white blood cells 7,500 per c.mm.; Hæmoglobin 41 per cent: Differential count of white blood cells gave polymorphonuclears 74·5%, lymphocytes 20%, large mononuclears 2·5%, eosinophiles 2% and mast cells 1%: Blood pressure 70/40 mm. Hg.

Oedema disappeared rapidly; hydrargyrum cum creta administered for a fortnight did not produce any results. With the grey powder, one-quarter grains dose of emetine hydrochloride were given hypodermically for five days. Tenderness of the liver disappeared, size remaining the same.

As the child developed multiple boils at this stage, it had a course of Stannoxyl by the mouth which did benefit to the boils, other things remaining as before.

During the above treatment, blood analysis on 19-2-1931 gave the following findings.

Urea ...	24	mgms. per cent.
Cholesterol...	333·3	" " "
Chlorides ...	520	" " "

Vanden Berg direct and indirect tests gave negative results.

Blood count on 25-2-1931 gave more or less the same results. Hæmoglobin had gone upto 52 per cent; on 27-2-1931 the child was put on confection of Hedyotis auricularia leaves—1½ drachms per day increased to 2 drachms per day. On 8-3-1931 liver just palpable, on 12-3-1931 it was not palpable. An examination on 5-3-1931 showed 28·5 mgms. of urea and cholesterol 192·4. The confection was stopped on 15-3-1931. To date, the liver seems normal but the child is still marasmic. There is no dropsy. The child was removed on the 23rd, showing slight improvement in general condition.

B. A Brahmin female child of 3 years 8 months (daughter of a medical man) with a history of occasional recurrent attacks of diarrhœa, had slight fever and icteroid tinge of the conjunctivae; seen on 8th February 1931. It was given a mixture containing mercuric and ammonium chlorides for about ten days.

When I saw the child on 18-2-1931, the liver was 2½ inches below the costal margin in the nipple line. It was put on a mixture containing sodium salicylate and sodium bicarbonate with a few drops of the solution of mercuric chloride till 26th February 1931 without any effect on the liver.

Further, examination of blood on 26th February 1931 elicited the following:—

R B C ...	4,980,000	per c. mm.
W B C ...	8,765	"
Hæmoglobin ...	52 %	"

Differential count gave:—

Polymorphonuclear	42 %
Lymphocytes	47 %
Large mononuclears	4 %
Eosinophiles	5 %
Mast cells	2 %

Blood analysis: Urea 22·5 mgms. Cholesterol 147 mgms, chlorides 480 mgms and calcium 8·2 mgms. per cent.

Urine did not show anything abnormal.

Only a few fat globules seen in the motions.

Next day it was put on confection of Hedyotis auricularia,—drachm and a half per day slowly increased to two drachms. On 9-3-1931, the liver was one inch below the costal margin and not palpable on 15-3-1931. The medicine was discontinued on the latter date. The child's general condition is every day satisfactory.

An examination of the blood and its analysis on 13-3-1931 gave almost similar results as already narrated.

The Wassermann reaction and Vanden Berg tests were negative in both cases and the X-ray examination did not show rickety changes in the bones.

I opine that the cause of the enlarged liver in these two cases to be due to toxic absorption from the gut. Having recently found this drug in the form of an extract, of great value in colitis and of considerable benefit in amœbic dysentery, I ventured to try Hedyotis auricularia in these two cases where it has been successful.

Some Causes of Abdominal Crises.

I must here make mention of some of the important causes of the abdominal crises met with in childhood. By far the most frequent amongst them are intus-susception and acute appendicitis. The caecum and the appendix stand in the same relation to the alimentary canal as the tonsils and adenoids to the throat. For satisfactory treatment, the importance of recognising this early is too obvious. Acute generalised peritonitis easily supervenes and the importance of rectal examination in every case of acute abdomen must never be forgotten.

I have already referred to the pseudo-abdominal onsets of infectious fevers in children in connection with pneumonia.

The pancreatic metastases, that may occasionally occur in mumps in older children, should be remembered as well. It is remarkable that the virus of mumps should select so divergent organs as parotid glands, ovaries or testes and pancreas. No satisfactory explanation is yet given for such predilection but, I imagine, they show the relation that may still exist between structures derived from the three germinal layers: Parotid from the epiderm, the gonads from the mesoderm and the pancreas from the endoderm.

The virus of mumps usually mild in its clinical features can on occasion deal deadly blows by striking at the very root processes necessary for existence Nutrition and Reproduction.

Another condition to be remembered is cyclic vomiting.

These disorders and those associated with typhoid, and tubercle, form the bulk among the abdominal affections. It will be noted that the pathology of abdomen in children, is, in the main, the pathology of the midgut.

Acute Nephritis.

Acute Nephritis often manifests itself without any antecedental cause but is also a complication or sequel to pneumonia or the eruptive fevers. In malarial tracts it is not rare to see it complicate this disease.

It has been a point of keen controversy whether, the often associated scabies and sometimes, a complicating general dermatitis, be the cause or effect of acute nephritis. To me it is an open question not yet proven though much may be said on either side.

Tonsilitis is often associated with nephritis in children, so, one is tempted to prescribe calomel, a drug beneficial in tonsilitis and a reputed diuretic often showing only its effects but as Tirard pointed out long ago, there is always the risk of calomel blocking the renal tubules by a sort of "mercurial casts" and converting an acute type of nephritis into haemorrhagic, or retarding the course of a smoothly progressing case.

I have had several or many times to administer quinine in nephritis complicating malaria and have not noticed any deleterious results.

Albuminuria, oliguria, with casts and cellular elements due to filariasis may declare themselves during the course of or convalescence from any acute infectious fever. This must be borne in mind lest a hasty diagnosis of complicating nephritis be made in endemic areas.

Hunger Oedema.

A condition analogous to the hunger or wet war oedema, described during the great war, obtains among the poorer children in the city of Madras.

Dropsy was recognised as due to under feeding among the soldiers of the French Army before Naples in 1528. Cornish of Madras described a similar condition in 1864 as obtaining in the Madras jails.

Within the last six months, three children have come under my notice as inpatients in the Royapettah Hospital.

1. A male child six years old, born of healthy agricultural poor class, parents, was admitted on 29th December 1930 for general oedema, of about a fortnight's duration. Three senior children had died of fever at different ages. No stigmata of syphilis.

The oedema was stated to have commenced after an attack of diarrhoea of some days duration.

Diet at home consisted of rice, dhal, vegetables, dry-fish and mutton when they could get it.

On admission the red blood cells were 4,2,0,000 per c. mm. white blood cells 8,375 and hæmoglobin 50 %. A differential count gave polymorphonuclears 56 %, lymphocytes 35 %, large monocuclears 7 % and eosinophiles 2 %.

There was no abnormal ingredient in the urine and no debris under the microscope.

The motion did not show any infection by intestinal parasites.

An examination of the blood by Dr. Mathews (a week after oedema had disappeared) gave—

Calcium	...	8·5 mgm.
Cholestrol	...	160·9 „
Urea	...	30·0 „
Creatinin	...	2·3 „
Phosphates	...	4·27 „
Chlorides	...	280·0 „

On a milk and bread diet and rest, the child lost its oedema, except, that on the scrotum, on the fourth day; and fully so on the seventh day. It might have lost about a couple of pounds by the loss of oedema and weighed 25 lbs. at the end of the week, a poor weight for a child of six years. It left the hospital on the 26th January 1931, much better in general condition.

2. A child, about 6 years, born of Indian Christian cooly class with nothing of note in the family history, was admitted on 8th January 1931 with a history of general oedema and ascites of about a fortnight's duration. A history of occasional diarrhœa or colitis was also elicited in this patient.

The diet was stated to have consisted of rice, dhal and vegetables, coffee, sometimes fruit; milk, mutton, etc., when they could get it.

An examination of the blood showed 4,190,000 red blood cells, 6,680 white blood cells to the cublic millimeter and 52 % hæmoglobin. A differential count gave 56 % of lymphocytes, 36 % of polymorphonuclears and 4 % each of large lymphocytes and eosonophiles.

Nothing abnormal could be deducted in the urine nor did feces show anything out of the way.

A chemical examination of the blood gave—

Calcium	...	8 mgm.
Cholesterol	...	188·5 „
Urea	...	21·6 „
Creatinin	...	1·67 „
Phosphates	...	4·16 „
Chlorides	...	320·0 „

Rest and diet of milk and bread caused the disappearance of the fluid in the tissues and belly on the 9th day and the child left the hospital ten days later. This child, also of six years, weighed 25 lbs.

3. A Muhammadan child 18 months old, was admitted on 2nd February 1931 for oedema of legs and face. Father, a hawker of tea, and his wife are healthy. They had two previous issues one of which died of small-pox. No history of colitis could be elicited. Diet consisted of rice, dhal, biscuit, bread and tea, fish and vegetables. On admission weight was 18 lb. and on the third day when much of the oedema disappeared weight was 17 lbs.—a bad weight but a comparatively better one than in the case of the two previous children.

An examination of the blood revealed the presence of 4,720,000 red and 10,000 white cells to the cubic micro-millimeter and 72% hæmoglobin.

Urine and motions did not give any information of clinical help.

On rest and the milk and bread diet, the oedema completely disappeared and as the parents took away the child on the 5th day, the bio-chemist could not be troubled for chemical examination.

All these three young patients did not show any clinical signs or symptoms of deranged functions of any organs. The pulse was not rapid and there was no elevation of temperature except in case No. 1, which was admitted with a temperature of 104·5° F which touched the normal in 24 hours and remained there during the rest of the stay of the child in hospital—nearly 4 weeks.

The only feature was the 50% and 52% hæmoglobin in the first two cases but, this, taking into consideration the other anæmias, notably that due to hook-worm where much lower percentage of hæmoglobin are recorded without dropsy—cannot be the cause of the swelling; the disappearance of the swelling is equally striking in its rapidity.

The real cause may await solution but taking into consideration the low weight and the poor condition of the patients, seems that it may be due to semi-starvation—perhaps coupled with insanitary surroundings. A cry of the tissues for more food, tears, unlike those in the case of lachrymal secretion, not being a natural effluent are pent up in the tissues and cause the swelling.

I regret that the examination is incomplete as no estimation was done of blood proteids and tissue chlorides which would have shed further light on the causation of the œdema.

Fevers of Obscure Origin.

In some cases, an ordinary examination of the patient and the history of the case may fail to reveal the real cause of the pyrexia. Tonsillar infection and one due to bacillus coli or helminths as possible causes was already referred to. Otitis media particularly one due to pneumococcus which is very likely to be unattended with pain, early mastoid inflammation and deep seated pneumonia which are relatively frequent in children must be kept in mind. An examination of the blood—a routine of supreme importance in the tropics—may shed light in some febrile affections of the hæmotopoietic system.

In conclusion, I would state that an otherwise healthy child goes through many a serious disease with ease, because its constitution is not undermined by wine or venery. Any complaint, however trivial it may appear on the surface, should be gone into deeply, because it may mean nothing or, sometimes, everything. In childhood more than at any other period, "prevention is better than cure."

SCHOOL HEALTH

By

DR. V. S. MAHADEVAN, L.M. & S., B.S.SC.

(Continued from previous issue.)

Growth.

Another physical condition which is closely associated with nutrition is growth. It is an index of health; and every medical inspector in Madras is to take the height and weight of each boy once a year. If this part of work is done by the class teacher as in England, the figures can be utilised for elementary lessons in school authropometry, a record which would be much useful to the school medical inspector. Growth in height and weight, depends on race, heridity, presence or absence of defects, seasons etc. Growth in height generally ceases at about the 20th year, but the weight may go on increasing for some years or more. In Madras, between the ages of 6 and 10 we find that in all normal boys there is a uniform growth in height at the rate of 2 or 3 inches per annum; and an average increase in weight by 3 to 5 lbs. per annum. If there is no increase in any year, investigation will reveal that the boy had some disease or other.

Posture.

One of the surest foundations of health of both body and mind is "posture." It denotes the habitual carriage of the human body, especially in the erect position. Correct posture of the body involves correct development and contours of the whole spinal column the bony chest, shoulder and other main segments as well as their relation to each other in upright positions. Faulty posture brings about functional disturbances of the lungs and heart, of the abdominal organs like stomach, intestines, liver, etc. This erect posture is the highest type of attitude in man; as differentiated from the other mammals. The body and the head well balanced on the spinal column expresses the good tone of nervous development. Any falling away from this position results in attitudes expressing feebleness, characteristic of lower mental and nervous development. Posture is therefore an indication of nervous condition to which the greatest value is attached Books on School Hygiene deal with elaborate tests for goods posture and are worth referring to by those interested on the subject. The following are the typical postures described by Haravad Freshman :—

(A) THE RIGHT WAY

Excellent mechanical use of the body :—

(1) Head straight above chest, hips, and feet.
(2) Chest up and forward.
(3) Abdomen in or flat.
(4) Back usual curves not exaggerated.

(B) GOOD MECHANICAL USE OF THE BODY :—

(1) Head too far forward.
(2) Chest not so well up or forward.
(3) Abdomen very little change.
(4) Back very little change.

(C) THE WRONG WAY

Poor mechanical use of the body :—

(1) Head forward of chest.
(2) Chest flat.
(3) Abdomen relaxed and forward.

(D) VERY POOR MECHANICAL USE OF THE BODY

(1) Head still further forward.
(2) Chest still flatter and further back.
(3) Abdomen completely relaxed and slouchy.
(4) Back all curves exaggerated to the extreme.

Good posture assessed at a glance is the key to the total mental and physical efficiency of the pupils. Good posture should be habitual and constant and a lapse should be viewed seriously. Good posture is as important as good morals. It is beyond the scope of this lecture to go into the methods of correction and treatment of incorrect posture; the responsibility of the maintenance of good posture in school children lies with physical instructors, co-operating with teachers and medical inspirators who should devote their best attention on this aspect of school health. The average school child is not encouraged to hold itself properly and to breathe correctly. The faulty construction of desks and seats compels the child to have faulty postures resulting in diseases of abdominal organs and of lungs.

Dental Diseases.

Preservation of children's teeth in good healthy condition is the most essential part of any school medical service. No part of school medical service is more organised in England than the school dental service. One dentist for 10,200 children serve whole time and in 1929 the number requiring treatment was 1,890,443 or 68·8 % of those inspected. In Madras Presidency it was found in 1928 that 11 % or 16,359 boys were suffering from dental diseases and in Madras city as high as 30 % at persent suffer from snch diseases. Till now, nothing has been done to preserve the teeth of millions of our children. The most important defects in children's teeth are :—caries, accumulation of dirt, and in older children gingivities and pyorrhoea in addition. Caries or decay of teeth is a disease affecting both temporary and permanent teeth. It is a disease of civilised life. Two explanations as to the causation of caries are given. One is diet, and the second the deficiency of calcium. There is constant and abundant invasion of oral surfaces by a great variety of putrefactive organisms. Certain carbo-hydrate diets of refined, soft, pulpy nature, especially sweets made of white sugar lodging about the teeth, afford a good nidus for micro-organisms, where they ferment producing lactic acid which decalcifies the enamel. Recent researches by Mrs. Mellenby denotes the possibility of a deficient supply of Vitamin D in the diet, retarding the calcification of teeth. Regulation of child's diet and oral hygiene are both important—the accumulation of tartar and septic conditions like gingivitis and pyorrhoea common in school children are the outcome of insanitary habits, want of proper mouth cleaning and certain constitutional diseases. Many cases of gingivitis in children are really milder forms of infantile scurvy. This completely disappears by a liberal addition of green vegetables and fruits to the dietary. School Health Service cannot be complete unless it is coupled with school dental service for preventing and treating dental diseases.

Defective Vision.

In 1928 it was about 9% in Madras Presidency and 8·6 % in England and Wales. Under this heading comes squint, myopia, and night blindness. Heridity plays an important part in all the three. As for myopia it is said that want of proper lighting of classrooms and constant reading of books with small types and school furniture not conforming to the standards of construction are the exciting causes. The present system of mere examination of children with visual defects and sending intimation to parents is valueless, unless errors of refraction are corrected by proper spectacles.

Eye Diseases and Defects.

Eye diseases are commonest especially among school children of urban areas. In 1928 it was 5·38% in Madras Presidency and 18% in Madras City for 1930-31. In England and Wales 0·86%. The low percentage in England and Wales is attributed to the thoroughness of public health administration.

The causation of these diseases can be summed up as (a) dust and dirt producing blepharitis and conjunctivitis, (b) Infectious diseases due to formites, measles, small-pox, (c) Injury during games, (d) Venereal Diseases, and (e) Refractive errors.

By far the most common diseases are Xerophthalmia, Spring Catarrh, Treachoma, Phlyctenular conjunctivitis; amongst the defects may be mentioned the usual errors of refraction. Eye diseases and defects if not attended to lead on to serious complications in the mental and physical well-being of the child apart from permanent injury to the eye.

Nose and Throat Diseases.

Just as Belgium is called the cockpit of Europe the naso-pharynx is the cockpit of the human system. Bacteria of many diseases enter, and die away either on the lining membrane of the mouth and the various fortifications of lympoid tissues

reinforced by the natural protective resistence of the body. Sometimes, gaining the upper hand these bacteria wage a powerful war conquering fort after fort producing infection of tonsils, adenoids, gums tongue, etc., until finally they break into the blood and lymphatic streams producing systemic diseases like T. P. Some slip through and produce diseases in remote organs by passing down into stomach and intestines. Conversely, battalions of disease-producing organisms are periodically sent out from the mouth as droplets during coughing and sneezing. This is droplet infection producing diseases like influenza, tuberculosis, diphtheria, and whooping-cough. There are many organisations in U.S.A. which do extensive propaganda in villages and schools, about oral hygiene.

The chief diseases affecting nose and throat, are common cold, chronic running from the nose, nasal polypus, deflected or deviated nasal septum, enlarged tonsils and adenoids. In 1928 16% of Madras pupils in secondary schools were found to be suffering from enlarged tonsils and adenoids; the same for England is 6·7% and in Madras city elementary schools about 15%.

Apart from conservative and operative treatment advocated by different schools of thought, attention to general health, nasal drill and breathing exercises should not be neglected as almost all diseases of the nose and throat can be attributed to some deficiency or other regarding food, vitamins and endocrines.

Heart Diseases.

One other condition which is a source of constant danger in the life of the school child is heart disease, and the most dangerous is the organic heart disease. This is about 0·6% in Madras and 0·2% in England and Wales. Acute rheumatism is one of the most potent and common causes of organic heart disease, especially the rheumatic variety of tonsillities. Influenza also in many cases produce organic heart disease. The cause of rheumatism is over-exertion and wetting by the children during the rainy weather. Fatigue and over exertion in sports should be avoided after the day's work, failing which the boys get pain and dilation of the heart, leading to insufficiency. In many children there are no local signs of heart disease but there is general debility and wasting. The child is thin, anæmic, emaciated, easily irritated, and suffers from frequent fevers, and breathlessness on exertion or climbing stairs. A well-balanced diet, and a regular watch over boys, who are in the early stages of heart disease will prevent its progress in later years.

Tuberculosis.

PULMONARY: There is not much evidence of this disease among school boys but some suspected cases may show definite symptoms in later years and we find a large number of boys having predisposition to this disease. It is below 1% in Madras and in England.

NON-PULMONARY: The most commonly found is tuberculous enlargement of the glands of the neck which is as high as 35% in Madras City. Enlargements of neck glands may also be due to septic oral conditions, tonsils, nits and lice and other verminous conditions of the head, infectious diseases like measles, influenza, diphtheria, and epidemic sore-throat. Lymphatic glands are also enlarged in abdominal tuberculosis. Another most common form, is bone-tuberculosis which if neglected would lead to deformities sooner or later.

Diseases of the nervous system and Rickets.

With the advance in civilisation the incidence of the diseases of nervous system is on the increase in schools. Apart from mentally defective children one usually sees these days a large number of boys and girls suffering from Epilepsy. It is objectionable to mix the defective children with the healthy. In England and other civilised countries special schools and hospitals have been established for the education and treatment of these children. The Government and the public should loose no time in bringing into existence such institutions in this country. Rickets is a disease of early childhood and in the school, the signs of havoc which Rickets had left and not the disease proper, such as deformities of chest, belly, a very irritable temperament, etc. could only be seen.

DEFORMITIES are the sequelæ of various conditions of boyhood namely; incorrect posture producing spinal deformities, rickets, tubercular bone disease producing stiffening of joints, swelling and bending of long bones, different forms of lung disease, nose and throat diseases, producing deformities of the chest. All boys with deformities are to be treated in orthopedic hospitals and milder forms can be tackled by the physical instructor with the advice of the school medical officer, such as breathing exercises, exercising the limbs, etc. Infectious and contagious diseases like small-pox, measles, and hook-worm disease, are all well-known to you and any child who shows signs of these diseases should be excluded from the school. In times of epidemics closure of the schools is necessary.

OTHER DISEASES: Congenital Hernia, Hydrocele, Phymosis, etc., are other diseases usually seen in children. These and similar diseases should receive the attention of the school doctor for their radical treatment.

IV. The subject of Hygiene of school buildings and school equipment is being dealt with in the grant-in-aid code of the Educational Departments cannot be lost sight of by the school authorities.

V. Health of teachers and their duties towards school health: The subject of School Health will not be completed unless something is said on this subject; Usually a teacher is the poorest specimen of good health. Many young enthusiasts who begin life as teachers, sacrifice their throat and lungs to the nation, to fall ultimately a prey to consumption which is called the Teacher's disease. Teacher should adjust his voice in proportion to the strength of the class, the construction of the class-room; and the distance between the pupils and himself.

Regarding the duties of teachers towards the school medical service, the teacher is the connecting link between the school medical officer and the parents. He should begin his class daily, after making a survey of boys when they first assemble. A boy may look ill, some may have watery eyes, drooping head, and so on. All boys who are not in normal health should be picked out every morning, investigated, and referred to parents or school medical officers. Heights and weights should be taken at least once every month, and a table prepared for each boy. Another important duty of the school teacher is the teaching of hygiene in schools. "The study and practice of health must form the first part of every day life of the school." "The study and practice of hygiene is of all subjects one primarily for direct and joint conference and co-operation between the teacher and the doctor." Three things are necessary in teaching hygiene to the school child. (1) The standard of teaching must be suitable to the class and age of the pupils. (2) It should be an every day lesson. (3) Practical instruction and demonstration in hygiene and physiology should be frequently given. Sir George Newman says as a result of neglect of school hygiene. "What is happening? Ignorance of children in regard to healthy living and their failure to acquire and practice healthy habits" is spoiling a substantial portion of our educational effort and also providing in after life a burden of disease disharmony, an incapacity which is extremely costly both in wastefulness and remedy."

To stimulate interest in health, and securing correction of defects in a group of school boys, the "Gold Star" project is being tried in U. S. A. with success. It is a special scheme, in which a gold star of suitable material and size is awarded annually to the boy who fulfils the following conditions after a physical examination by a physician:—(1) Satisfactory grades in school work. (2) Removal or treatment of physical defects. (3) Satisfactory performance of health habits. (4) Satisfactory conduct in school. Such a scheme may with advantage be inaugurated in our country.

It is earnestly hoped that the following wise words of an Ex-President of the United States of America, will on the subject of School Health, goad those responsible for the bringing up of children to their sense of responsibility:—

"The ideal to which we should strive is, that there shall be no child in America that has not been born under proper condition, that does not live in hygienic surroundings, that ever suffers from under-nutrition, that does not have prompt and efficient medical inspection and attention, that does not receive primary instruction in the elements of hygiene and good health, that there shall be no child that has not the complete birthright of a sound mind in a sound body, and the encouragement to express in fullest measure the spirit within which is the final endowment of every human being."

Abstracts

TECHNIQUE & VALUE OF THE TREATMENT OF TUBERCULOSIS WITH CHLORHYDRATE OF CHOLINE

BY
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EXTRACT FROM
" BULLETIN DE L'ACADEMIA DE MEDICINE "
3RD FEBRUARY 1931.

On 18th February 1930, we gave in a memorandum presented to L'Academia by Professor Desgrez, the first results of our experimental and clinical researches of six years on Chlorhydrate of Choline.

Subcutaneous injections of 2 centigrames of this medicament enabled us to obtain in many patients an important and regular increase of Cholesterolemia with regulation of glycemia, as we have already mentioned. This biochemical modification of the state of the blood was accompanied often by impressive clinical results in different forms of tuberculosis, even in Pulmonary Tuberculosis, evolutionary and ulcerous.

The numerous observations which we have continued to receive since that time and those of many of our colleagues enable us to confirm the value of this method of treatment while citing some new results which are also very encouraging. Since the day when for the first time we tried this therapeutic in human tubercular patients, we have had 331 cases with different forms of bacillosis. The proportion of clinical cures of stabilisations obtained and maintained with a lasting quiescence varied from 22 to 40% according to the nature of the seriousness of the cases treated. It is these statistics which we are to relate here in the form of a table.

No. of cases treated	... 331		
Clinical cures	... 69	29%	40% favourable cases
Stabilisation with persistance of clinical indications.	28		
Very great general amelioration	... 20		
Lasting improvement; followed by relapse	... 6		
Protracted survivals in distressing cases	... 10		

There remain 55 cases in the course of observation, several of which are on the way to recovery. These are included in the 331 cases, but have not been taken into consideration in the results reported.

VISCERAL TUBERCULOSIS.

Nature of cases treated.	No.	Important Amelioration.	Stabilisation	Clinical Cases.	% Clinical Cure.
Pleurisy (serious)	7	...	2	4	55
Tubercular Peritonitis	2	...	...	2	...
Cortical Pleuritis	16	...	...	8	50
Typhoid Bacillosis	2	...	...	1	50
Pulmonary Tuberculosis :—					
Incipient	96	6	4	19	20
Evolutionary	127	9	14 | p. 100	18	11 22
Ulcerous	45	5	5 | 11	1	
Renal Tuberculosis	4	...	2	1	25
	299	20	27	54	

There remain 198 cases of Visceral Tuberculosis of which Complete Failures 108. Patients still being treated 55. Not seen again 35.

EXTERNAL TUBERCULOSIS.

Nature of cases treated.	No.	Cures.	Amelioration	Observations.	Per cent.
Tubercular Adenopathia	12	6	4	...	50
Orchi-epididymitis	4	3	...	...	75
Tubercular Osteoarthritis	4	2	...	...	50
Pott's disease	6	2	4	...	33
Cutaneous Tuberculosis	2	...	1	...	...
Tubercular Abscess and Fistulas	4	2	1	7	50
	32	15	10	Complete Failures.	

But we would like to lay stress on certain essential points the disregarding of which explains the failures or the badly founded disappointments.

In the first place, Chlorhydrate of Choline is not a specific medicament for Tuberculosis. It probably has no direct action on the bacilli. It acts only in increasing or re-establishing in the organism the means of normal defence against Tuberculosis. It by no means acts as a serum, a vaccine or as a bacillary medicament in the same way as gold salts. It intervenes like the treatment with fresh air, rest and good food, but in a much more active and quicker manner. That is to say that a few days' treatment is quite insufficient. To obtain good results it is necessary that the organism be revived and refreshed with Chlorhydrate of Choline and kept in that state. Many patients have had a good result only after 15 to 30 injections, and certain cases well on the way to improvement started to become worse after treatment had been stopped.

Chlorhydrate of Choline ought then to be used in an almost continuous manner (2 to 3 injections a week) somewhat similar to Insulin treatment in Diabetes. On the other hand elimination of Choline is prolonged for 48 hours, and doses too high and too frequent are liable to cause a certain accumulation after a long time on the tongue with some risk such as excessive hypercholesteremia. With certain patients, readily subject to Hypercholesteremia (Arterio Sclerotic, Lithic, Hepatic, Diabetic) some repeated doses of blood cholesterol ought to be given during treatment to assist supervision of the case and to prevent any untoward inconvenience from a too powerful medicament.

It seems that Chlorhydrate of Choline injections restore in certain organisms an essential element which is lacking or which has become deficient, but which is indispensable however for defence against infections, Tuberculosis in particular. The raising of the Cholesterin content of the blood is evidence of this modification and it is not the only one. The transformation of the blood from which one sees the increase in number of the mononuceli, replacing the lymphocytes, are evidence of the conditions of resistance brought about by degrees by Chlorhydrate of Choline. The increase of arterial pressure, the raising of the total number of corpuscles, the local trophic action on the sores and fistulae of Tuberculosis are among other signs resulting from the extensive action of Chlorhydrate of Choline in tubercular organisms.

Only we should like every one to understand fully the place in Therapeutics of this new medication which we have recommended against Tuberculosis. No one should deprive a patient of the benefit of artificial pneumothorax, phrenicotomy, apicolysis, salts of gold, anti tubercular antigens, etc., for only climate, rest and fresh air treatment. Likewise, one should not consider Chlorhydrate of Choline as an exclusive remedy, dispensing with all other treatments. There are no contra indications, and there is no objection to the use of the majority of the present armamentarium of anti-tubercular arsenal. It only renders their action more distinctly, quicker and above all more lasting.

On the other hand, if according to the categories. 20 to 40% of the patients benefit from the treatment to the extent of gaining a genuine clinical cure, if 25% obtain a certain improvement, with the remaining 50% the results are nil.

It is really impossible to state in advance how a tubercular patient will react to the Chlorhydrate of Choline treatment. Most frequently the customary hypocholestrolemia when it is followed with Hypercholesterolemia under the influence of the treatment, is a sign of clinical cure, but it is not absolutely certain. In fact at the moment we have not yet positive evidonce to enable us to say a priore, without utilizing the medicament; whether its action will be efficacious or useless with the individual treated. But the harmlessness of its use with all patients, excepting perhaps certain hypercholesterolemia easily enables one to make a test of this medicament which so often gives such excellent results.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION

A new method of overcoming digestive troubles.

Of all the ailments that human flesh is heir to, deranged digestion is the most common. The numerous difficulties that arise in carrying out the treatment of these disorders are due mostly to the erroneous belief that Hydrochloric Acid and Pepsin are the only panecea for these ills. These two substances if combined and stored up for any length of time, become inert, specially pepsin which loses its proteolytic action. Chronic diseases require a long-continued treatment and the patient not only objects to the unpleasant taste, but the irritating effect on the mucous membrane of his throat is most troublesome. In addition to this, a man engaged in his daily work and who has to undergo this treatment labours under many disadvantages, viz., carrying the liquid preparation in his pocket, measuring the dose, etc. It is therefore essential to draw the attention of the Medical Profession to a preparation which has none of these disadvantages. It is Pa-Pyta which is in tablet form, very convenient to carry. It has a pleasant taste, quite non-irritating and non-toxic and at the same time very effective. If we cast a glance and at the ingredients in Pa-Pyta, we will find that it contains the chief physiological agents, which in nature convert the food in the body to such a state as can be easily assimilated. It contains Papain Pancreatin and Bile Extract. The first is the digestive vegetable ferment prepared from the juice of Papaw. It is a powerful vegetable digestive. This ferment has a unique advantage over Pepsin in that it acts even if the stomach contents are not acid or are slightly alkaline. Moreover, it is not an animal product to which many people take objection. Unlike pepsin, it has no bad taste and it is stable and its action can be relied upon. Pancreatin contains a mixture of trypsin and amylase, the former converting caseins and albuminoids into assimilable peptones and the latter the starchy foods into absorbable sugars. It also contains lipose which emulsifies fats. The Pancreatin contained in Pa-Pyta is a strong digestive of starch. Bile Extract in Pa-Pyta besides emulsifying and saponifying fats promotes the alkalinity of the intestinal fluids. It thus prevents hyperacidity. It stimulates peristalsis and intestinal secretion and thus ensures proper evacuation of the bowels. By thus maintaining the tone of the intestines it prevents fermentation and auto-intoxication. Pa-Pyta, therefore, represents precisely the composition of natural digestive juices and it is on account of this that it must gain a preference over other digestive preparations.

Pa-Pyta, as we have seen, is comprised of ingredients, which are the principal physiological agents employed by nature for the proper digestion and assimilation of food. It is so to say a natural product prepared artificially in a palatable and convenient form. It aids the removal of unpleasant symptoms such as pain and distention after food. It promotes prompt absorption and can always be depended on. Pa-Pyta is superior to any preparation of pepsin, as it has the important property of dissolving all foods taken in by man, while pepsin acts only upon foods of plastic nature. It is admitted that Pa-Pyta does not repair any organic damage but only acts on food and prepares it for assimilation and absorption. In fact, it is a rational digestive agent. Pa-Pyta is always uniform in its action and its effects are almost specific.

The therapeutic province in which Pa-Pyta can be employed is very vast. It is indicated in cases of anacidity, hypoacidity, atonic dyspepsia, gastritis, hyperacidity, gastralgia, nervous dyspepsia, vomiting and defective digestions. Many of these troubles are usually attributed to the improper churning movements of the stomach or to the gastric reflexes, but really they are due to the inadequate supply of substances, which are required for digestion The frequently surprising results, which follow the ingestion of Pa-Pyta administered after meals in the affections mentioned above, are the convincing argument in support of wide employment. Many diseases mentioned above are favourably influenced by Pa-Pyta. The harmlessness of this product allows a wide scope for its use in numerous disorders of the stomach. To mention only some of these indications in detail, we shall discuss in detail dyspepsia and hypo or hyper-acidity. In these case

there are two distinct defects to be corrected. The first is to compensate for the deficiencies in the digestive juices and second to meet the need of general nutrition. This can be done by giving Pa-Pyta, which would enable the subject to take good nutritious food. Pa-Pyta is also very useful in Pulmonary Tuberculosis, since its continued use brings about increase in appetite and thus helps the improvement of general condition and increases the resistance of the patient. In gastritis, after correcting indigestion by regular diet, we can relieve anorexia and restore the normal function of the stomach by prescribing Pa-Pyta tablets. In indigestions of the biliary type, it is always better to avoid irritant purgation, as there is always the likelihood of the intestines being inflammed. In such cases Pa-Pyta is very useful, as it contains the ingredient most needed here viz. Bile Extract. Constipation, diarrohea, fermentations, these are the symptoms complained of by people known as "Digestive Sluggards." Such sort of people will derive prompt and permanent benefit if they are kept on Pa-Pyta. Here are some of the clinical results, which are most telling :—

1. S. M. a young student of sixteen, complained of no special symptoms except that he always felt pain after taking food. There were no chest symptoms. He occasionally used to vomit undigested food just after a meal. Malaise, anorexia and depression were very much evident. It appeared to me a case of acute gastritis. In the beginning I gave him Calomel 3 gr. dose and ordered some hot fomentations to the epigastrium. Water and at times fruit-juices was the only nourishment advised. Thus rest to the stomach was ensured. After two days he was kept on milk diet and at the same time Pa-Pyta treatment was commenced, one tablet after nourishment twice a day. The treatment was continued for about a month. The vomiting, which was a source of great annoyance to him, disappeared and he could take and digest his food well. The pain also ceased and after about a month he was quite well and was able to attend his school.

2. This was another case of a clerk aged about forty, who had some functional trouble of the stomach. He complained of distress and pain in epigastrium just after food. On pressure there was no tenderness, but he said that he felt weight and distention even though he took a very little food. He used to get eructations and that used to relieve him. Appetite was diminished and the tongue appeared very flabby. There was general depression and discomfort after meals. I started the treatment of this case by giving him salines and then corrected two errors in diet. He was taking too much starchy food from which I advised him to abstain. I then kept him on Pa-Pyta. The result was seen after about four days, and it exceeded all anticipation. The pain and distress soon diminished. He felt some appetite and was soon able to digest his food. The depression and other discomforts were no longer felt and when he was last seen about a fortnight back he appeared quite well.

The above are the two typical cases amongst the several that I had a chance to treat. They serve to demonstrate the efficacy of Pa-Pyta in functional gastric disorders. It is worth mentioning here that I always prefer giving small doses, as they act better.

Treatment of Uric Acid Diathesis.

In these days of enthusiasm for discovering new therapeutic methods, vaccines, specific and non-specific protein-therapy, it would be advisable to remind the general medical practitioner of the time-honoured method of oral administration of drugs for the relief and cure of diseases which come under the category of Uric Acid Diathesis. It is because the interest of the profession should be revived in the old methods of treating diseases, that it should be encouraged to treat them with Urogenine, which is nothing but an elaborate combination of time-worn remedies, which were employed to combat Uric-Acid troubles. Its ingredients are Urotropine, Piperazine, Lithium and Sodium Benzoate and Tartaric Acid. The combination is in a soluble granulated form and each teaspoonful of it contains 50 cgm. of active principles.

This remarkable combination of well tried drugs of old fulfills a long-felt want in treating diseases which are due to Uric Acid diathesis. In Urogenine the inclusion

of Urotropine is most ingenious, as it is not only an analgesic and antispasmodic at times, but it sets free nascent formaldehyde, which combines with Uric Acid and forms diformaldehyde-uric-acid, which is water-soluble to a great degree. Piperazine, Lithium salts and Tartaric Acid do their work of dissolving uric acid calculi, but this is greatly helped by Urotropine. Urogenine is not toxic at all as normal doses scarcely affect circulation, breathing or nervous system. The most remarkable property of Urogenine is that therapeutic effects can be expected no matter what the reaction of urine may be. In the case of other products in the market, the alkalinity or the acidity of the urine is to be ensured before the products can prove effective. Urogenine is a strong antiseptic and has a powerful bactericidal action. On account of the splendid combination, Urogenine has been regarded to possess a great power of eliminating dangerous deposits from the system in a wonderfully rapid and painless manner. In fact Urogenine satisfies every demand that can be made on it as a product suitable for the treatment of Uric Acid Diathesis.

From the above it has been recognised that Urogenine is not only an eliminator of Uric Acid but also acts on the constitution of the blood and relieves it of Uric Acid. It is therefore indicated not only in Gout, Rheumatism, Gravel and Sciatica, but also in Pyelitis, Cystitis, Bacilluria etc. 'Once Gouty, always Gouty' is a maxim of despair. This has been falsified by the treatment of Urogenine, which has worked wonders both in acute and chronic Gout. The majority of Practitioners have experienced decided improvement by treating these cases with Urogenine. The gouty deposits disappear even though they are of long-standing. Urogenine is of great value in all forms of Gout, as it is not only a diuretic, but also frees the blood of Uric Acid. In articular and muscular Rheumatism, Urogenine offers by far the best remedy. In the chronic forms of these arthritic diathesis, both Rheumatic and Gouty, Urogenine brings about an amelioration of pain reduces articular congestion. The dilated vessels, which are the result of this treatment, expel uric acid and arthrogenic waste and thus the tophi are removed and fibrous ankylosis remarkably checked. In cases of Gravel which causes renal colic, or in those complicated cases where the pain is persistent, Urogenine is essentially indicated. As is well-known in these affections, the urine is irritating and caustic to the bladder, which, as a result becomes inflammed. The catarrh of the bladder sets in and thus a truly vicious circle is created from which it is difficult to escape. It is remarkable, however, that Urogenine besides restoring the alkalinity of the Urine, dissolves the gravels to a great extent. It is evident, therefore, that Urogenine is a sovereign remedy for Gravel. Urogenine acts well in Versical Catarrh, where the urine is alkaline and whitish. It restores the urine to its acid condition, relieves the pain and thus the patient is able to sleep well. Add to all this, under Urogenine regime the bladder, which is much enfeebled, regains its original power of contraction.

In Sciatica after the acute stage has been treated by Opiates and heat locally, the patient can be kept on Urogenine to prevent any recurrence. This course of treatment has been justified by the experience of several physicians. They have found that Urogenine, due to the unique combination of time-tried drugs, is of great value even in cases refractory to other kinds of treatment.

We have noticed from the above remarks how Urogenine is useful in a variety of affections arising from Uric Acid Diathesis. That Urogenine has a favourable influence on the urinary mucus membrane, on the kidneys and on the muscles of the urinary apparatus can be evidenced from the beneficial results it has produced in diseases such as Bacilluria, Cystitis, Pyelitis and Pyelo-Nephritis.

Lastly, we must discuss Arthritis, which are the sequelae of these urinary troubles, in which Urogenine has been found to be of great use. Although we have referred to this in the foregoing remarks about Gout and Rheumatism, still reference to it in general would be of great help to the

General Practitioner. Now the first thing demanded by a sufferer from Arthritis is relief from his pain. For this there is no alternative but to use Salicylates and Bromides but once the pain is subsided or even side by side with this treatment Urogenine can safely be indicated with good results. This preparation has prevented recurrence of these symptoms by checking further deposits of mineral salts in the tissues and around the joints. Focal infections, which are in many cases the cause of these troubles, must first be searched out and removed so that Urogenine may have a fair chance to act.

In conclusion, we have to point out that Urogenine is a great preventive of all the affections mentioned above. As soon as the premonitory symptoms such as sandy and cloudy urine, pain in the kidneys, frequency of micturition etc. become apparent, then is the time for the exhibition of Urogenine. It is advisable to begin at this stage taking small doses of Urogenine to prevent more serious mischief in future. As every medical practitioner is aware, the exciting cause of Gravel and gout is the presence in the blood of Uric-Acid, it is therefore in his as well as in the interest of his patients that he should prescribe Urogenine, so that later on the symptoms of Gout in the joints as also in the internal organs may not manifest themselves.

Briefly put, no remedy for these complaints is more active than Urogenine, as it promotes elimination of Uric Acid without any delay not only through the bladder, but also through the kidneys. Further, by reason of the presence of Urotropine in it, it is a powerful antisep tic in the entire urinary tract. Urogenine does not merely effect a transient removal of deposits etc. but brings about a lasting action by regulating the viceral functions and stimulating the activity of the kidneys.

Masculine Pluriglandular Therapy.

It is no exaggeration to say that at present moment Endocrinology has become the most advanced and the most important method of therapy, and no wonder this is so on account of the splendid results achieved with it. It is after much clinical experience that this inference is drawn and when one considers specially the action of Pluriglandular preparations, one is convinced that if they are given for an appreciable period in sufficient quantities, they not only bring the destroyed functions to their normal state, but stimulate and activate the different glands in the body. These remarks naturally come to one's mind when one thinks of Opocrin Masculine made available to the Profession by the Anglo-French Drug Co. Opocrin Masculine is a preparation in which hormones of various glands are combined in such quantities and such strength, that a uniform and general action can be obtained by it. It is necessary in preparing such Pluriglandular product to take into consideration opposite regulative relation and counter-action of different glands. This product is of two kinds, the tablet contains Extract Cerebin, while the ampoule does not. That is the only difference, otherwise both of them comprise Extracts of Stomach, Liver, Pituitary, Pancreas, Kidney, Suprarenal, Orchitic Gland and Thyroid.

This product (Opocrin Masculine) has been found effective from its application in the numerous disorders, not only sexual, metabolic but general also. This Glandular preparation is easily assimilated and no undesirable extraneous effects are caused by it. This preparation can be taken orally as well as can be injected hypodermically. Being composed of the various glands, Opocrin Masculine does not remove the symptoms only like other Pharmacopeial Products, but compensate for the various deficiencies in the body. Besides improving the sexual weakness of the man, it influences the general condition of health, which it tones. Opocrin Masculine has not only the advantage of being harmless, but if it is administered for a sufficiently long time, its effects are permanent.

The hormones contained in Opocrin Masculine are absolutely reliable, as the different glands used in the preparation are extracted from healthy young animals under certain guarantees and according to strictly scientific methods.

By reason of the action of the variety of hormones of the different glands in Opocrin Masculine on the organism, it adjusts the internal secretions in the body and thus leads to the general revival of all bodily functions. It is owing to this that Opocrin Masculine can be effectively indicated

in numerous diseases. It would be a great mistake to imagine that Opocrin Masculine only influences the sexual organs, because, besides doing this, it regenerates the whole organism. The patient, after its course, becomes healthy, vigorous and youthful. Opocrin Masculine passes through the system and reaches the circulation. During its course through the body it partially or at times wholly replaces the products of the various defective glands by stimulating them. By clinical experience it has been found out that Opocrin Masculine acts in a specific manner in these cases of defective functioning.

Encouraging results have been obtained with Opocrin Masculine in sterility, neurasthenia and in disorders of metabolism. It is really difficult to group the defined types of diseases in which Opocrin Masculine can be employed on account of the fact that in series of extremely complex states, its use has been found beneficial. These states are weakness and fatigue ending in Asthenia. It can be also recommended in anemia, convalescence after acute infections, especially influenza and genital troubles. In conditions of general debility and nervous irritability its use has been found efficacious. Owing to the synergistic action between the different extracts in Opocrin Masculine, it meets the various requirements which ought to be treated by Organotherapy. In Prostatitis, in lowered mental conditions and in lowered virility its indication would prove beneficial. Opocrin Masculine is a better tonic in this sense that it differs from other tonics, which merely increase the appetite, but do not aid metabolism. It affects the important process of metabolism on account of the different gland extracts acting synergistically and helping in liberating the greatest amount of energy from the nourishment and thus toning the whole system. Opocrin Masculine is therefore very useful in convalescence and fatigue, where by stimulating metabolism it provides energy. It maintains normal cell-activity, helps cell-repair and efficiently excretes normally-formed-nitrogenous waste-products. For hypofunction of the male sex-glands Opocrin Masculine can be of great use on account of the synergistic action of the prostatic and testicular hormones. If the internal secretory function of the testicle is in abeyance on account of infections diseases or any other cause, the result would naturally be hormone dificiencies. Effective results would be obtained in such conditions with Opocrin Masculine.

It is owing to the absolute safety, innocuousness, simplicity and ease with which Opocrin Masculine can be prescribed, that it can be made use of by even the general practitioner, who has not specialised in any branch of medicine. The application of this product in a number of diseases would give him a wide scope for its trial in his general practice.

Asthma and how to treat it.

Asthma has been considered during recent times more as a complex symptom than a distinct disease. Various bases, more or less poisonous, enter the circulation and cause constriction and thickening of the Bronchial mucous membranes. The source of these poisonous bases may be either pollens or animal excretions or they may be produced in the body itself. In the latter case they are mostly toxins, which are the result of bacterial infections, either of the respiratory or gastro-intestinal tract. These bases are very complicated in their nature and are regarded as toxic to animals. They generally act through cellmembranes and are diffusible.

It depends mostly on the susceptibility of individuals for these bases to act. Supposing an individual is not upto the mark so far as his Endocrine function is concerned, he would then be susceptible to these bases. Such people have a low adrenal function - sympathetic or parasympathetic predominance. In order therefore to treat Asthma rationally one must bear in mind the various causes. The first and the most common is the sympathetic predominance, where the individual has a hereditary susceptibility and his adrenal content is generally low. Secondly, we get cases in which foreign bodies play a predominant part. Here the evacuations of animals and pollens of various plants get into the system causing Bronchial spasms. Next we come across people in whom particular types of food are responsible for the attacks. If that sort of food is taken daily, they get

attacks almost daily. This is in the majority of cases associated with the improper matabolism of proteins Lastly there are subjects in whom there is irritation in the area supplied by the Vagus nerve. This is due to various pharyngeal or nasal defects or tumours etc. in those regions. It may at times be due to the enlargement of the Bronchial glands.

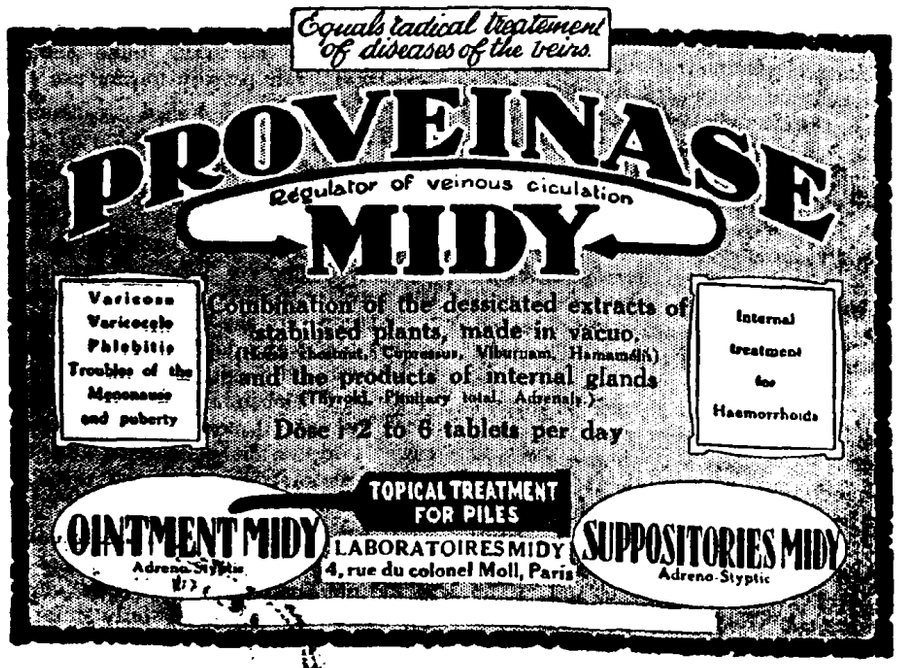
In most of the cases all these causes are intermingled, that is, the Vagus or the Sympathetic predominance is present in more or less degree. Similarly, where there is sensitiveness to a particular type of food, the repeated attacks lead to Bronchitis, which in turn leads to susceptibility to various pathogenic bacteria. In fact it sets up a vicious circle. Nasal defects bring about coryza, etc. which renders the nasal passages liable to attacks by micro-organisms on account of the low state of vitality.

Treatment consists not only in relieving paroxysms, but also in eradicating the cause. From this it would appear that after relieving the paroxysms, one has got to find out the proper cause and treat it, but fortunately for the Profession, the drug Felsol has been put on the market. This is indicated in Asthma both for relieving paroxysms and also for curing some cases of it, no matter what the cause is. Whether it is Sympathetic or Vagal predominance, administration of Felsol by the mouth has a remarkable action in relieving paroxysmal attacks of Bronchial Asthma. It has almost an instantaneous effect, which it brings about by dilating the Bronchial muscles. The main advantages of Felsol are that it oan be administered orally, its effect lasts for a very long period and lastly there is hardly any need of repeating the dose after six hours. Further, no bad effects are ever observed even after giving a large dose. The only thing, however, that one must bear in mind is that the patient should be treated to the cause once the paroxysms are relieved. For instance, if there is sympathetic predominance his general resistance should be raised by means of Endocrines, arsenic etc. If the food group is the factor, which causes the mischief, he should be kept on a proper diet and at the same time the bowel conditions should be corrected. If we find it a case of Vagal predominance, Felsol alone might give remarkable results. We know that in these cases Vagus has increased action, owing to causes mentioned above, which produces spasms of the bronchial musculature and also causes vaso-dilatation and thus brings about attacks of Asthma. Felsol diminishes the action of the Vagus and thus relieves the spasms. It also stimulates the counter-action of the Sympathetic thus bringing about relief. This effect is of long duration and moreover it does not produce any rise in blood-pressure or any irregular cardiac action. When we compare Felsol to Atropine, Stramonium or Adrenalin, which are the usual remedies employed in such cases, we notice that it is really safe and advantageous. Atropine, though it depresses the Vagal terminals, does not bring about relief of the turgescence of the Bronchial mucosa. It, in fact, decreases the secretions, which are rendered more viscid and tenacious and which are therefore very difficult to expectorate. Felsol is remarkable in that it brings about relief without any such by-effects. It, on the other hand, dilates the Bronchioles and liquefies the tenacious sputum and produces rapid expectoration. Stramonium, as is well-known, may cause irregular action of the heart. Adrenalin raises the blood-pressure, which may prove harmful and besides, its effect is only transitory. Therefore in the treatment of Asthma, Felsol has been found the most suitable and safe preparation for use.

The advantages of Felsol treatment, as stated above, are many and varied. It is non-irritant and absolutely non-toxic and it relieves the spasms without any after-effects. There is no sign of gastro-intestinal irritation and it is well tolerated by the most sensitive mucous membranes. The appetite is never disturbed. There is no change in the circulatory system, neither has it any depressant action on it. It is also not difficult to realise the healing action of Felsol in the lungs as is experienced by medical men through its constant use. It dilutes the secretions and facilitates expectoration and at the same time relieves the difficulty in breathing.

At present the vaccine treatment has come to the fore in this disease. The results obtained have not been very encouraging. Patients not only suffer from colds after the course of vaccines but the

return of symptoms manifested in a greater degree after a short period of freedom from the disease. Besides this there is the disadvantage of unpleasant local reactions setting in, which may be very troublesome. These can be surely avoided by simple oral administration of Felsol. Again, there is considerable risk if through mistake an overdose is given. This might set up a fresh attack which may be then very difficult to treat. At the same time it is found out from experience that the immunity that is attained after a course of vaccine injections does not last long. Felsol not only eliminates all these disadvantages but shows a material change in the organism as is evidenced by the results obtained by several doctors.



Notes on Treatment of Diseases.

N.B.—These notes are intended to supplement the treatment given in ordinary text books and are neither expected nor possible to be exhaustive.

Diabetic Coma: The premonitary signs are anorexia, nausea, vomiting, restlessness, unusual fatigue, excitement, vertigo, tinnitus aurim, drowsiness, listlessness, discomfort, painful or deep breathing and fever. The soft eye-ball is characteristic of this coma and is not found in any other variety. 40 to 60 grams of carbohydrate in the form of 3 or 4 oranges or oatmeal gruel to be given. Rest in bed. hot water bottles to the feet and blanket over the body, hot and not ice-cold liquids to be given freely in small quantities; salt solution to be given subcutaneously; tea, coffee, broths, orange juice and oatmeal gruel to be given a glassful every hour; salt solution to be given by rectum in moderate quantity. Constipation to be relieved by enema. As for food, carbohydrates only are required and the best form is levalose as orange juice and oatmeal. The circulation should be kept up by digitalis or caffein given alternately and by subcutaneous injection of salt solution. Before giving Insulin, make sure that the coma is due to acidosis as sometimes it may be due to codein or morphia taken by the patient. The safest plan is to give 10 to 20 units first intravenously and then hypodermically. For each unit of Insulin half a gram of Glucose may be given either by the mouth or rectum. If no improvement is seen, repeat the Insulin in an hour and if necessary every 3 or 4 hours; 80 units may be given in 12 hours. The Insulin must be continued for several days in diminishing doses up to 40 units a day. If coma is due to infection, Insulin is useless. One unit of Insulin will metabolise 2 grams of glucose. The minimum dose for children is about 5 mms. and for adults 12 units to be given in all 4 times a day before each meal. The dose before breakfast must be higher than others. Eventually the noon dose may be stopped: breakfast, 5, 8, 10, units, dinner, 5, 2 units 3rd dose not required and supper 5, 5, 5 units; four times a day is not quite essential but twice a day is required half an hour before each meal. The reaction of the Insulin injection with 1 to 8 hours consist of the onset of severe hunger, weakness, sweating, pallor and trembling. The first dose of a new preparation should be the half the last dose of the old one. The treatment of reaction consists in eating an orange and by taking the carbohydrate portion of the next meal and sugar 5 to 10 grains. In giving Insulin daily examination of urine is necessary. If the usual exercise is not obtained or the supply of Insulin fails in a day, the diet must be reduced by 1/3rd. The treatment by Insulin should not be discontinued abruptly except in cases recovering (1) from surgical emergencies (2) from acute infection and (3) from severe acidosis in mild cases. In cases of severe hypoglycemia glucose should be given in 5 to 20 per cent solution, the total quantity not exceeding 25 grams intravenously or epinephrine 1: 1000, 15 mms. hypodermically (Josline).

2. The best treatment for Diabetic coma is to give physiological sodium chloride by injection into the periteneal cavity.

Diphtheria: Anti-diphtheric serum may be had in powder form also and this may be given immediately and repeated if necessary within 12 hours.

2. Internally for children, calomel 1/12th gr. may be given every quarter of an hour till green stools are passed. The throat to be touched with H_2O_2 and if it is not available, Mendel's solution or Liq. ferri perchloride mixed with equal parts of glycerine (Sajous).

3. Loeffler's solution (menthol 100 grams to be dissolved in Tulol to 36. c.c. Liq. ferri Secechlorate 4 c.c., absolute alcohol 60 c. c.) or Tinct. ferri perchloride, half an ounce glycerine, one ounce water with 15 mms. of Phenol (Osler).

4. At the commencement Hydrag perchloride 1 gram, Pot. Iodide gr. 20, glycerine 2 drams Aqua one ounce, a tablespoonful to be given. Then Strychnine 1/10th to 1/32 of a gram 4 times a day with the above or with Liq. ferri perchloride (Modern technique of treatment).

Dropsy: In all conditions of dropsy whether of reneal or cardiac origin, Iodo

Salicylate of Theobromine (Diuretion) 10 to 20 grs. in capsules or in warm water until 1 to 2 grs. are taken. The only contra-indication is acute nephrities.

2. Squill is also useful in all kinds of dropsy. It may be given with digitalis or Pulvis Scella 10 grs. with Pulvis digitalis folia 20 grs. made into 10 pills, one pill three times a day after meals.

3. Lactose given daily dissolved in a quart of water is good for cardiac dropsy. In renal inactivity, calomel 1 gr. with squill or digitalis or opium 3 times a day is good. If the dieurtic condition does not appear in 48 hours it must be discontinued.

4. Theacylon (Acety-Salicyl Theobromine) is good and also urea.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Therapeutic Uses of Magnesium.

Physicians are apt to think of magnesium salts as merely purgatives. They are liable to forget the intimate effects of magnesium salts when administered in doses too small to cause the purgative reaction. In Tetanus its sedative effect on the central nervous system is long recognised.

Magnesium salts have been used similarly to calcium salts for various purposes but there is antagonism between the two in some respects.

Intraspinal Anaesthesia can be induced by dilute solutions.

Convulsions of eclampsia have bee controlled by magnesium salts and also the movements of chorea.

The pains of rheumatism and of cancer have been relieved by magnesium injections, and the sedative action of the same salts have proved usetul in mental cases.

It is said that where drinking water contains magnesium salts, cancer is rare.

Magnesium appears to act, in small doses, by reducing irritability. One of the causative factors of malignant growths being repeated irritation, we can understand a degree of preventive action here. But magnesium salts are a natural component of the blood and tissues. The quantities found are much smaller than those of calcium, but perhaps are quite as important in their own way.

As a nervine recuperative and tonic Magnesium Cacodylate has been recently introduced in the form of Seroferrine, the complete formula of which is :—

Magnesium cacodylate	...	0.05 gram
Sodium glycerophosphate	...	0.05 „
Strychnin Sulphate.	...	1/2 Mill.
Organic iron	...	0.01
Physiological saline solution.		1 c. c.

Notes and Extracts from Standard Literature.

Dilator Versus Contractor.

Physiological investigation has established the existence of two sets of nerves regulating the automatic tonus of the plain muscle of blood vessels. Claude Bernard first brought to our knowledge the presence of the inhibitor or dilator nerve fibres. Subsequent researches have disclosed that nearly all the vessels of the body receive vasoconstrictor fibres, and that many of them receive also vasodilator fibres.

The work of Langley established an antagonism between the action of the vasoconstrictors, which leave the central nervous system over a limited area of the spinal cord, and the vasodilators, which take their origin together with any of the cerebrospinal nerves.

The full extent of the vasodilator fibres in the vegetative nervous system is still undetermined. However, the selective influence of certain chemical substances found in the tissues of the body upon these diametrically opposed nerve fibre systems has added valuable material to the physicians' therapeutic knowledge.

The Hormone Antagonistic to Epinephrin.

In 1895 various investigators (Oliver and Schafer; Szybulski and Symonovicz) established epinephrin, the active principle of the suprarenal capsule as the hormone controlling constriction of the arterioles. Takamine in 1901 isolated epinephrin in crystalline form. It can readily be made synthetically.

Given in full dose intravenously, it causes a marked increase in blood pressure, arising from peripheral stimulation of the arterioles. The heart beat is strong and accelerated, intestinal movements are inhibited, and there is increased intraocular tension. It acts directly on the blood vessel wall, augmenting the energy of the circulation.

Because of the direct antagonism between epinephrin and the vegetative vasodilator nerve fibres, as established by Langley, investigators have long surmised the existence of a hormone opposing the action of epinephrin and stimulating the vasodilators.

THE VAGAL HORMONE.

Just as epinephrin stimulates the constrictor nerve fibres, so do the vasodilators react to muscarine, pilocarpine, physostigmine, choline and in very high degree to acetylcholine. The investigations of Loewi, Gautrelet and other physiologists point to acteylcholine as the vagal hormone.

"It has been shown that the passage of blood containing lactic acid or carbon dioxide (both results of muscular metabolism) causes a marked dilatation of the blood vessels of a limb, but it is certain that the dilatation which occurs in activity is greater than could be accounted for by the presence of these substance, and the actual nature of the substance responsible is open to question. There are, however, indications that it may be acetylcholine, or some closely related substance, which is known powerfully to relax the arterioles" writes Starling (Principles of Human Physiology, 5th ed. 1930, p. 801).

POWERFUL ACTION OF ACETYLCHOLINE.

The acetyl ester of choline can be extracted from fresh body tissues and from the blood. Dale and Dudley were able to isolate the esters of choline from the depressor substances present in nearly all tissue extracts.

Its presence in the tissues, on conjunction with its powerful action on the vasodilator nerve fibres, strengthens the identification of acetylcholine as the vagal hormone.

Reid Hunt in 1918 found acetylcholine to be a vasodilator of such extraordinary potency that 0·000,000,003 mg. caused a distinct lowering of blood pressure in the cat.

The introduction of the acetyl radical in choline derivatives increases the depressor effect 100,000 times, the toxicity only three times, according to the investigations of Hunt (Sollmann, A Manual of Pharmacology, 3d edition, 1927, p. 404).

The extraordinary dilator action of acetylcholine suggests its therapeutic value in disturbances arising from vagal insufficiency. Clinical investigation has established its use in certain syndromes where a powerful vasodilator is indicated. Its further applications are being studied.

ACEOLINE, A STABILIZED ACETYLCHOLINE.

The chemical formula of acetylcholine hydrochloride, the form of acetylcholine used in medicine, is as follows:—

$$\begin{matrix} CH_3 \\ CH_3 \\ CH_3 \end{matrix} \quad N \quad \begin{matrix} Cl \\ \\ C_2H_4CO_2CH_3 \end{matrix}$$

Acetylcholine itself is not stable and deteriorates rapidly in the presence of moisture. It is a white, crystalline powder, extremely hygroscopic. To insure uniform dosage, it must be associated with neutral substances to prevent its decomposition into acetic acid and choline. Without such association it may contain as much as 50 per cent of choline, rendering the dosage seriously inaccurate.

An effective and reliable acetylcholine hydrochloride is available clinically, through stabilization with glucose, under the pharmaceutical name of Acecoline.

Acecoline is a dry powder, sealed in ampoules to protect it from decomposing contact with moisture. It has been sterilized by tyndallization. Each dose should be prepared freshly by breaking a sealed ampoule.

FREEDOM FROM TOXICITY.

Because the intravenous administration of Acetylcholine is toxic to animals, its administration to humans was long delayed.

Compared with choline, acetylcholine is one hundred thousand times more active on arterial pressure, but only three times as toxic. In therapeutic dosage intramuscularly or subcutaneously, Acecoline is non-toxic and gives no untoward

reactions. In the Paris hospitals nearly 10,000 injections have been administered without local or general intolerance.

The effect of Acecoline is wholly maintained, even after repeated administration, and intolerance does not develop.

It must never be given intravenously, because this route produces too sudden a reduction of blood pressure.

MODE OF ADMINISTRATION.

Acecoline is administered only subcutaneously or intramuscularly. Intravenously it is dangerous; care should be taken that the injection is not made into a small vein. Orally it does not appear to be effective.

The solution for each dosage must be prepared freshly. Sealed ampoules of sterilized, doubly distilled water are provided with each package.

The injection does not produce pain locally or generally.

PHYSIOLOGICALLY ASSAYED.

In order to insure reliability in dosage, Acecoline is physiologically assayed before sealed in ampoules for distribution. Villaret and Justin-Besancon have personally given more than two thousand injections of Acecoline without untoward incident.

ROUTINE HOSPITAL USE.

Acecoline is used in seventeen Paris hospitals by thirty-one internists of note The summarizing table of these hospitals gives supporting evidence for the therapeutic claims for Acecoline.

Use of acetylcholine has occupied recent and extensive space in the medical literature. To the interested investigator a fund of bibliographic references is available.

A POWERFUL VASODILATOR.

The vasodilating property of Acecoline is localized on the arteries and arterioles. Its main property is the lowering of arterial pressure. Its action is selective; a subcutaneous injection does not produce capdilatative effect on the retinal artery. Under the ophthalmoscope, in some instances of injection into normal individuals, the artery rapidly doubles in size.

The action of acetylcholine is directly antagonistic to that of epinephrin, or may perhaps more accurately be classed as antagonistic to ephedrine. Acetylcholine and ephedrine alike available outside the body and are antagonistic physiologically in the same manner as acetylcholine and epinephrin. Ephedrine and epinephrin stimulate the vasoconstrictor nerve fibres; acetylcholine, the vasodilators.

OTHER VISCERAL REACTIONS.

The heart: In large doses acetylcholine causes slowing of the heart and effects similar to those after faradic stimulation of the vagues.

Smooth Muscles: It stimulates smooth muscles with effect twenty times as great as that of pituitary extract or pilocarpine. It increases the tone, without spasmodic contraction, of the smooth muscle of the uterus, the bile ducts and the eye muscles. It increases gastro-enteric motions.

On striped muscle: It produces a contraction suppressed by atropine.

The blood: It has an anticoagulant action on the blood in vitro. By some investigators it is thought to possess anti-anaphylactic power.

News and Comments

Khadder saves an awkward situation: Under this headline there appears a letter addressed to us by four medical practitioners of the taluk headquarters station, the government medical officer of which place was reported to the Surgeon-General for the misuse of the privileges of private practice We commented upon this subject in these columns in the month of June and suggested that an enquiry should be conducted so as to enable the authorities to get at the root cause of such abuses which have lost all their heinousness due to variety of causes almost all of whom started in institutions where the medical men both in service and outside are being taught and trained. The crimes having assumed the role of customs, it is not surprising that the enquiry into this case which took place on 21st June could not be conducted in a way the occasion or circumstances demanded as could be seen from the letter under reference. It was a mistake on the part of the authorities to have deputed the D. M. O. who was also concerned in the complaint. This officer seems to have displayed ignorance of his powers and took legal advice from the Sub-Collector of the place who came to the rescue of the D. M. O. in person. The gist of the advice of the Sub-Collector is in the letter itself and needs no comments. The assurance from this officer who happens to be the President of the Hospital Committee of the very institution whose medical officer was complained against that "no future room for complaint would occur" satisfied three of the four complainants and the D. M. O.'s appeal to the fourth who wore Khadder, an emblem of "non-violence in thought word or deed" saved an awkward situation as the complaining doctors must have thought that discretion is better part of valour, especially when they could not stand the official influence.

We are bound to say that the Sub-Collector who is also the President of the Hospital Committee ought to have been certainly capable of effecting a compromise in a less objectionable way. The fact that the complainants thought it desirable to send us and others in authority a report of the proceedings of the enquiry clearly indicates their feeling in the matter. Apart from the grievances of practitioners concerned in this complaint, there were other circumstances which if gone through dispassionately, would have thrown a flood of light and would have satisfied those who are in need of evidence as to how State hospitals which were solely meant for the necessitous poor, are being utilised as nursing homes and chemist shops for the rich who naturally prefer hospital treatment rather than that of a private practitioner.

The 'Axe' on the S. A. S.: The report of the proceedings of the Retrenchment Committee which appeared in the lay press sometime ago, has been the cause of comments from some lay members of the public who argued that the Asst. Surgeon's being more costly, replacing them by honoraries would bring about more saving than by substituting honararies in the place of Sub-Assistant Surgeons. This is true but may look drastic. While commenting on the Honorary System of Medical Relief, we suggested that the compulsory retirement of all medical officers of any grade after 25 years of service and stopping further recruitment will be most practicable and will not cause hardship to anybody and save the purpose of Retrenchment most effectively.

Is it Retrenchment? The Central Government have advised the Provincial Governments that new pots should not be created and even in case of urgent necessity, only temporary service should be had recourse to. In spite of this there was recently a competitive examination for the recruitment of Civil Assistant Surgeons.

The Local Governments have advised all the departments under them to minimise expenditure in travelling; yet to transfer one Civil Surgeon from Anantapur to Vizag Agency as many as five transfers are effected covering an area of nearly 2000 miles and the necessary absence of these 5 civil surgeons from work for nearly a month, time spent in travelling and joining. A Civil Surgeon on leave who was available at Vizag and who could have been conveniently and with less cost, sent to Vizag Agency, is made to travel from North, Vizagapatam, to the extreme South, Tinnevelly and the Civil Surgeon from Anantapur, is ordered to go to Vizag Agency. Tinnevelly CivilSurgeon has been ordered to go to Negapatam and the Negapatam Civil Surgeon from the East Coast is sent to Tellicherry, the West Coast and the Civil Surgeon who was on leave at Tellicherry sent to Anantapur. These transfers look like chess play requiring some thinking.

The D. M. O. Conference though well meaning, was more a luxury than a necessity and the work turned out at the conference could have been done more satisfactorily by way of recording opinions from the D. M. Os. by post for which purpose the government might have had to spend only a couple of hundreds instead of a few thousands spent on travelling allowances and pay of these officers for about a week. Some of the D.M.Os. would have expressed their views better in writting than by mouth in the immediate presence of the Surgeon-General who might have had his own views on the subjects to be discussed.

Diplomacy versus facts: Private practice by Government Medical Officers was the subject of interpellations for a second time on 3—8—31 on the floor of the Legislative Council, after 1928, when the Chief Minister replied in as many words as did the then Minister of Public Health in 1928 The answers of the Chief Minister were as diplomatic as they were disappointing. But it is a matter for consolation that the views conveyed in the answers were those of the Adviser of the Government, the Surgeon-General who might not have read the paper by Lt.-Col. Bradfield on Medical Education before the South Indian Branch of the British Medical Association in 1928, which was reproduced in the Indian Medical Gazette, a Medical Journal considered to be the official organ of the I.M.S. in India. Lt.-Col. Bradfield informed his audience that there was roughly one doctor for 840 of the population in Madras, a proportion higher than that found in British Isles, where there was one doctor for 920 of the population. Though the above statistics was collected by Lt.-Col. Bradfield for some other purpose, the authenticity of the statement of such a responsible officer of the Government cannot be questioned. While thanking our popular representatives in the Council for the service they rendered to the Independent Medical Profession, we request them to follow up this subject and get a statement from the Adviser of the Government what should be the strength of the Independent Medical Profession in the city and elsewhere to enable him to advise the Government to restrict private practice to the paid Medical Officers in service. There are certainly more medical men in the city in 1931 than in 1928. Let us wait and see whether facts can melt diplomacy?

Responsibility in Representation: The Committee appointed by the Government to consider the Scheme of Honorary Medical Relief seems to have commenced its deliberations. Though the Committee has no representation for the Independent Medical Profession in the mofussal, a serious omission pointed out by us, it has representation for all grades of Medical men except the L. M. Ps. in service. It was expected of these representatives that they would call in meetings of the class of medical men they represent. The Representative of the Madras Provincial Medical Service has done his duty and a general body meeting of the Association was called in. The South Indian Medical Union have not so far convened a general body meeting for this purpose nor have the Representatives of the L. M. Ps. seem to have made any attempt to gather the views of the class of medical practitioners whom they represent. It is not too late to mend matters. May we request the representatives to have the benefit of suggestions from those whom they represent?

Grateful thanks to the Deputy Secretary, L. S. G.: We pointed out the necessity of publishing the terms of

reference to the Committee appointed to go through the Scheme of the Honorary System of Medical Relief and the comments in these columns in our last issue regarding the non-compliance of our request, seems to have served as a reminder and we have since received a copy of the terms of reference from the Deputy Secretary L. S. G. to whom we are obliged. The following are the terms of reference:—

(1) The consideration of annexure 2 to G.O. No. 899 P.H, dated the 11th April 1930 with a view to examine if any changes should be made in the designations proposed or in the qualifications and duties therein laid down; (2) to consider what differentiation, if any, should be made in the rules for Honorary Medical Officers at hospitals attached to teaching institutions in Madras City and in the mufassal hospitals; and (3) to make any other recommendation concerning hese honorary appointments, not involving extra expenditure.

It is clear from these terms that the Committee, apart from suggesting revision of rules for the conduct and work of the Honoraries in the Government Hospitals, may also recommend to the Government anything concerning the scheme which does not involve additional expenditure We hope both the Official and Non-official Representatives in the committee will evolve a scheme which will satisfy the profession and the public.

Distance lends Enchantment: There seems to be an impression in some quarters that it is imperative that outsiders should be entertained to fill up the professional chairs of Pathology, Anatomy and Physiology and a name has also been suggested in glorifying terms of an out-sider for the Pathology chair. There is a vernacular proverb which says, we may trust a thief but not an unknown gentleman. There is some sense in this proverb which may be applied in this case, which we have done most reluctantly to serve the purpose of arguments of the opponents of local service men, with due apologies to all concerned. Apart from any other consideration, we have already said that appointment of outsiders in Pathology, Anatomy and Physiology cadre, is a breach of faith as there was no idea at the time of creating these cadres of bringing in outsiders and the Government is morally and legally bound not to recruit outsiders in the cadre till all those who joined these cadres get the places for which they were recruited not excluding the professorship as those who joined these cadres earlier, did so with the full hope of their being appointed as professors in due course. There is yet another consideration. There are at least two now in service who have been teaching Pathology with no bad results. The outsider talked about does not seem to have any teaching experience. Moreover, one of the two of the existing Professors in Pathology is a permanent incumbent who taught the subjects in two colleges creditably. He has acted as a Principal of a Medical College and was unanimously appointed to act twice as the Vice-Chancellor of an University. The Government will certainly censure itself if they overlook the claims of one whom they found fit to hold appointments of a higher order than of a Professor of Pathology.

Conferences: It is to be regretted that the medical profession both official and non-official forget to recognize the existence of Medical Journals in the matter of publicity regarding their activities and usually prefer the lay-press. Consequently those who are responsible for the running of the medical journals are usually handicapped in the matter of publicity of the activities of the association conducted by groups of members belonging to one or the other section of the medical profession. Apart from the publication of the proceedings and the activities of the association, the services of the medical practitioners are not requisitioned even for the matter of announcing the dates and programmes of the various medical associations. A few send us the proceedings after request and we were not able to do full justice to their work regarding their publication, especially so because the news gets stale.

THE TANUKU MEDICAL CONFERENCE: Though Tanuku is a small town, there seems to be enough number of medical practitioners to satisfy the wants of the population of the town in the ratio of 1 to every 900, a state of affairs comparing favourably with that obtaining in British Isles. This small group of medical practitioners has formed an association under whose auspices, a conference was called on 31—5—1931 presided over by Dr. T. S. Tirumurti. The Chairman of the Reception Committee was Dr. C. H. Satiyraju. The lead given by the President and the Chairman of the Reception Committee is evidenced in the 28 resolutions passed at the conference on important subjects affecting the future welfare of the Medical profession as a whole. The Conference welcomed the suggestion of establishing an All-India Medical Council, where it was recommended by the Conference that all Registered Practitioners who were found in the Provincial Registers should be represented. The conference was in favour of 5 years' course in the medical schools. Regarding the Government decision of the location of the Medical Research Institute, they desired that it should be located at one of university centres and protested against the reservation of appointments in the institute to any particular service. They recommended to the Government that the Military and the Civil Service should be separated for the recruitment of members of the I. M. S. They also were of opinion that the I. M. D. Department should be also open to Indians. They urged the representation of the Independent Medical Practitioners in Madras and the Andhra Universities and also in the Medical Boards for holding examinations for graduates as well as the licentiates. They were in favour of appointment of Honoraries in State hospitals, who should replace State paid Medical Officers. They were against the existing custom followed by the Government giving preference to practitioners with foreign qualifications for honorary appointments. They were against the present system of entrusting to the discretion of the heads of departments the necessity of asking for a second opinion regarding the Medical certificates. The Conference recommended that the system of Medical Inspection should be on a larger and a more satisfactory basis and whole time medical officers should be appointed for this work, who should also teach Hygiene and Physiology in schools where they conduct medical inspection. Regarding Rural Medical Relief Scheme, the Conference was of opinion that the grants for medicine should be increased in dispensaries where the average income is more than Rs. 30 and suggested to the Government that a council consisting of (1) D. M. O., (2) District Collector, (3) District Board President and (4) two prominent Independent Medical Practitioners of the District should be constituted in each district for administering the Rural Medical Relief Scheme. Regarding the concession recently allowed by the University for the L. M. Ps. to appear for the M. B. B. S. Degree, they were of opinion that there was no necessity for a preliminary general educational qualification of the Intermediate standard and that every L. M. P. of 5 years' standing should be allowed to appear automatically for the M. B., B. S., degree. Employment of male nurses in the hospitals, was another suggestion by the Conference to the Government. To popularise and lessen the cost of treatment of Venereal diseases, they wished the fees at present charged at the King Institute for the Khan and Wassermann tests should be reduced by 50%. Regarding Provincial Medial Councils, they protested against the water-tight compartments now existing in the matter of electing

representatives and recommended the members of the Legislature to amend the Act so as to do away these compartments and obtain a majority of elected representatives with an elected President. The Conference unanimously congratulated the President, Dr. T. S. Tirumurti, as he was the first amongst the medical men so far to hold the Vice-Chancellorship of an University. All the resolutions passed by the Conference will surely have the support of the profession except the pious wish of the conference in requesting the Government to have the Central Research Institute at Vizag.

RURAL MEDICAL PRACTITIONERS' CONFERENCE: The Rural Medical Practitioners of East Godaveri Dt. met in conference on 9th July 1931 at Coconada. The Conference was presided over by Dr. C. Ramanujayya. the D. M. O. of the District. The President advised the members that along with the agitation they had been conducting for the improvement of Rural Medical Scheme they should also strive to improve their professional knowledge and improve their methods of diagnosis and the treatment in the restricted circumstances they are situated as Rural Medical Practitioners. He acknowledged the hardships they were undergoing under some of the Taluk Board presidents who usually selected their favourites without minding the merits of the candidates. He suggested the necessity of having a council consisting of the District Board President, the D. M. O. and 2 non-officials for the purpose of administering the Rural Medical Relief Scheme. He was of opinion that the authorities should provide dispensary buildings and quarters for the practitioners and appealed to them that they should interest themselves in rural sanitation also.

Resolutions were passed recommending to the authorities to provide buildings for the Rural Medical Dispensaries and also quarters as suggested by the president. Request was also made in the resolution to supply a compounder, a ward-boy and a midwife for each dispensary and also the required furniture. Suggestion has been made to the authorities to sanction Rs. 100 every 5 years for the purchase of surgical instruments. The conference recommended to the government to fix 7 to 10 a. m. as the working hours at the Rural dispensaries the rest of the time being allowed for private practice. The conference also asked for one month's privilege leave for the practitioners every year, and requested the Taluk Board to adhere to the G. O. which recommended to them that the Rural Medical Practitioner should be made the Medical Officer of a pucca taluk board dispensary when it was started in the locality where the Rural Medical Practitioner had been working. There were other resolutions regarding the internal working of the district association including the election of office-bearers.

It looks to us as if the Rural Medical Relief Scheme is likely to be another paid department of the Government or of the Taluk Boards, which, we are afraid, is not the intention of those who were responsible to initiate the scheme though the Rural Medical Practitioners are justified in their demands especially when it is not possible for them to run the scheme with the help of a meagre subsidy they are getting. The Government, if they are sincere to afford medical relief in the villages, will have to accede to the demands of the Rural Medical Practitioners entrusting the medical relief in the cities and towns entirely to the Honoraries.

THE 2ND ALL-INDIA OPTHALMOLOGICAL CONFERENCE: The All-India Ophthalmological Society met in Conference at Bangalore from 20th to 22nd July. We made a request to the Chairman of the Reception Committee and also to one of the Joint Secretaries to send us copy of the proceedings of the Conference, and though the former promised to comply with our request, we did not receive the Official Report and consequently had to be satisfied with a report communicated to us by one of the delegates and this report has been published in our correspondence columns.

M. S. C. in Physiology: We congratulate Dr. B. T. Krishnan, B. A; M. B. B. S., the Ag. Professor of Physiology, Madras Medical College. on his being the recipient of the M. S. C. degree in Physiology. He is the first amongst the members of the medical profession in Madras province in having got this distinction. He wrote a thesis on the studies on the function of intestinal musculature as observed in cats. We believe that the thesis must have been adjudicated by eminent Physiologists in London.

Medical Certificates: We brought to the notice of the authorities in these columns the non-compliance of G. O. No. 2746 P H. dated 30th October, 1930 by one of the District Surgeons. Terms of this G. O. concerning the medical officers' responsibilities are mandatory and yet it is to be regretted that some of the D. M. Os do not respect the principles involved in the matter of counter-signing the medical certificates. The D. M. Os by virtue of their official position have a double obligation, one to the Medical Council which had condemned the practice of counter-signature and the other to the Government who have approved the action of the Medical Council and passed the G. O. referred to above which is observed by them in the breach. May we suggest to the Surgeon-General in his double capacity as the head of the Medical Department and President of the Madras Medical Council, to issue a circular to all Medical officers so as to guard the prestige of the Government and the Medical Council, if not for anything else.

A good beginning: We are informed that the Asst. Surgeon working at the taluk head quarters hospital, Ramachandrapuram, will go on leave shortly and the taluk board have suggested to the Government that the honorary Asst. Surgeon working in the same hospital and who has a good record of work at his credit may replace the paid Asst. Surgeon. There is a full time Lady Sub-Asst. Surgeon attached to this hospital. It will be very wise if all concerned agree to the proposal and give a fair trial to the honorary Asst. Surgeon during the period the paid Asst. Surgeon is on leave without replacing him by another Government Medical Officer and if during this period everything goes on well, the honorary may replace the paid Medical Officer for good. This experiment will serve the double purpose, retrenchment and a practical trial of the honorary system. The time and circumstances are quite opportune and we trust they will not be missed.

Royapuram Medical School Union: The first anniversary of the Union was celebrated on July 25th with the Hon. the Chief Minister in the chair. Major Mahadevan the Superintendent of the School welcomed the Hon. Minister and referred to the good results produced in the school during the year. Diplomas and prizes were distributed to the successful students by the Minister who congratulated them and announced that the long coveted 5 years course was likely to be a practical proposition in the year 1932, in spite of retrenchment. The news was received by the students with applause. We congratulate Major Mahadevan for the creditable results achieved at the recent examinations, which we trust was not due to any extraneous circumstances but mainly due to the care and attention bestowed on the students. We hope, we will be able to report in still more glorifying terms about the progress of this institution though for the matter of comparison, we have almost lost the Tanjore Medical School. Major Mahadevan's precept to the successful students to be "truthful, sincere and straight" will, we trust, be easily appreciated by them and will serve as a motto throughout their career.

Amritsar Medical School: We learn that the Lecturer of Surgery in the above school is to retire soon and that the Licentiates in the Punjab are agitating to point out to the Local Government the necessity of appointing a person with a high medical qualification as it is their desire that the standard of education in Medical Schools should be increased to bring to the level obtaining in Colleges. It is really a strange irony that though the Licentiates form the largest group of medical men who are to-day catering to the needs of medical relief both in public and private capacity, that the Government of the land show only a step-motherly regard towards the efficient training of this class of medical practitioners. This indifference amounts to a culpable neglect. Is want of outside pressure from a body like the General Medical Council, Great Britain, on account of whom the standard of medical education in colleges is keenly watched, by all concerned, the cause of such a neglect in the case of school education? We appeal to the Punjab Government and request them to find their way to choose a highly qualified Surgeon either from within the service or outside so that the boys trained in Amritsar Medical School may not be found wanting in Surgical skill for want of a good teacher.

Correspondence, Reports, etc.

Khader saves An awkward Situation.

DEAR SIR,

Regarding the enquiry into the allegations in the petition against the Assistant Surgeon, signed by us and addressed to the Surgeon-General, we received a wire on 19—6—31 stating that the enquiry has been ante-dated to 21st June 1931 from the 22nd at about 4 p. m. We immediately guessed that a letter might have been addressed to us and we sent a messenger to the post office and got the letters addressed to us which directed us to get our evidence ready to prove our complaint against the Asst-Surgeon at 10 a.m, on Sunday, 21st June 1931. We went to the Sub-Collector's Bungalow at 10 a.m, on Sunday, 21st June 1931. We were received by the District Medical Officer who shook hands with all of us. We then took our seats. We had individually prepared a written memorandum stating such facts as were within our personal knowledge. We also had prepared a joint memorandum stating that we are prepared to depose into such facts as we personally knew and as regards our witnesses, we had requested that they may be summoned by legal proceedings as we have no control over them and that as some of them live miles away, we could not possibly get them. We had also prayed for a public enquiry and representation by Counsel to get full justice. This memorandum a copy of which was sent to the Chief Minister and the Surgeon-General was submitted by us to the D.M.O. He said he had no power to summon witnesses and that he would take our oral depositions individually. Dr. B. was examined first and the rest of us were asked to keep out. The Asst.-Surgeon was present. Dr. B. was examined till 2 p.m. He signed his oral deposition and he was asked to return at 3-30 p.m. Within this interval, some of the persons whose names Dr. B. had used in the course of his oral deposition, were got by the Asst-Surgeon and they were examined and their statements taken. Dr. B. told us that he protested to the D M.O. that he would like to be present when those witnesses were being examined and that he must be allowed to cross-examine them. The D. M. O. did not agree to this

Then we took expert opinion on the legality of the procedure adopted in the enquiry in not allowing us right of cross-examination. An objection petition was drafted by us and submitted to the D.M.O. (a copy of which was forwarded to the Chief Minister and the Surgeon-General.) After perusing this objection petition, the D. M. O. told us that he will consult the Sub-Collector and give us a reply. Then Dr. B. was cross-examined by the Asst.-Surgeon. While this was going on, the D. M. O. received a note and the enquiry was stopped for a while.

The Sub-Collector asked us if we wanted to prosecute, prosecute and harass the Asst.-Surgeon or if it was only a fight for getting our grievances redressed. We replied that it was only a fight for a principle and that we had nothing personally against the Asst. Surgeon. In that case, the Sub-Collector assured us that no future room for complaint would occur and that the past may be buried and a compromise arrived at.

Then the D.M.O. the Sub-Collector, and the Asst.-Surgeon and we four, had a joint conference. The Sub-Collector made a short speech wherein he assured us that no further room for complaint will occur and that the past may be buried. We wanted something in writing from the Asst-Surgeon which will be kept in trust either with Dr. A. or the Sub-Collector himself. As we could not arrive at a written statement honourable to all of us and without being prejudicial to either party, we agreed to having nothing in writing. Dr. D. was at first very reluctant, because the public may feel that we have compromised on account of our case being weak and on account of our not being able to prove our allegations. But when the D. M. O. made a special appeal to him mentioning the name of Khadar that Dr. D. wears and which stands "for non-violence in thought, word and deed", he yielded and all of us yielded. Then the D. M. O. assured us that nothing further would be heard of this enquiry. The Sub-Collector assured us on his word of honour as President of the Hospital Advisory Committee, that he would safeguard our interests. The Asst.-Surgeon said that hereafter he will live in peace and let others live in peace. Then each of us repeated "I will live in peace and let others live in peace" and shook hands and parted.

This is the true story of the enquiry into the allegations against the Asst. Surgeon made by us.

20—7—1931. Yours truly.
(Sd.) A, B, C, D.

[We have omitted the names of persons concerned as no good purpose will be served by their publication. We are concerned about the principles involved which are plain even without mentioning names.—Ed.]

Honorary Appointments in State Hospitals.

SIR,

I read with great interest coupled with a rude surprise the leaderette in "The Hindu" of the 15th inst on the extension of the system of appointment of Honorary Physicians and Surgeons in the Government Hospitals of the Presidency. The article is a clear exposition of the present-day state of affairs. It has not failed to point out the clogging in the wheels of the honorary system, the indignities to which some of these "Honoraries" are subjected to, and the effect of indifference and irresponsibility of some of these honorary workers. The major portion of the article is a fair comment of the present system of the working: but it is surprising to find that the latter portion of the article is an insidious attempt to placate the so-called "Assistant Surgeon" class. It appeals to the committee appointed to investigate the methods of the extension of the system to select for such appointments only men holding 'high' qualifications, thereby indicating that men of L. M, P. and similar qualifications should be summarily shut out from such appointments. Even the Government have not thought it fit or necessary to make such invidious distinctions: for we find that in the honorary appointments so far made, capable men of the L. M. P. class have been selected for some of the Head-quarters hospitals. I need hardly point out that the principle enunciated in the article is in direct variance to the principle of democracy, which a nationalist paper like "The Hindu" was expected to expound. I appreciate the high ideals advocated in selecting men of superior qualifications, but pray! are the qualifications to be the only criterion? Do we not find men of "lower qualifications" command great confidence and respect among the public in the city of Madras itself and elsewhere? If, as is contented, that superior qualifications alone can command public confidence, then we have to close down all the dispensaries of the presidency besides sending away all the sub assistant surgeons from the Head-quarter and other institutions, because it is but "human nature" to look down upon them. It is also a great surprise that contrary to "human nature" very many independant practitioners of the L. M. P. class are so popular and are enjoying the confidence of the public, even in places, where there are medical men of superior qualifications.

At a time when the boundaries between the classes are getting obliterated and the spirit of democracy is asserting, it is painful to find the attempts made to perpetuate the inferiority and the superiority complex. In the department of Law, with the establishment of the Bar Councils, all High Court Vakils have become Advocates and even the first grade pleaders, who are not Bachelors of Law, are being enrolled as Advocates. If more University qualifications are looked into are they entitled to this privilage which aims at democratisation?

I believe the committee appointed by Local Government to examine the working of the system of employing Honorary Physicians and Surgeons in State Hospitals will be guided by the principle of selecting efficient and popular medical men who are prepared to render earnest and willing work, without laying undue stress on their University qualifications or diplomas.

Calicut. V. KRISHNA MENON.

The Second All India Ophthalmological Conference.

(BY AN ESTEEMED CORRESPONDENT.)

The second conference of the All-India Ophthalmological Society was held at Bangalore from the 20th to 22nd July. In the unavoidable absence of Lt.-Col. Coppinger of Calcutta and Dr. F. Kugelberg of Tirupattur, Dr. B. P. Banaji of Bombay presided. The Conference was opened by Sir Mirza M. Ismail, the Dewan of Mysore. His address as well as those of Dr. B. K. Narayana Rao, the chairman

of the Reception Committee and of the President were published in full in all the dailies

There were over thirty delegates from all parts of India, except Bengal and Burma. Many of the medical men of Mysore also attended the conference and the hall was well crowded nearly always. Madras and Bombay are the provinces that sent in a large contingent. The "Service Men" both Imperial and Provincial, especially those from Madras, were conspicuous by their absence. When some of them could find time to go to Conferences in foreign lands at Government expense and with material collected in India, I am at a loss to know why they could not come and give an All-India gathering an opportunity to hear and discuss the research work they are carrying on at the Indian Government expense, on Indian patients.

The subjects for the conference were 29 in number and most of them were gone through. It is regrettable that for such a technical conference the papers were not of the expected quality, but probably Indian ophthalmology with its want of organisation in real original work cannot provide anything better. Moreover the subjects ought to have been collected a long time before the conference meeting and judiciously sorted and selected, instead of hunting for them at the last moment. I understand that there was a call for papers even as late as 7th July. Of all the papers read, it was only those from the Mysore State which have had much labour spent on them. It was probably because the State people knew about the conference long before others.

More than one subject elicited keen discussion, but if only the organisers concerned had sent in the list of subjects with their summaries to the members at least a week before the Conference, I am sure discussion of a higher order would have followed each subject. With an agenda handed over just at the beginning of the conference, many of the delegates were handicapped to speak authoritatively with well arranged facts and figures. If a few spoke at random, they have every execuse.

Twenty-nine subjects were discussed in the course of two days, only four of which elicited some interest. The following is the list of subjects that were on the agenda.

The paper on "Discussions on Cataract Extraction" by Dr. Ratnakar of Bombay and the discussion that followed occupied nearly a full evening session. Dr. Ratnakar gave a lucid summary of the chief methods in vogue in the world, with their advantages and disadvantages. It was quite impartial throughout. Many of the speakers that followed had each a say on his own technique. There was nothing extraordinarily new.

Dr. Banaji's paper on "Some observations on the treatment of Glaucoma" also was on similar lines and the discussion could have been much healthier if the speakers had been afforded an opportunity to come prepared. Elliot's trephing had its own defenders and denouncers and a new operation for Glaucoma which seems to be much favoured in the Continent seems to be Iridenclisis. This is a sub-conjunctival iridictomy and deliberate incarceration of the pillars of the cut iris in the wound. It looks unsurgical and full of potentialities for irritation, secondary Glaucoma and a lot of such things, but it is claimed that an incarcerated pillar of an iris if it is well covered by the conjunctiva will not evoke the slightest irritation, but on the other hand will provide an effective communication outside for the aquas. Elliot's Trephining is holding the field in India to-day and it remains to be seen how far this new operation will be able to oust it.

Dr. Dhruv of Bombay in his paper laid special emphasis on the necessity for an honest attempt on the part of the ophthalmologists to localise all intracranial tumours but the discussion that followed was on the theme of what after all is the use. Dr. Dhruv was quite emphatic that trephining of the skull if done in proper stages will do a lot of good.

Dr. Shroff of Bombay gave an interesting review of the development, phases and contributions of Indian ophthalmology and a brief outline of its future development. It should not have been brushed aside as was done. It contained many useful, constructive suggestions and it was the duty of the conference to have taken them all up in right earnest, or at least appointed a committee to try to bring into effect

all that were practicable. Prevention of blindness, research work, wider ophthalmic relief, greater facilities for the training of ophthalmologists are things which can find useful occupation for a conference that means real business. It is a pity not even the slightest move has been taken in this direction.

It is a good augury that an anonymous donor has presented Rs. 3,000 to be instituted as a fund for stimulating research work. From the interest that may be accrued therefrom and with a slight addition from the funds of the Society, it is proposed to give a prize once in two years for the best essay on a given subject. I would rather suggest that instead of specifying a particular field, it will be much better to allow the candidates to do research work in the fields they have greatest facilities and give the prize to the really worthy research work. One may have plenty of opportunities to work in Trachoma, another in Glaucoma, yet another in Slit-lamp and so on, and when the field is limited by specifying one or more subjects, the number of enthusiastic candidates will be very much less.

On the second day of the Conference, a few varieties of operations were arranged at the Minto Ophthalmic Hospital. They were interesting, but arrangments for proper display were poor.

An all-round exhibition of the latest surgical and optical instruments, optical goods, modern eye wares, furniture, books, etc., would have been of great service to many of the delegates and I should like the organisers of the next conference not to lose sight of this important item.

It is not for the mere pleasure of gathering the acquaintance of fellow workers in the field that we meet. We meet to gain some new knowledge and that should be in as many directions as possible.

Considering the infancy of the Society, the office-bearers have been requested to continue for another year. The next conference will be held in Calcutta in the cold weather of 1932, when it is expected Pro. Fuch of Vienna will grace the occasion with his presence. One should start to work even now to see that he does not return back to his country with a poor impression of 'Indian Ophthalmology.'

Uses of Sarcoptol

BY
Dr. D. N. SHAHA, B. Sc., M. B.
LATE SENIOR HOUSE PHYSICIAN,
SKIN DEPARTMENT,
Medical College Hospital,
CALCUTTA.

I have up-to-date treated nine cases of Seborrhoic dermatitis with the drug and the results have been highly gratifying. The following two chronic cases resistant to their drugs are particularly interesting.

1. European, aged about 25, suffering from a very bad type of Seborrhoea of the scalp, with an ulcer on the back of the scalp and falling of hairs, came to me for treatment. I gave him a spirit solution of soap to remove the scab and an antiseptic solution containing resorcin, etc., to apply, and prescribed Sarcoptol. The ulcer healed up very nicely and the condition of the scalp was by far the better in about a fortnight. By continued application of this product for a fortnight more, he was completely cured, excepting the falling of hair, for which I advised him "Ultra Violet Ray" therapy to stimulate the growth of hair.

2. M. M. aged about 30, hailing from Barisal was under my treatment for a very chronic type of Seborrhoic dermatitis on the back and chest extensively from which he was suffering for about five years nearly. His condition was so very bad that he was not able to mix freely in his society. After a course of preliminary treatment of washing and cleaning the body, I prescribed him Sarcoptol for application. I advised him to use it very freely by rubbing. After using one phial, the condition improved a great deal and I found him almost cured by another phial.

I have treated many cases of scabies with marvellous results.

The results in two cases of acne vulgaris in which I have been trying the drug, are highly encouraging.

Glycerodine injections in Facial Paralysis

BY
Dr. KUNJ BEHARI LAL VARMA,
L. M. P., MEERUT.

M. M. aged 30, spare built, a school master by profession had to do excessive mental work for about a month during the hot weather (March 1931) and used to

sleep in the open compound. There was no history of syphilis. For three days prior to the onset of the attack, he felt pain behind the left ear and in the forehead and in the morning of the fourth day after getting up from his bed he noticed he could not properly gargle, his left eye felt would not close and left heavy and the angle of the mouth was drawn to the other side and all the symptoms of Facial paralysis were noticed. He was treated with Pot Iodide internally and externally a blister was raised at intervals twice behind the left ear and mercury and Iodine ointment massaged for about two and a half months with very slight improvement in his condition.

On 14th June 1931 he consulted me when he presented all the above mentioned symptoms. I supplemented the above treatment with three subcutaneous injections of Glycerodine (5% colloidal Iodine) i.e. I. C. C. on 14th, 17th and 23rd June. There was slight but noticeable improvement in the condition of the left upper eyelid twentyfour hours after the first injection; after the second injection there was marked improvement in the condition of the upper lid and tongue and the eye would quite close down and after the third injection the patient felt much better and was practically cured. The point of interest in this case lies in the fact that only three grains of Iodine, contained in 3 C. C. of Glycerodine, reaching directly into the system acted so efficiently and within so short a time.

Medical Registration Act Serves no Purpose.

SIR,

The Madras Government passed the Madras Medical Registration Act in the year 1915 and all the qualified men, I believe, have got their names registered by paying the requisite fees.

In the Registration Certificate granted to the registered practitioners under the heading "Notice" in the last sentence, it is stated that all those that are registered are legally qualified for the practice of Medicine, Surgery & Midwifery.

There are penalties in the Act for these qualified men if there be any breach of rules according to the Act. Then what is the penalty for practising the above by a non-qualified man for instance, compounders, wardboys and many other quacks, not to speak of medical students also?

In every town and village you find these unqualified men practising Allopathy. The masses and even the educated people prefer only cheapness and not efficiency which is the order of the day in every walk of life.

The original idea of the Act, seems to be to discriminate the Diploma holder from an ordinary quack and exercise disciplinary control over qualified practitioners. But now practically the Act is brushed aside and no one thinks of it except for the purpose of entering government service.

Is it not high time for the Government to have a proper control over unqualified men by passing an act which would penalise them for practising Allopathy without a Diploma and to have a check over all the chemists and Druggists shops from selling Allopathic drugs to the unqualified men as in the case of sale of ammunitions to people who have been licensed to possess a gun?

D. Venkatappadu Naidu, L.M.P.,
Digapahandi (Ganjam Dt.).

Cheap and effective medicament for Syphilis.

SIR,

I am sending this case report for the benefit of the numerous readers of your esteemed monthly.

R. S. aged 42, came to me for treatment as he had two sores on the glans penis and one on the prepuce. The past history was that he had contracted syphilis 6 years back and he had neglected it in the beginning. Two years back he had taken treatment under a qualified doctor who gave him two N. A. B. and two original "606" injections. A week after the 2nd injection, he had typical vesicles in the skin (probably arsenical dermatitis). As the case was a chronic one and as the patient had Arsenical and Mercury treatment by way of injections and innunctions, I wanted to put him on Bismuth Therapy.

As a drug of choice, I gave him Benzo-Bismuth, two injections every week with an interval of two weeks, after 3 ampoules were given. The patient was attending to his work during the treatment and the sores disappeared completely after two injections. After three months, I again saw the patient; he was keeping good health. As the patient was poor, he could not afford to pay for Wassermann test. But, clinically, he was quite free from the infection. I am of opinion, Benzo-Bismuth is a cheap and effective medicament for the treatment of syphilis.

G. Ramaswamy, L.M. & S.,
174, Creek St., Rangoon.

A Case of Mastitis Aborted.

SIR,

Many a time inflammatory processes can be effectively controlled without having recourse to the knife with the help of medicament which does away with the root cause of such inflammatory conditions. The following case of mastitis treated by me with Septicemine is an instance which may interest the general medical practitioner.

Mrs. B. aged 33 came to me for advice for the inflammation of her right breast of four days' duration. The breast was quite hard and tense and she was complaining of intense pain on account of which she had to pass sleepless nights. The part was very tender to touch. She was having a little temperature. On the very first day that she sought my advice, I started with an intramuscular injection of Septicemine and repeated it every alternate day till 8 ampoules were given. After the third injection the swelling began to diminish in size, pain lessened to an appreciable extent and she enjoyed better sleep than before. Besides this she was having internally Quinine Sulphate with Tinc. Ferrt. Perchlor and a little Mag. Sulph. After the fourth injection there was marked improvement in the case and the process of inflamation was completely aborted some time after the eighth injection, was given. I daresay if the swelling had been left alone and had I only advised her local fomentations together with my mixture, it would have suppurated and given the patient a good deal of trouble. This was a remarkable case of inflammation, which did not develop into an abscess. The credit, I may say, is entirely due to Septicemine which I came across by sheer chance and which saved the patient from endless troubles of operation and dressings.

Amba Pharmacy,
Kothna Bazaar
Mandvi Bombay
G.M. DHURANDHAR
M. B. B. S.

A Strange Phenomenon.

SIR.

I will be highly obliged if you will kindly insert the following in your valuable journal.

A patient, male, aged about 40 years, married, having children, had a septic wound of knee and was in bed during the Burma earthquake in May 1930. Though he has been keeping good health he lost all sexual desire from that day (earthquake day) onward. His sexual organ cannot be stimulated nor does he feel any desire whatever. He does not give any venereal history and his blood also shows a negative wassermann. I prescribed him general tonic and some aphrodisiacs with no benefit. He also tried very many remedies that are advertised in daily papers, with no effect. A doctor friend suggested to try and stimulate the sexual appetite by playing with fair young girls. That also did not do him any good. In all other respects he is quite healthy and strong.

May I know if you or any of the readers of this journal, have come across any such cases and suggest any treatment for this strange phenomenon.

175, Lewis Street,
RANGOON.
P. A. Nair,
L. M. P.

Reviews.

SURVEY AND REPORT ON THE WORK OF BLINDNESS PREVENTION IN INDIA FOR THE YEAR ENDING 1930.

The Association was started by Mr. C. G. Henderson of the Indian Civil Service in 1908 when his first child was born blind, to make suitable arrangements for the saving of children from blindness. The origin of the Association reminds one of the establishment of the Chemical Foundation Inc., New York by Mr. and Mrs. Garvin when they lost their beloved daughter

from Influenza. They directed their thought, strength and means to the upbuilding of American Chemistry. Mr. Garvin was the President of the Foundation as Mr. Henderson is the President of the All-Indian Blind Relief Association. During the time he was in service, he devoted his time in making enquiries as to the extent of the prevalence of blindness in the several places he was working and collected a large sum of money for the starting of the Association. That an European Civilian during service and after retirement, was and is working in India for the welfare of the Indians is highly commendable. That blindness is prevailing largely in India will be seen from the census of 1921, according to which there were 2 cases of blindness for every 1000 persons. The chief causes of blindness are (1) Malnutrition, (2) Small-pox, (3) Ophthalmia Neonatorum and (4) delay or neglect in treating eye disease. For malnutrition brought on by poverty, the standard of living and economic condition of the people should be raised by diverting a large number of persons from Agriculture to Industry and Trade and the starting of industries. For small-pox, vaccination and re-vaccination should be made compulsory and pushed on. For Ophthalmia Neonatorum the eyes of new born children should be examined and for this purpose facilities should be afforded to private practitioners for settling in large numbers in villages and this can only be done if the Rural Medical Relief Scheme is extended and worked on the lines indicated by the President of the Third Madras Provincial Rural Medical Practitioner's Conference and commended by "The Madras Mail." For the prevention and treatment of eye disease in grown up children, efficient and systematic medical inspection of school-children and opening of medical clinics in schools are the only measures suitable for India. To achieve this end, the employment of medical men, as teachers for teaching hygiene and physiology and entrusting them with the medical inspection of the schools in districts where they are employed, are the most efficient and economical measures. Instead of, constructing big ophthalmic hospitals and appointing highly paid officers for them which are at the best, only beneficial to the contractors and the officersappointed, and which according to Col. Wright, "is beginning at the wrong end," steps should be taken to encourage private practitioners to settle in large numbers in all villages. In the Province of Madras, the Mission Hospital at Tiruppattur is doing splendid work and is very popular.

SYNOPSIS OF PHYSIOLOGY

BY N. J. VAZIFDAR, L.M.S., F.C.P.S.

SECOND EDITION.

546 PP., 85 ILLUSTRATIONS,

PRICE 7-8-0.

Dr. Vazifdar has certainly earned the gratitude of numberless students who find Physiology too vast a subject to be thoroughly assimilated within the short period of time that is relegated to it, and too diffusely treated in text-books, to revise rapidly just before their examinations. Despite its moderate size the Synopsis is divided into nearly double the number of chapters that is contained in the standard text-books, a device that not only facilitates ready reference but makes for easier reading. The fifty-four tables, especially those dealing with various digestive juices and with metabolism, are admirably assembled, and the diagrams, whose originality, we presume, are well thought out and neatly executed.

If we venture to indicate a few errors of omission and commission it is solely with the wish to make a valuable book more useful to the class of readers for whom it is intended. It is well-known to medical students (and doubtless bitterly resented by many of them) that examiners are particularly fond of asking the specific gravities of the various body fluids such as the saliva, bile, succus enterious, lymph and plasma. We would put in a plea for the inclusion of these figures as well as the amounts of the various juices secreted per day as we consider these omissions are not "matter of detail which properly belong to the large hand-books". We should have expected a fuller treatment of the life-history of the red blood-cells, the duration of life which is not mentioned in the book. The omission of an important subject as the cerebro-spinal fluid will be keenly felt even by such students who depend upon Synopsis for passing examinations.

The absence of the customary erratum had made the printers' devils more conspicuous. Apart from the mutilation of the names of some of the well-known authors many technical terms are wrongly spelt in the book.

In spite of our conviction that the best place for a synopsis is the student's note-book, and the best author the student himself, we welcome Dr. Vazifdar's attempt to help struggling medicos and we are confident that with a little care and attention to detail, the book will be beyond the blame of any reasonable critic.

Paspat : The Representative of Messrs. Luitpold-Werk, Munich, wishes us to draw the attention of our readers to the advertisement appearing in the journal about Paspat.

Asthma has so far baffled the medical world, the causating factors being as numerous as the varieties in which Asthma manifests itself. The profession will surely thank any reliable manufacturers who introduce inventions basing upon the work of renowned research workers.

List of postings of Sub-Asst. Surgeons for the month of July 1931

No.	Names of Sub-Asst. Surgeons	From	To
1.	Dr. P. K. Narayana Nambiar	Leave	Mental Hl., Calicut
2.	„ K. N. Kesava Pillai	Cholera Duty, Coimbatore	Police Hl., Malappuram, Malabar Dt.
3.	„ K. V. Narasimha Rao	Leave	Govt. Oph. Hl., Madras
4.	„ P.D. Rathnaswamy Pillai	"	C/o P. D. B., Chingleput
5.	„ K. Achuthan Nair	L. F. Dy., Poonamallee (Chingleput Dt.)	"
6.	„ A. Satyanatham Pillai	Leave	Govt. Oph Hl., Madras
7.	„ M. Lakshminarasimham	King George Hl., Vizag.	L. F. Dy., Chintalapudi (W. Godaveri Dt.)
8.	„ J. T. Moses	Govt. Hl., Kodaikanal	C/o P. D. B., Trichinopoly
9.	„ K. Kuppuswamy Pillai	L. F. Dy., Marungapuri, Trichy Dt.	L. F. Dy., Musiri (Trichy Dt.)
10.	„ M.S. Kuppuswamy Ayyar	L. F. Dy., Musiri, Trichy Dt.	L. F. Dy., Lalgudi (Trichy Dt.)
11.	„ A. Victor	L. F. Dy., Perumpanniyur, Tanjore Dt.	Govt. Hd. Qrs. Hl., Tanjore
12.	„ K. Achuthan Nair	L. F. Dy., Poonamallee, (Chingleput Dt.)	C/o P. D.B., Tanjore
13.	„ M. Vaidyanatha Ayyar	L. F. Dy., Dhanushkodi, Ramnad Dt.	L. F. Dy., Tiruppattur, Ramnad Dt.
14.	„ K. R. Ganesa Mudaliar	Cholera Duty, Conjeevaram	Govt. Hd. Qrs. Hl., Chingleput
15.	„ E. Balakrishna Nair	Govt. Hd. Qrs. Hl., Chingleput	"
16.	„ K. Rajamannar Naidu	Cholera Duty, Conjeevaram	Govt. Hd. Qrs. Hl., Chingleput
17.	„ K. R. Ganesa Mudaliar	Govt. Hd. Qrs. Hl., Chingleput	C/o P. D. B., Chingleput
18.	„ R. Pranatartiharan	L. F. Dy., Chunampet, Chingleput Dt.	Govt. Hl., Conjeevaram, Chingleput Dt.
19.	„ P. M. B. Victor	Govt. Hd. Qrs. Hl., Ootacamund.	Govt. Hl., Coonoor, Nilgiris Dt.
20.	„ T. Perraju.	Rampachodavaram Dy. E. Godaveri Agency.	Govt. Hd. Qrs. Hl., Coconada
21.	„ D. Kirubaimani	Leave	Asst. Lecturer, Physiology, Tanjore Medl. School, Tanjore
22.	„ J. T. Moses	Govt. Hl., Kodaikanal	C/o P. D. B., Tanjore
23.	„ K. W. Jayarama Rao	L. F. Dy., Tiruppanandal, Tanjore Dt.	Hd. Qrs. Hl. Trichinopoly
24.	„ C. Kameswara Rao	C/o. Executive Engr. Ganjam Agency Dn.	Govt. Hd. Qrs. Hl., Berhampore
25.	„ A. Ambalavanam	Govt. Hl. Parlakimedi, Ganjam Dt.	C/o D. M. O. Ganjam
26.	„ R. Srinivasa Ayyar	Govt. Hd. Qrs. Hl., Madura	C/o P. D. B., Madura
27.	„ K. A. Raghavan	L. F. Dy., Uttamapalayam	Govt. Hd. Qrs. Hl., Madura
28.	„ T. S. Dakshinamurti	Govt. Hl. Dindigul (Madura Dt.)	C/o P. D. B., Madura
29.	„ V. Vijayaraghavan	L. F. Dy., Natham, Madura	Govt. Hl., Dindigul
30.	„ T. S. Kasturi	Leave	Hd. Qrs. Hl., Chittoor
31.	„ K. Achuthan Nair	L. F. Dy., Poonamallee Chingleput Dt.	Govt. Hl., Kumbakonam, Tanjore Dt.
32.	„ T. Gnanayya	Govt. Hl., Ariyalur, Trichy Dt.	Govt. Hl., Srirangam, Trichy Dt.
33.	„ E. Balakrishna Nayar	Govt. Hd. Qrs. Hl., Chingleput	Govt. Hl., Kanigiri, Nellore Dt.
34.	„ M. Lakshmanan	Govt. Hl., Kanigiri, Nellore Dt.	C/o Dr. Santra, Representative, British Empire Leprosy Relief Campaign
35.	„ P. V. Subba Rao	Leave	C/o P. D. B., Nellore
36.	„ T. Perraju	Govt. Hd. Qrs. Hl., Coconada	C/o P. D. B., Coconada
[illegible]	„ K. Krishnamurthy	L. F. Dy., Bicavole (E. Godaveri Dt.)	C/o P. D. B., Chingleput
38.	„ B. K. Thathachary	Police Hl., Vellore	Surgeon-General's Office, Madras

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